

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning, 2005, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instructions.

C Name of organization

HASKINS LABORATORIES, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

c/o MYER, GREENE & DEGGE, P.O. BOX 930

City, town or country

PEARL RIVER

State ZIP code + 4

NY 10965

D Employer identification number

13-1628174

E Telephone number

(845) 735-8659

F Accounting method:

- ☐ Cash ☒ Accrual
☐ Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt
 charitable trusts must attach a completed Schedule A
 (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number ▶

M Check ☒ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ HASKINS@YALE.EDU

J Organization type
(check only one)

☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than
 \$25,000. The organization need not file a return with the IRS; but if the organization
 chooses to file a return, be sure to file a complete return. Some states require a
 complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 7,974,616.

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions)

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support

b Indirect public support

c Government contributions (grants)

d Total (add lines 1a through 1c) (cash \$ noncash \$)

1a

1b

1c

7,046,596.

1d 7,046,596.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 191,815.

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 12,413.

5 Dividends and interest from securities

5 68,463.

6a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe)

(LOSS) ON FOREIGN CURRENCY TRANSLATION

7 -3,098.

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

656,422.

8a

2,005.

b Less: cost or other basis and sales expenses

700,018.

8b

0.

c Gain or (loss) (attach schedule) See L-8 Stmt

-43,596.

8c

2,005.

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

-41,591.

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐a Gross revenue (not including \$ of contributions
reported on line 1a)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12

7,274,598.

13 Program services (from line 44, column (B))

13

5,424,593.

14 Management and general (from line 44, column (C))

14

2,341,032.

15 Fundraising (from line 44, column (D))

15

236,672.

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17

8,002,297.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18

-727,699.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

4,574,891.

20 Other changes in net assets or fund balances (attach explanation)

20

-55,932.

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21

3,791,260.

SCANNED JUL 19 2005

REVENUE

EXPENSES

NET ASSETS

RECEIVED
 MAY 26 2006
 OGDEN, UT

14

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	520,934.	258,742.	262,192.	0.
26	Other salaries and wages	2,834,530.	2,126,119.	607,035.	101,376.
27	Pension plan contributions				
28	Other employee benefits	1,269,231.	975,408.	252,360.	41,463.
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	31,575.	0.	31,575.	0.
32	Legal fees	4,375.	0.	4,375.	0.
33	Supplies	177,457.	144,604.	12,288.	20,565.
34	Telephone	10,257.	1,642.	8,541.	74.
35	Postage and shipping				
36	Occupancy	539,320.	0.	539,320.	0.
37	Equipment rental and maintenance	60,646.	43,209.	17,141.	296.
38	Printing and publications				
39	Travel	173,838.	133,058.	6,917.	33,863.
40	Conferences, conventions, and meetings				
41	Interest	37,737.	0.	37,737.	0.
42	Depreciation, depletion, etc (attach schedule)	271,981.	0.	271,981.	0.
43	Other expenses not covered above (itemize)				
a	ACCRUAL BASIS ADJUSTMENT	-1,622.	0.	-1,622.	0.
b	CLEANING & MAINTENANCE	26,115.	0.	26,115.	0.
c	CONSULTING & OTHER SERVICES	652,507.	632,665.	13,052.	6,790.
d	DIRECTOR'S FUND	37,613.	0.	37,613.	0.
e	DONATIONS	175.	0.	175.	0.
f	DUES, MEMBERSHIPS & SUBSCRIPTIONS	61,936.	55,824.	5,120.	992.
g	See Other Expenses Stmt	1,293,692.	1,053,322.	209,117.	31,253.
44	Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	8,002,297.	5,424,593.	2,341,032.	236,672.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

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Form 990 (2005)

