

Return of Organization Exempt From Income Tax**2009**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Department of the Treasury
Internal Revenue Service

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

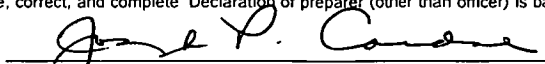
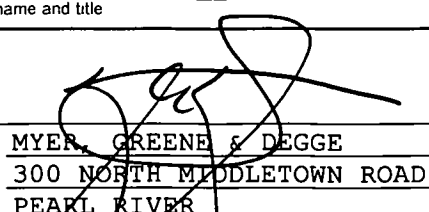
Open to Public Inspection**For the 2009 calendar year, or tax year beginning****, 2009, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization HASKINS LABORATORIES, INC.		D Employer Identification Number 13-1628174
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite c/o MYER, GREENE & DEGGE, P.O. BOX 930		E Telephone number (203) 865-6163
		City, town or country State ZIP code + 4 PEARL RIVER NY 10965		G Gross receipts \$ 7,797,443.
		F Name and address of principal officer JOSEPH P. CARDONE 541 ROCK RIDGE ROAD FAIRFIELD CT 06824		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ HASKINS@YALE.EDU				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of Formation 1935 M State of legal domicile NY				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities RESEARCH LABORATORY - SEE RIDER ATTACHED	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 12
	5 Total number of employees (Part V, line 2a)	5 127
	6 Total number of volunteers (estimate if necessary)	6 12
Revenue	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b
	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,021,905. Current Year 6,940,660.
	9 Program service revenue (Part VIII, line 2g)	9 24,510. 344,710.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 -490,363. 280,422.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 6,556,052. 7,565,792.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13
	14 Benefits paid to or for members (Part IX, column (A), line 4)	14
	Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
16a Professional fundraising fees (Part IX, column (A), line 11e)		16a
b Total fundraising expenses (Part IX, column (D), line 25) ▶		b 4,045.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		17 3,176,364. 3,427,068.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		18 7,581,517. 7,546,985.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	19 -1,025,465. 18,807.
	20 Total assets (Part X, line 16)	Beginning of Year 4,895,159. End of Year 4,851,016.
	21 Total liabilities (Part X, line 26)	21 2,123,278. 1,986,960.
	22 Net assets or fund balances Subtract line 21 from line 20	22 2,771,881. 2,864,056.

Part II Signature Block

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 all information of which preparer has any knowledge.	
	Signature of officer 	Date 7/6/10
Paid Preparer's Use Only	Signature of preparer 	
	Firm's name (or yours if self-employed), address, and ZIP + 4 MYER, GREENE & DEGGE 300 NORTH MIDDLETOWN ROAD, PEARL RIVER	
	May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate page.

SCANNED AUG 04 2010

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

RESEARCH LABORATORY -
SEE RIDER ATTACHED2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 4,021,367. including grants of \$ 0.) (Revenue \$ 3,910,335.)RESEARCH LABORATORY - SEE RIDER ATTACHED4b (Code _____) (Expenses \$ 523,964. including grants of \$ 0.) (Revenue \$ 561,629.)LITERACY INITIATIVE - SEE RIDER ATTACHED

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 4,545,331.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1 a	31		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a	127
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2 b	X
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a	X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b	
4 a	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)?	4 a	X
b	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 Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9 a	X
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9 b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from other members or shareholders.	11 a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	

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Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	16
b Enter the number of voting members that are independent	1b	12
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers of key employees of the organization	15b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► New York

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► TAXPAYER 300 GEORGE STREET NEW HAVEN CT 06511 (203) 865-6163

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **current** key employees. See instructions for definition of 'key employees'.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee

[illegible]

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 6,935,635.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 5,025.				
	g Noncash contribns included in lns 1a-1f	\$				
h Total. Add lines 1a-1f			6,940,660.			
PROGRAM SERVICE REVENUE	2 a <u>GOV'T FURNISHED EQUIP'T</u>	Business Code 900099	342,329.	342,329.	0.	0.
	b <u>MISCELLANEOUS RESEARCH SERVICES</u>	900099	2,381.	2,381.	0.	0.
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		344,710.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		337,073.	337,073.	0.	0.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		175,000.				
	b Less cost or other basis and sales expenses					
		231,651.				
	c Gain or (loss)					
		-56,651.				
	d Net gain or (loss)		-56,651.	-56,651.	0.	0.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			7,565,792.	625,132.	0.	0.