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **RESEARCH LABORATORY**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

a GOVERNMENT GRANTS - NATIONAL INSTITUTES OF HEALTH...4,214,276**GOVERNMENT GRANTS - SOUTHERN CONNECTICUT STATE UNIVERSITY SUBCONTRACT...21,316****GOVERNMENT GRANTS - BOSTON UNIVERSITY SUBCONTRACT...73,947**(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐**4,309,539.****b EARLY READING SUCCESS/MASTERING READING INSTRUCTION PROGRAM...129,272****AMERICAN PSYCHOLOGICAL ASSOCIATION...55,000****GOVERNMENT GRANTS - YALE SCHOOL OF MEDICINE...32,471**(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐**216,743.****c GOVERNMENT GRANTS - UNIVERSITY OF CINCINNATI SUBCONTRACT...27,104****GOVERNMENT GRANTS - FEDERAL DEPARTMENT OF EDUCATION...767,641****GOVERNMENT GRANTS - UNIVERSITY OF TEXAS SUBCONTRACT...39,344**(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐**834,089.****d PRE AWARD ACTIVITY - NATIONAL INSTITUTES OF HEALTH...55,509****CONNECTICUT MENTAL HEALTH CENTER...8,713**(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐**64,222.****e Other program services**(Grants and allocations \$) If this amount includes foreign grants, check here ☐**f Total of Program Service Expenses** (should equal line 44, column (B), Program services)**5,424,593.**

BAA

Form 990 (2005)

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	45,444.	45	255,685.
	46 Savings and temporary cash investments	2,189,733.	46	1,126,282.
	47a Accounts receivable	47a 146,415.		
	b Less: allowance for doubtful accounts	47b	99,154.	47c 146,415.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input type="checkbox"/> FMV	1,716,085.	54	1,843,748.
	55a Investments – land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 2,750,290.			
b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 441,009.	526,408.	57c 2,309,281.	
58 Other assets (describe ► See Line 58 Stmt)	289,037.	58	156,070.	
59 Total assets (must equal line 74). Add lines 45 through 58	4,865,861.	59	5,837,481.	
LIABILITIES	60 Accounts payable and accrued expenses	18,834.	60	17,212.
	61 Grants payable	254,762.	61	367,455.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	1,644,158.
	65 Other liabilities (describe ► See Line 65 Stmt)	17,374.	65	17,396.
66 Total liabilities. Add lines 60 through 65	290,970.	66	2,046,221.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund	4,574,891.	71	3,791,260.
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	4,574,891.	73	3,791,260.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,865,861.	74	5,837,481.

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Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	7,274,598.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	7,274,598.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	7,274,598.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	8,003,919.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	8,003,919.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): <u>ACCRUAL BASIS ADJ'T</u>	d2		-1,622.
	Add lines d1 and d2		d	-1,622.
e	Total expenses (Part I, line 17). Add lines c and d		e	8,002,297.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
BETTY J. DELISE 40 ACORN ROAD BRANFORD, CT 06405	TREASURER 40	84,913.	21,175.	0.
CAROL A. FOWLER 14 BRIMFIELD WAY ROCKY HILL, CT 06067	PRESIDENT 40	22,552.	0.	0.
DOUGLAS H. WHALEN 21 BISHOP STREET NEW HAVEN, CT 06511	VICE PRESIDENT 40	130,376.	33,441.	0.
PHILIP E. RUBIN 233 ALGONQUIN ROAD FAIRFIELD, CT 06430	VICE PRESIDENT 40	135,908.	33,641.	0.
ARTHUR S. ABRAMSON 1559 STAFFORD ROAD, APT. 2 STORRS MANSFIELD, CT 06268	SECRETARY 40	10,184.	0.	0.
See List of Officers, Etc. Statement				

	Yes	No
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► 11

75b

75c

75d

X

75d

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Yes	No
-----	----

76

77

78a

78b

79

80 a

and check whether it is ☐ exempt or ☐ nonexempt.