Part IX. Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	680,545.	204,046.	476,499.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages	2,435,632.	1,665,496.	770,136.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,003,740.	650,601.	353,139.	0.
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	171.	0.	171.	0.
c Accounting	48,820.	0.	48,820.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	948,698.	896,812.	49,833.	2,053.
12 Advertising and promotion				
13 Office expenses	20,493.	8,025.	12,468.	0.
14 Information technology	33,977.	11,886.	22,091.	0.
15 Royalties				
16 Occupancy	724,133.	0.	724,133.	0.
17 Travel	135,815.	127,548.	7,636.	631.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,022.	5,714.	150.	158.
20 Interest	97,289.	0.	97,289.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	232,549.	0.	232,549.	0.
23 Insurance	96,819.	0.	96,819.	0.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ACCRUAL BASIS ADJUSTMENT	2,600.	0.	2,600.	0.
b CLEANING & MAINTENANCE	20,513.	0.	20,513.	0.
c DUES, MEMBERSHIPS & SUBSCRIPTIONS	37,525.	34,527.	2,088.	910.
d DIRECTOR'S FUND	10,855.	0.	10,855.	0.
e DONATIONS	50.	0.	50.	0.
f All other expenses	1,010,739.	940,676.	69,770.	293.
25 Total functional expenses. Add lines 1 through 24f	7,546,985.	4,545,331.	2,997,609.	4,045.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	318,839.	1	196,024.
	2 Savings and temporary cash investments	52,145.	2	2,860.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	106,471.	4	91,567.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,722,644.		
	b Less: accumulated depreciation	10b 904,758.	1,701,161.	10c 1,817,886.
	11 Investments — publicly-traded securities	1,199,527.	11	975,954.
	12 Investments — other securities See Part IV, line 11	1,363,427.	12	1,603,759.
	13 Investments — program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	153,589.	15	162,966.
16 Total assets Add lines 1 through 15 (must equal line 34)	4,895,159.	16	4,851,016.	
LIABILITIES	17 Accounts payable and accrued expenses	21,322.	17	23,922.
	18 Grants payable	552,329.	18	464,056.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,499,034.	24	1,443,933.
	25 Other liabilities Complete Part X of Schedule D	50,593.	25	55,049.
	26 Total liabilities. Add lines 17 through 25	2,123,278.	26	1,986,960.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund	2,771,881.	31	2,864,056.
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,771,881.	33	2,864,056.
34 Total liabilities and net assets/fund balances	4,895,159.	34	4,851,016.	

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	7,046,596.	6,926,663.	6,926,380.	7,021,905.	6,940,660.	34,862,204.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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.						
4 Total. Add lines 1-through 3	7,046,596.	6,926,663.	6,926,380.	7,021,905.	6,940,660.	34,862,204.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						34,862,204.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	7,046,596.	6,926,663.	6,926,380.	7,021,905.	6,940,660.	34,862,204.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,876.	120,579.	169,200.	27,983.	8,472.	407,110.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	188,717.	398,591.	272,687.	-493,836.	673,311.	1,039,470.
11 Total support. Add lines 7 through 10						36,308,784.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.02 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.89 %

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Other Income Part II, Line 10

Description: GOVERNMENT FURNISHED EQUIP'T

2005: 188656.

2006: 134436.

2007: 64196.

2008: 23432.

2009: 342329.

Description: MISCELLANEOUS RESEARCH SERVICES

2005: 3159.

2006: 2089.

2007: 45551.

2008: 1078.

2009: 2381.

Description: FOREIGN CURRENCY TRANSLATION

2005: -3098.

2006: 0.

2007: 0.

2008: 0.

2009: 0.

Description: COMPONENT FUND INVESTMENT

2005: 0.

2006: 262066.

2007: 162940.

2008: -518346.

2009: 328601.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

- ▶ Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2009**Open to Public
Inspection**

Employer identification number

HASKINS LABORATORIES, INC.

13-1628174

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements	1,582,767.		348,232.	1,234,535.
d Equipment	1,139,877.		556,526.	583,351.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,817,886.

BAA

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

HASKINS LABORATORIES, INC.

Employer identification number

13-1628174

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Middle East	0	1	RESEARCH	RESEARCH	24,928.
East Asia and Pacific	0	1	RESEARCH	RESEARCH	6,290.
North America	0	3	RESEARCH	RESEARCH	106,552.
Totals	0	5			137,770.

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Pt I Line 2 SEE ATTACHED RIDER

D. Insurance Records and Reporting of Thefts and Damage. Most fixed assets purchased through regular purchasing procedures should be reported to the Business Office for insurance purposes. The Business Office keeps separate insurance schedules for all fixed assets.

All thefts, damage or destruction of the Laboratories' assets should be reported promptly to the V.P. of Finance and Administration in the Business Office as well as to the Controller. The Business Office will report the loss to our insurance company if it is considered an insurable loss.

E. Disposal or Trade-In of Fixed Assets. No assets of value should be sold, traded-in or otherwise disposed of without the approval of the Controller or the Vice President of Finance and Administration. All such disposals should be reported to the Business Office describing the asset involved, the tag number, if applicable, and the nature of the transaction. For office equipment and similar assets not sold or traded-in, the supervisor should contact the V.P. of Finance and Administration to determine if the asset should be stored for future use. If not and the asset is considered worthless, (e.g. surplus or obsolete) the supervisor may proceed with the disposal of the item.

VIII. FEDERAL AND OTHER GRANTS AND CONTRACTS

A. Administration. The Business Office, along with the Grants Manager, is generally responsible for administration of the fiscal aspects of grants and contracts such as grant accounting, development and negotiation of indirect cost rates and review of budget proposals.

For each grant, the person responsible for insuring compliance with the guidelines of the granting agency or foundation is specified in advance. Some grants allow wide latitude in making budgetary changes during the grant period, while others require advance approval by the agency or foundation. It is essential that these guidelines be followed accurately. In case of questions about whether a proposed change requires approval by the granting agency or foundation, please consult the Grants Manager.

For National Science Foundation grants, the following still require prior approval by the Foundation: changes in objectives or scope of the work; changes in the principal investigator or the level of effort (including any increase in salary paid to the PI) and reallocation of budgeted funds for participant or trainee support costs. Prior approval requests must be submitted through the NSF FastLane system.

NSF No-cost extensions must be processed through the NSF FastLane system. To request a no-cost extension you must email the Grants Manager at least 14 days prior to the expiration of the grant. The email must contain the new expiration date (12-month limit) and the supporting reasons for the extension. An extension merely to spend unobligated funds is not a valid reason according to NSF. The Grants Manager will forward the approved request to the V.P. of Finance and Administration to process the extension.

There is a separate module on Fastlane if additional time is required past the 12-month extension.

B. Review and Approval of Grants. The V.P. of Research must review and approve all proposals that pertain to the research programs of the Laboratories and the Vice President of Finance and Administration, along with the CEO, must review and approve all proposals to private foundations and corporations. The actual signature required for submission of the proposal will depend on the type of grant.

The Business Office must review and approve the budget portion of all grant proposals and all other proposals with budgeted compensation costs before final approval can be given. The V.P. of Finance and Administration is the individual primarily responsible for this review and for answering questions about grant accounting.

Please allow sufficient lead-time for the review and approval of grant proposals and grant budgets to avoid last minute problems with submission deadlines.

C. Subrecipient Monitoring. The Laboratories monitors the programmatic and financial activities of its subrecipients in order to ensure: proper stewardship of the funds and that performance goals (scope of work or specific aims) are achieved. The terms of the subrecipient relationship shall be documented in a negotiated agreement for the Laboratories by the Grants Manager and by an authorized representative of the recipient organization. Compliance with the terms and conditions of such agreements will be monitored during the life of the agreement. The Laboratories shall perform the following stewardship activities:

The Grants Manager will monitor the costs and activities of subrecipients as appropriate, to confirm that funding provided to the subrecipient is used for purposes authorized in the negotiated agreement and that performance goals articulated in the scope of work are achieved.

The Laboratories will confirm that the subrecipient has taken appropriate and timely corrective action upon receipt of an unfavorable audit report. If a material weakness or other reportable condition exists, monitoring of the subrecipient will be more frequent and actions will be taken as appropriate by the V.P. of Finance and Administration.

D. Benefit and Indirect Cost Rates. Although the Business Office reviews the entire budget, our main concerns are the benefit and indirect cost amounts.

Benefits are direct costs and must be included in the budget. Even if benefits are not properly included in a budget submitted to and approved by the federal government, all costs of benefits will be charged to the grant. All salaries and wages paid through a grant will have a benefit rate and amount associated with it. In calculating our benefit rates, the following expenses are considered: pension, social security, health insurance, unemployment, disability and life insurance, clinical medical and dental plans and worker's compensation. Indirect costs are real costs the Laboratories incur but which cannot be readily identified with one specific project or grant. Examples of these costs are rent, office costs, depreciation, and general and departmental administrative expenses.

The indirect cost rate (72.4% effective through 12/31/10) is applicable to federal grants and is established by submitting an Indirect Cost Proposal to the federal Department of Health and Human Services. The rate can change with the acceptance of each proposal, which the Laboratories currently submit annually. The change in the rate coincides with Laboratories' fiscal year, so that the new rate becomes effective on January 1 of each year. Please consult the Grants Manager to obtain the current calculations to include in your budget.