81 a

81 b

Form 990 (2005)

Part VI Other Information (continued)

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
85 a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85 b		
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85 c	
d Section 162(e) lobbying and political expenditures	85 d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86 a	
b Gross receipts, included on line 12, for public use of club facilities	86 b	
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87 a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> , section 4955 ▶ <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<u>0.</u>
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90 a List the states with which a copy of this return is filed ▶ <u>NEW YORK</u>		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b	<u>82</u>
91 a The books are in care of ▶ <u>TAXPAYER</u> Telephone number ▶ <u>(203) 865-6163</u> Located at ▶ <u>300 GEORGE STREET, NEW HAVEN, CT</u> ZIP + 4 ▶ <u>06511</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements	91 b	X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ _____	91 c	X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>92</u>		<input type="checkbox"/>

BAA

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a LAB EQUIPMENT FURNISHED					
b BY GOVERNMENT GRANTS					188,656.
c MISCELLANEOUS RESEARCH SERVICES					3,159.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					12,413.
96 Dividends & interest from securities					68,463.
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					272,691.
105 Total (add line 104, columns (B), (D), and (E))					272,691.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93, 95, 96	ALL INCOME REPORTED IN COLUMN E OF PART VII CONTRIBUTED TO THE ACCOMPLISHMENT OF THE ORGANIZATION'S EXEMPT PURPOSES, AS WELL AS PROVIDING FUNDS NECESSARY FOR ADMINISTRATIVE FUNCTIONS (SEE RIDER ATTACHED).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	0			
	0			
	0			
	0			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes ☐ No ☒

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on information furnished by taxpayer.
	<div> <div>Signature of officer</div> <div>JOSEPH P. CARDONE</div> </div> <div> <div>Type or print name and title</div> <div>JOSEPH P. CARDONE</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>MYER, GREENE & DEGGE</div> </div> <div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>300 NORTH MIDDLETOWN ROAD, PEARL RIVER</div> </div>

BAA

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2005

Name of the organization

HASKINS LABORATORIES, INC.

Employer identification number

13-1628174**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
LYN D. TRAVERSE 9 BEAVERBROOK ROAD, WEST SIMSBURY, CT	DIRECTOR OF DEVELOPMENT 40	100,020.	17,469.	0.
CHRISTINE SHADLE 12 MORNINGVIEW COURT, HAMDEN, CT	SENIOR RESEARCH SCIENTIST 40	83,201.	13,200.	0.
ANDERS LOFQVIST 152 TEMPLE STREET, APT. 4, NEW HAVEN, CT	SENIOR RESEARCH SCIENTIST 40	73,798.	16,500.	0.
SUSAN K. GALLI 856 SHAGBARK DRIVE, ORANGE, CT	ADMINISTRATOR 40	74,824.	20,872.	0.
DONALD S. HAILY 661 FAIRVIEW AVENUE, BRIDGEPORT, CT	COMPUTER HARDWARE MANAGER 40	75,301.	12,784.	0.
Total number of other employees paid over \$50,000 ▶	14			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MCGILL UNIVERSITY 840 DOCTOR PENFIELD AVE., MONTREAL, QUEBEC, CANADA H3A 1A4	SUB-CONTRACT	71,638.
HARTFORD PUBLIC SCHOOLS 960 MAIN ST., HARTFORD, CT 06103	EDUCATIONAL SERVICES	73,000.
KENNEDY KRIEGER 2931 EAST BIDDLE ST., BALTIMORE, MD 21213	SUB-CONTRACT	355,250.
UNIVERSITY OF MARYLAND 302 ADMIN. BLDG., 1000 HILLTOP CIRCLE, BALTIMORE, MD 21250	RESEARCH ASSISTANTS/SERVICES	109,443.
UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT., UNIT 1133, STORRS, CT 06269	RESEARCH ASSISTANTS/SERVICES	99,784.
Total number of other contractors receiving over \$50,000 for other services ▶	1	

Part III Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities **► \$** _____
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)		4,828,465.	5,592,959.	3,935,357.	14,356,781.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		166,378.	107,759.	183,847.	457,984.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See L-22 Stmt.		113,370.	210,970.	102,212.	426,552.
23 Total of lines 15 through 22		5,108,213.	5,911,688.	4,221,416.	15,241,317.
24 Line 23 minus line 17		5,108,213.	5,911,688.	4,221,416.	15,241,317.
25 Enter 1% of line 23		51,082.	59,117.	42,214.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24

26a 304,826.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts

26b

c Total support for section 509(a)(1) test: Enter line 24, column (e)

26c 15,241,317.

d Add: Amounts from column (e) for lines: 18 457,984. 19 22 426,552. 26b

26d 884,536.

e Public support (line 26c minus line 26d total)

26e 14,356,781.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26f 94.20 %

27 Organizations described on line 12:a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2004) (2003) (2002) (2001)

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2004) (2003) (2002) (2001)

c Add: Amounts from column (e) for lines: 15 16 17 20 21

27c

d Add: Line 27a total and line 27b total

27d

e Public support (line 27c total minus line 27d total)

27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)

27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

27g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table –		
If the amount on line 40 is –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720		

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**.) . . .