E. Cash Reimbursement. When a principal investigator receives a federal grant, the Laboratories is notified by an award letter. This letter states the time period, the amount, and any restrictions on the grant. The Laboratories does not receive the actual cash in advance. We are reimbursed monthly for expenditures made during that month. It is important to remember that all federal grant monies should be spent or obligated before the ending date of the grant.

F. Procurement. To be in compliance with government regulations, each principal investigator must review all purchases under the grant that are expected to equal or exceed \$25,000. This includes purchases that aggregate to \$25,000.

G. Personnel. If a new employee must be hired for a grant, the Principal Investigator should contact the Business Office for the proper hiring procedures to follow. All such employees are paid through the Laboratories' regular payroll. For more information about the Laboratories' human resources and payroll procedures, please refer to Section VI of this manual.

IX. YEAR END CLOSE AND AUDIT

A. Fiscal Year Closing Procedures. The Laboratories' fiscal year ends on December 31. This means that all expenditures incurred after December 31 are recorded in the next fiscal year. Conversely, a purchase made and received December 30, for example, would have to be recorded in the current fiscal year even if the invoice is received after December 31. Therefore, we recommend that purchases of equipment and supplies and other purchases of a material (sizable) nature be well into process by December 1 to ensure that the goods and related invoice are received in the Business Office by December 31.

B. The Outside Audit. The annual audit of the Laboratories' books and records generally takes place in early May. While most of the auditors' time is spent in the Business Office, the scope of the audit may require the auditors to visit with other areas of the Laboratories as well. Any information / documentation should be provided to them upon their request.

X. TRAVEL AND OTHER ITEMS

A. Business Travel Policies, Advances and Reimbursement.

1. General. All necessary and reasonable expenses for authorized Laboratories' travel will be paid or reimbursed in accordance with the following guidelines. Exceptions will be necessary from time to time, and should be cleared, in advance if possible, with the President, CEO or Vice President of Finance and Administration. Unreasonable costs (e.g., very expensive restaurants or exclusive hotels) and travel expenses incurred by a companion cannot be paid by the

DRAFT
Subrecipient Monitoring
Invoice Review Checklist

The following checklist is a guide for reviewing subrecipient invoices. If you have questions regarding the accuracy and allowability of the expenses invoiced, ask the subrecipient for additional information and **DO NOT APPROVE** the invoice for payment until all items are resolved appropriately. Please contact Haskins Grants & Contracts Manager for any assistance.

Step Complete?	Review Step
	<p>1. Does the total amount invoiced agree with the total of expenses listed by budget category? Subrecipients should have a total invoice amount and also a detail of the expenses by budget category. Re-calculate the detail expenses and ensure it agrees with the total invoice amount.</p>
	<p>2. Is the F&A calculated correctly with the correct and agreed upon rate for the subrecipient? Some expenses are exempt from F&A charges. Ensure the F&A calculated agrees with the methodology in the budget and only includes expenses that can be charged to F&A.</p> <p>Examples of expenses that are exempt from F&A:</p> <ul style="list-style-type: none"> • Capital equipment expenses • NSF does not specifically allow F&A to be charged on Participant Support Costs. • Patient care costs
	<p>3. Were all the expenses incurred within the subcontract start and end dates? Ensure that the dates on the invoice are within the subcontract dates.</p>
	<p>4. Are the expenses in agreement with the subcontract budget?</p> <p>Examples:</p> <ul style="list-style-type: none"> • Are the expenses that are invoiced included in the subcontract budget? The subrecipient should only invoice for approved expenses per the subcontract or ask for approval of changes. • Are the cumulative expenses per budget category in agreement with the budget amount per category? <ul style="list-style-type: none"> ○ Does the total spent per budget category agree with the subcontract budget categories? Is the subrecipient overspent in one budget category and underspent in another budget category? For example, are they charging less in salaries but more for laboratory expenses? ○ If there have been changes to the budget, ensure the changes are in agreement with the programmatic objectives and allowable. • Are the cumulative expenses within the overall budget amount? Ensure that subrecipients are not invoicing for amounts over the budget.

	<p>5. Are the expenses in agreement with the programmatic plan or work completed to date? The expenses invoiced should agree with the work incurred if the agreement is a cost reimbursable contract.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Were there programmatic changes that would cause changes to the types of expenses? For example, if the programmatic changes resulted in no need for study subject payments, subcontracting by the subrecipient, or consulting, the invoices should not contain these types of expenses. • Is the subrecipient invoicing for salaries during a time when it is known that no work should be occurring due to the programmatic plan?
	<p>6. Are the expenses allowable per the subcontract and the prime award? Remember the prime award requirements and budget restrictions flow down to the subrecipient.</p> <p>Examples:</p> <p>The following are examples of sensitive expenditures. If these types of expenses are invoiced, ensure that the subcontract explicitly approved these expenses as allowable per the prime award:</p> <ul style="list-style-type: none"> • Food/Official functions • Honorarium • Study subject payments – ensure appropriate IRB approvals occurred. • Local telephone service • Postage • Office supplies • Membership Dues • Administrative salaries
	<p>7. Are expenses on a cost reimbursable subcontract charged based on actual expenses or does it appear to be an allocation of the budget? For example, are the invoices consistently the same amount each month? Cost reimbursable subcontracts require invoicing <u>based on actual expenses only</u>.</p>
	<p>8. Does the invoice contain the following statement:</p> <p>"I certify that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provisions of the application and award documents."</p> <p>Also, is it signed by the subrecipient?</p>
	<p>9. If the subcontract included cost sharing requirements, does the invoice contain the required cost sharing information? Cost Sharing expenses must follow the same rules as the expenses paid by the prime award. Ensure the cost sharing expenses complies with the agreement, including amounts and types of expenses.</p>
REMEMBER:	<p>IF THERE ARE ANY QUESTIONS ON THE INVOICES, DO NOT APPROVE UNTIL ALL ITEMS ARE APPROPRIATELY RESOLVED. Please contact Haskins Grants & Contracts Manager for any assistance.</p>

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No 1545-0047

2009**Open to Public Inspection**

Name of the organization

HASKINS LABORATORIES, INC.

Employer identification number

13-1628174

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

X

X

X

X

X

X

X

X

X

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
CAROL A. FOWLER	(i)	27,362.	0.	0.	0.	0.	27,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DOUGLAS H. WHALEN	(i)	165,974.	0.	0.	26,278.	7,593.	199,845.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH P. CARDONE	(i)	141,543.	0.	0.	24,691.	16,243.	182,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PHILIP E. RUBIN	(i)	162,404.	0.	0.	40,150.	3,302.	205,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							

Part III	Supplemental Information
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Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HASKINS LABORATORIES, INC.

Employer identification number

13-1628174

Pt VI-B, Line 11a ONCE THE FORM 990 IS COMPLETED BY THE AUDITORS AND

DELIVERED TO THE VP OF FINANCE, IT IS REVIEWED BY

THAT OFFICER AND THEN PRESENTED, SECTION BY SECTION,

TO THE CEO/PRESIDENT OF THE ORGANIZATION.

Pt VI-C, Line 19 FEDERAL FORM 990, WHICH IS RECONCILED ANNUALLY TO THE

ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, IS OPEN

TO PUBLIC INSPECTION. GOVERNING DOCUMENTS, COMPANY

POLICIES AND RELATED INFORMATION CAN BE FOUND ON THE

ORGANIZATION'S WEBSITE. THE WEBSITE IS CONTINUALLY

BEING UPDATED, IMPROVED AND EXPANDED TO INCLUDE MORE

OF THIS INFORMATION.

Pt VI-B, Line 12c SEE ATTACHED RIDER

Pt VI-B, Line 15 SEE ATTACHED RIDER



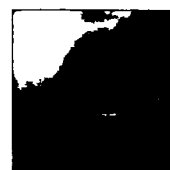
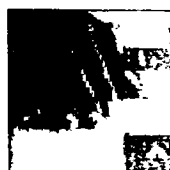
THE SCIENCE OF THE SPOKEN
AND WRITTEN WORD

Haskins Laboratories is an independent, international, multidisciplinary community of researchers conducting research on spoken and written language. Exchanging ideas, fostering collaborations, and forging partnerships across the sciences, the Laboratories produces groundbreaking research that enhances our understanding of speech perception and production, reading and reading disabilities, and human communication. In turn, that enhanced understanding reveals ways to improve or remediate speech and reading.

Founded in 1935 and located in New Haven, Connecticut since 1970, Haskins Laboratories is a private, non-profit research institution, largely supported by federally funded, competitive research grants. Additional funding comes from private foundations and individual donations. Haskins Laboratories has long-standing, formal affiliations with the University of Connecticut and Yale University. Haskins scientists are also actively engaged in collaborations and partnerships, both formal and informal, with other institutions, groups, and individuals around the world.