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

BAA

Schedule A (Form 990 or 990-EZ) 2005

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

**Schedule of Gains and Losses from
Sale of Assets Other than Inventory**

2005

▶ Attach to return

Name HASKINS LABORATORIES, INC.	Employer Identification Number 13-1628174
---	---

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
RYDEX JUNO FUND	656,422.	Cost	700,018.
		Selling Expenses	
		Basis	700,018.

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
Total Securities			656,422.	700,018.
Gain or (Loss) from Sale of Securities				-43,596.

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
TELEPHONE SYSTEM - 270 CROWN STREET, NEW HAVEN, CT	12/31/99 PURCHASE	09/08/05 COM-SAL, INC.	2,005.	Cost	2,378.
				Depreciation	-2,378.
				Basis	0.
				Donation FMV	
-----	-----	-----		Cost	
-----	-----	-----		Depreciation	
-----	-----	-----		Basis	
-----	-----	-----		Donation FMV	
-----	-----	-----		Cost	
-----	-----	-----		Depreciation	
-----	-----	-----		Basis	
-----	-----	-----		Donation FMV	
Total Other Assets			2,005.		0.
Gain or (Loss) from Sale of Other Assets					2,005.

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number	
	HASKINS LABORATORIES, INC.	13-1628174	
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	c/o MYER, GREENE & DEGGE, P.O. BOX 930		
	City, town or post office. For a foreign address, see instructions.	state	ZIP code
	PEARL RIVER	NY	10965

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **TAXPAYER** -----

Telephone No. ▶ **(203) 865-6163** FAX No. ▶ **(203) 865-8963**

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **Aug 15**, 20 **06**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year 20 **05** or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ **0.****b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ **0.****c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **0.****Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 12-2004)

HASKINS LABORATORIES, INC.
300 George Street
New Haven, CT 06511

Business ID: 0125253

OFFICERS AND DIRECTORS

FULL LEGAL NAME: Patrick W. Nye, Ph.D.
TITLE: Director, Chairman of the Board
Haskins Laboratories

RESIDENCE ADDRESS: 53 Harold's Hollow
Port Ludlow, WA 98365

BUSINESS ADDRESS: Haskins Laboratories
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New Haven, CT 06511

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FULL LEGAL NAME: Arthur S. Abramson, Ph.D.
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Haskins Laboratories

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Professor, Yale University

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Department of Linguistics
370 Temple Street, Room 200
PO Box 208366
New Haven, CT 06520

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Haskins Laboratories Organizational Chart

DIRECTORS

Patrick W. Nyc, Chairman
 Arthur S. Abramson, Secretary
 Stephen R. Anderson
 Jon Butler, *ex officio*
 Claudia Carello
 Carol A. Fowler
 Katherine S. Harris
 Ross MacKinnon, *ex officio*
 Joanne L. Miller
 Robert E. Remeiz
 Donald Shankweiler
 Kenneth N. Stevens

FINANCIAL MANAGEMENT COMMITTEE

Carol Fowler (President)
 Joseph Cardone
 Patrick Nyc
 Donald Shankweiler

ADMINISTRATION

STEERING COMMITTEE

Carol Fowler (chair),
 Joseph Cardone, Betty DeLise,
 Susan Galli, Margie Gillis,
 Douglas Honorof, Julia Irwin,
 Laura Koenig, Philip Rubin,
 Douglas Whalen

President and Director of Research: Carol Fowler
 Chief Executive Officer and VP: Philip Rubin
 Vice President, Research: Douglas Whalen
 Chief Financial Officer: Joseph Cardone
 Treasurer: Betty DeLise
 Secretary: Arthur S. Abramson