Since the 1950s, Haskins Laboratories has been at the forefront of theoretical and technical developments related to speech and language. The Laboratories is known as a pioneering institution that has made critical discoveries in areas such as speech perception, speech synthesis, aids for the handicapped including a prototype for a reading machine for the blind, the physiology of speech production, motor control, nonlinear dynamical approaches to understanding complex systems, child language acquisition, phonemic and phonological awareness and its role in reading, and the neurobiological basis of language use across the lifespan.

This tradition continues to the present day through a combination of foundational and translational research that couples innovative theoretical approaches with state-of-the-art tools and techniques for measuring and modeling speech, reading, and signing, from the neural through the social levels. Our work combines a broad array of tools for capturing biological motion and structure with computational simulation of behavior and brain across multiple levels. Examples of the tools and techniques include: ultrasound, electromagnetic articulometry (EMA), electroglottography (EGG), electromyography (EMG), eye tracking, Optotrak and Vicon motion recording, physical and computational modeling of articulation and aeroacoustics, robot-controlled articulatory perturbation, and connectionist and dynamical modeling of action, perception, and language. We also use a range of techniques for imaging neural activity including functional magnetic resonance imaging (fMRI), electroencephalography (EEG), and near infrared spectroscopy (NIRS).

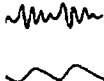


THE SCIENCE OF THE SPOKEN AND WRITTEN WORD

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WHO WE ARE
RESEARCH
PEOPLE
PUBLICATIONS
GIVING



HOME
CONTACT
INFO
SEARCH



OUR KNOWLEDGE APPLIED
SPEAKING
UNDERSTANDING SPEECH
READING
SPEECH TECHNOLOGY

HLI Quick Links

- [Haskins Reading Research](#)
- [The Science of Teaching Reading](#)
- [History](#)
- [Mastering Reading Instruction](#)
- [Early Reading Success Initiative](#)
- [Contact](#)
- [Access the Leveled Books Database](#)
- [Professional Development Resources](#)
- [Join HLI Listserv](#)

For Employees

Reading Leader Archive

20100629:

June 2010						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

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[Haskins Google](#)

Literacy
Haskins Initiative
THE SCIENCE OF TEACHING READING

- [News / Hot Topics](#)
- [Suggested Reading](#)
- [HLI Resources](#)
- [HLI Staff](#)



Haskins Literacy Initiative

Haskins Literacy Initiative promotes the science of teaching reading, designing and conducting research, and by engaging in advocacy to inform public policy and improve reading achievement for every child.

HLI is an activity of Haskins Laboratories, a private, non-profit research facility, founded in 1935 for the purpose of scientific study of speech and language. Since 1965, Haskins Laboratories also has focused on reading research, quickly becoming a world leader.

For more information, contact us.



Policy on Conflicts of Interest and Conflicts of Commitment of Staff Members

I. Introduction

Haskins Laboratories (the “Laboratory”) is committed to conducting research, and disseminating knowledge, all with the highest standards of integrity. This policy addresses conflicts of interest and commitment that may arise from research and non-research activities of the Laboratory and its staff members.

In general, conflicts of interest may arise from a staff member’s opportunity to benefit financially from his or her or others’ activities at the Laboratory. Conflicts of commitment may arise from a staff member’s involvement in outside professional activities that benefit society and the Laboratory — they should be guided by the principle that staff member’s overriding obligations are to the Laboratory and to its mission. Furthermore, while the Laboratory recognizes the benefit of such activities, it also is committed to ensuring that they are conducted properly and consistently, in accordance with the responsible management and policies of the Laboratory.

In pursuit of its own mission, and consistent with these principles, the Laboratory has formulated the following policy to identify and address actual, apparent, and potential conflicts of interest and commitment. (*Note that the appearance of a conflict is often times as important as the reality.*) The fundamental premise of this policy is that each member of the Laboratory community has an obligation to act in the best interest of the Laboratory and in furtherance of the Laboratory’s mission, and must not let outside activities or outside financial interests interfere with those obligations. This policy is intended to increase the awareness of staff members to the potential for conflicts of interest and commitment, and to establish procedures whereby such conflicts may be avoided or properly managed.

II. Definitions

“Conflict of Interest” means an external influence that might adversely affect the conduct of a staff member’s activities or the Laboratory’s operations.

“Conflict of Commitment” means a relationship that requires a commitment to outside activities such that a staff member, either implicitly or directly, cannot meet his or her usual obligations to the Laboratory.

“Significant Financial Interest” means anything of monetary value, including but not limited to, salary or other payments for services (e.g., consulting fee or honorarium); equity interest (e.g., stocks, stock options or other ownership interest); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). The term does not include:

- (1) Salary, royalties, or other remuneration from the Laboratory;
- (2) Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;
- (3) Income from services on advisory committees or review panels for public or nonprofit entities.

THE SCIENCE OF THE SPOKEN AND WRITTEN WORD

300 George Street, New Haven, CT 06511 - Voice 203 865.6163 - Fax 203 865 8963 - www.haskins.yale.edu

III. Reporting and Review Procedures

A. Disclosure

The responsibility for avoiding conflicts of interest or commitment rests, initially, with the staff member. An essential step in addressing an actual, apparent, or potential conflict of interest or commitment is for the staff member involved to make full disclosure of relevant information to the President or CEO of the Laboratory. As described in greater detail below, certain staff members are required to make regular, annual written disclosures, with updates as needed; others need only disclose on an ad hoc basis. When a disclosure is received, the President or CEO will review it and determine what should be done to avoid or manage any conflict appropriately.

1. Required Annual Disclosures

All scientific staff who work at the Laboratory more than 50% of the time; all Laboratory staff who hold administrative positions and/or are responsible for the purchasing of major equipment; and all Laboratory staff who are responsible for the design, conduct or reporting of research are required annually to submit a conflict of interest/conflict of commitment disclosure describing their external activities and Significant Financial Interest. Annual disclosures must be in writing, on the forms approved by the Laboratory. Every staff member who is subject to the disclosure requirements of this section shall submit his or her disclosure to the President or CEO. When the disclosing individual is the President or CEO of the Laboratory, he or she shall submit the form to the Chairman of the Board of Directors.

2. Required Disclosures Other Than in Annual Disclosure Process

(a) **Material Change from Annual Disclosure.** Whenever Significant Financial Interest, external activities, or internal responsibilities change materially from those described in the annual disclosure, the disclosure is to be updated as soon as possible, in writing. Whenever possible, individuals should attempt to disclose expected changes or newly anticipated conflicts before they occur, and seek advice from the President or CEO on the restrictions that may result from any anticipated new Significant Financial Interest, before accepting such a Significant Financial Interest. Whenever an application for funding of a new research project is submitted, the Investigator must ensure that his or her disclosure is current.

(b) **Ad hoc Disclosures by Those Not Required to File Annually.** Non-scientific staff and students are not required to submit annual disclosure forms unless they are responsible for the design, conduct, or reporting of research. They are required, however, on an ad hoc basis, to disclose their external activities and Significant Financial Interest to the extent such activities and Significant Financial Interest relate generally to Laboratory research (including, for example, the use of research facilities and involvement of students in research sponsored by a start-up company), laboratory financial decisions, and other matters whenever they arise.

The confidentiality of all disclosures will be respected to the greatest extent possible. In particular, the information on the forms will not be shared except with those who have a need to know.

B. Review of Disclosures

1. Review

The President or CEO will review all disclosures. If necessary, the President or CEO will discuss disclosure-related matters with the individual involved and may also consult with others who may have relevant information, including legal counsel. The individual is entitled to meet with the President or CEO if he or she desires. Consistent with the guidelines set forth below, the President or CEO will determine whether an apparent, actual, or potential conflict of interest or commitment exists and, if so, by what means – such as the individual's abstention from the

external activity, modification of the activity, and/or monitoring of the activity by a subcommittee – the conflict should be avoided or managed.

(a) *Conflict of Interest*: If the President or CEO determines that a conflict exists, he or she will communicate this determination and the means he or she has identified for eliminating or managing the conflict, in writing, to the individual. With respect to financial conflicts of interest, this plan could, among other possibilities, (a) authorize the individual to participate, with oversight, in a matter as to which the conflict exists, or (b) instruct the individual not to participate in the decision or other matter relating to the conflict. If the President or CEO prescribes monitoring of the activity, he or she will describe specifically how the monitoring shall be performed and what records are to be kept. One of the factors the President or CEO will consider in determining whether a conflict of interest exists is whether the staff member's external interest might adversely affect the conduct of a staff member's activities or the Laboratory's operations. Furthermore, a conflict of interest exists if the President or CEO reasonably determines that a Significant Financial Interest could directly or significantly affect the design, conduct, or reporting of research at the Laboratory.