LONG-RANGE PLANNING COMMITTEE

Douglas Whalen (chair),
 Cathi Best, Joseph Cardone,
 Richard Crane, Carol Fowler,
 Louis Goldstein, Kenneth Pugh,
 Philip Rubin,

TECHNICAL RESOURCES COMMITTEE

Richard Crane (chair)
 David Braze
 Joseph Cardone
 Michael D'Angelo
 Alice Faber
 Susan Galli
 Donald Hailey
 Yvonne Manning-Jones
 Gerald McRoberts
 Einar Mencl
 Samuel Nuakoh
 Philip Rubin
 Douglas Whalen

OPERATIONS

Philip Rubin (CEO/VP)
 Joseph Cardone (CFO)
 Richard Crane (DTP)
 Susan Galli (Grants)
 Douglas Whalen (VP)

DEVELOPMENT

Carol Fowler (President)
 Joseph Cardone (CFO)
 Philip Rubin (CEO/VP)
 Douglas Whalen (VP)
 Richard Crane (Technology)

RESEARCH

Carol Fowler (President & Director of Research)
 Philip Rubin (CEO/VP)
 D. Whalen (VP & Graduate Research Overseer -GRO)

RESEARCH COMMUNITY

Scientists
 Research Affiliates and Associates
 Postdoctoral Fellows and Associates
 Reading Mentors
 Students

GRANTS MANAGEMENT

Susan Galli (Grants Admin)
 Joseph Cardone (CFO)
 Betty DeLise (Treasurer)
 Philip Rubin (CEO/VP)
 Douglas Whalen (VP)

FINANCE/COMPENSATION

Joseph Cardone (CFO)
 Betty DeLise (Treas)
 Carol Fowler (Pres)
 Susan Galli (Grants)
 Philip Rubin (CEO/VP)
 Douglas Whalen (VP)

INFORMATION TECH.

Philip Rubin (CEO/VP)
 Richard Crane (Director of Technology and Planning)
 Donald Hailey (Manager of Technical Services)
 Yvonne Manning-Jones (Webmaster/Multimedia)
 Michael D'Angelo (Sys Manager)
 Alice Faber (Experiment Coord)

FACILITIES

Donald Hailey (supervisor)
 Joseph Cardone (CFO)
 Susan Galli (space allocation)
 Philip Rubin (CEO/VP)

LIBRARY

Michele Sinko

PURCHASING

Joseph Cardone (CFO)
 Betty DeLise
 Lisa Fresa
 Alice Faber
 Donald Hailey
 Yvonne Manning-Jones
 Philip Rubin (CEO/VP)

PAYROLL & ACCOUNTING

Joseph Cardone (CFO)
 Betty DeLise (Treasurer)
 Lisa Fresa

RESEARCH FUNDING

Joseph Cardone (CFO)
 Betty DeLise (Treasurer)
 Lisa Fresa
 Susan Galli

PER: Feb. 9, 2006

FULL LEGAL NAME: Jon Butler, Ph.D.
TITLE: Director, Haskins Laboratories
Dean of the Graduate School of
Arts & Sciences
Yale University

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Cambridge, MA 02139

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Haskins Laboratories performs basic research, principally in the field of human communications.

Research in the field of human communication focuses on speech perception, on speech production and on reading. The structure of speech sounds is studied to find out why they are so effective for human communication and so readily learned by children, and why reading is learned less easily later in the child's development, and not always successfully. Physiological studies of speech gestures and their neuromotor organization deal with normal speech and specific abnormal functions and on the development of techniques for basic and clinical investigations. Finally, research with the objective of deriving a phonetic description of any naturally spoken continuous speech input is being carried out as an important preliminary step toward making machines that can recognize ordinary human speech.

Our facilities and staff are used in training students at both undergraduate and graduate levels, many of whom do their basic research here to meet their degree requirements. We do not render services of any kind to the public.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
GOVERNMENT FURNISHED EQUIPMENT	188,656.	188,656.	0.	0.
INSURANCE	120,962.	0.	120,962.	0.
MISCELLANEOUS	13,876.	0.	13,876.	0.
OFFICE SUPPLIES & EXPENSES	106,991.	14,157.	61,581.	31,253.
STIPENDS & SUBJECT FEES	228,593.	228,593.	0.	0.
SUBCONTRACTS	593,272.	593,272.	0.	0.
TUITION, SCHOLARSHIPS & RECRU	41,342.	28,644.	12,698.	0.
Total	1,293,692.	1,053,322.	209,117.	31,253.

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
JOSEPH P. CARDONE 541 ROCK RIDGE ROAD FAIRFIELD, CT 06824	CHIEF FINANCIAL OFFI 40	46,494.	2,250.	0.
SEE RIDER ATTACHED	VAR			

Form 990, Page 4, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
SEE RIDER ATTACHED	1,716,085.	1,843,748.
Total	1,716,085.	1,843,748.

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LABORATORY EQUIPMENT - GOVERNMENT FUNDED	817,655.	342,757.	474,898.
COMPUTERS AND PERIPHERALS	73,537.	30,234.	43,303.
OFFICE EQUIPMENT	353,394.	30,375.	323,019.

Form 990, Page 4, Part IV, Lines 57a & 57b
Land, Buildings and Equipment Statement

Continued

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LEASEHOLD IMPROVEMENTS	<u>1,505,704.</u>	<u>37,643.</u>	<u>1,468,061.</u>
Total	<u>2,750,290.</u>	<u>441,009.</u>	<u>2,309,281.</u>

Form 990, Page 4, Part IV, Line 58
Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
SUNDRY ACCOUNTS RECEIVABLE	<u>10,073.</u>	<u>32,090.</u>
DEPOSITS	<u>278,964.</u>	<u>123,980.</u>
Total	<u>289,037.</u>	<u>156,070.</u>

Form 990, Page 4, Part IV, Line 65
Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
MEMORIAL FUND RESERVE	<u>17,374.</u>	<u>17,396.</u>
Total	<u>17,374.</u>	<u>17,396.</u>

Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
LAB EQUIPMENT FURNISHED BY GOVERNMENT GRANTS		<u>112,110.</u>	<u>210,784.</u>	<u>101,784.</u>	<u>424,678.</u>
MISCELLANEOUS RESEARCH		<u>1,260.</u>	<u>186.</u>	<u>428.</u>	<u>1,874.</u>
Total		<u>113,370.</u>	<u>210,970.</u>	<u>102,212.</u>	<u>426,552.</u>

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
PRIOR PERIOD ADJUSTMENT	9,500.
NET (DECREASE) IN UNEXPENDED BALANCES OF GRANTS	-65,432.
Total	<u>-55,932.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (B)

Description	Amount
YALE UNIVERSITY	1,644,158.
Total	<u>1,644,158.</u>

Schedule 15

HASKINS LABORATORIES, INC.

SCHEDULE OF MARKETABLE SECURITIES - MODIFIED CASH BASIS

AS AT DECEMBER 31, 2005 AND 2004

	<u>2005</u>		<u>2004</u>	
	<u>Shares</u>	<u>Cost</u>	<u>Shares</u>	<u>Cost</u>
<u>Mutual Funds</u>				
Rydex Juno Fund	-	\$ -	35,541.789	\$ 700,017.50
Tocqueville Gold Fund	12,445.825	446,541.39	11,808.534	421,890.96
<u>Common Stock</u>				
WellPoint, Inc. (f/k/a Anthem, Inc.)	1,542.000	32,430.72	762.000	32,430.72
<u>Certificates of Deposit</u>				
Everbank	N/A	-	N/A	544,372.60
<u>Alvin M. Liberman Memorial Fund</u>				
Vanguard Prime Money Market Fund	17,396.280	17,396.28	17,373.620	17,373.62
<u>Managed Endowment Fund</u>				
The Community Foundation of Greater New Haven	N/A	1,347,380.03	-	-
		\$1,843,748.42		\$1,716,085.40
		=====		=====

See accountants' report on supplemental data