(b) *Conflict of Commitment*: If the President or CEO determines that a conflict exists, he or she will communicate this determination and the means he or she has identified for eliminating or managing the conflict, in writing, to the individual. If the President or CEO prescribes monitoring of the activity, he or she will describe specifically how the monitoring shall be performed and what records are to be kept. Among the factors the President or CEO may consider in determining whether a conflict of commitment exists include: (i) whether the staff member's outside commitments are such that he or she, either implicitly or directly, cannot meet his or her usual obligations to the Laboratory; and (ii) whether the relationship with an outside organization requires frequent or prolonged absence from the Laboratory (generally defined as involving, on the average, absences of more than one (1) day per work week).

2. Appeal

If the staff member is not satisfied with the decision of the President or CEO the individual may request that the matter be referred to the Chairman of the Board of Directors for a decision. Any matter referred to the Chairman of the Board of Directors shall be accompanied by a written statement of the findings and recommendations of the President or CEO with copy to the individual. The Chairman of the Board will notify the individual, and the President or CEO of his or her decision, ordinarily within three weeks after receiving the report.

3. Review by the Chairman of the Board

The Chairman of the Board will review disclosures by the President or CEO and determine whether an actual, apparent, or potential conflict of interest or commitment exists and how that conflict will be managed or eliminated.

IV. Protection of Human Subjects

Research involving human subjects is subject to a strong presumption against permitting the participation of any staff member holding a related Significant Financial Interest. All members of the Laboratory should be sensitive to the potential effects of financial interests and/or non-financial relationships with commercial sponsors or other external entities on the conduct of research and the participation and protection of human research subjects. In compliance with federal regulations and guidance, the President or CEO will consider such relationships and determine whether they might influence or appear to influence (a) the outcome of a research project involving human subjects; (b) the objectivity of the staff member during the performance of such a project; or (c) the staff member's interactions with research subjects who participate in the project.

V. Compliance

If a staff member fails to comply with this Policy, the Laboratory may take appropriate disciplinary action, including termination of the staff member's employment, if appropriate.

VI. Record Retention

The Laboratory will maintain all financial disclosures submitted by staff members and all actions taken by the Laboratory for at least three years from the date of submission of the final expenditure report or, in the case of awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report and, in all other cases, for at least three years from the date of submission of the disclosure.

If any litigation, claim, financial management review, or audit is started before the expiration of the three-year period, the records shall be retained until all litigation, claims, or audit finding involving the records have been resolved and final action taken.

VII. Contact Information

For further information regarding this Policy, please contact the CEO of the Laboratory at (203) 865-6163, ext. 222.

Agreement

I have read & understand the Policy on Conflicts of Interest & Conflicts of Commitment of Staff Members, and I agree to abide by the policies and procedures described.

Signature

Name (please print)

Date

Haskins Laboratories Employee Handbook

All members of the staff should have their visitors sign the guest book as they enter the Laboratories.

Yale Identification Cards

Members of the Laboratories' staff may be able to obtain Yale University photo identification cards. Individuals who hold the degree of Ph.D. and who need access to Yale facilities, must obtain their cards through appointments made by Yale departments, or to Associate Fellowships in one of Yale's Residential Colleges. Other members of the staff and graduate students who wish to obtain access to Yale library, athletic, transportation or other facilities may be eligible to receive a Yale Associate Card. Please see a member of the Business Office staff for details

PAYROLL POLICIES AND PROCEDURES

Flexible Benefit Plan

Under the terms of this plan, eligible full-time employees can elect to have their gross salaries reduced by the estimated cost of their medical and/or child care costs for a given year. They then receive reimbursements of those expenses as they are incurred up to the total amount of the reduction. The plan provides savings to participants because salary is taxed at the reduced amount. Full details of the plan are available from the Controller.

Paydays

Salaried employees are paid twice per month (on the 15th and last day of the month). Checks are distributed on the appointed day, or if that day should be a holiday or weekend, on the last working day preceding it. Direct deposit payments made to employees' designated bank accounts become available on the same days as the checks are distributed.

Personal Data

It is important that the Laboratories' personnel records for all employees be kept accurate and current. Changes in name, address, telephone number, emergency phone number, marital status, number of dependents, beneficiaries, tax withholding information and the license numbers of any motor vehicles that you plan to park in one of the parking lots that we use should be reported to a member of the Business Office staff.

Haskins Laboratories Employee Handbook

Reviews and Merit Increases

Salaries are reviewed annually by the Compensation Committee in conjunction with possible cost-of-living adjustments. Merit increases are usually reviewed at the same time, but may be awarded at any time of the year.

Salary Advances

Salary advances of \$500 or more must be approved by the CEO, CFO or President.

Timesheets

All paid employees are required to prepare timesheets on a bi-weekly basis. Forms can be found in the "Employee" section of our website (www.haskins.yale.edu) or can be obtained from the Business Office. Each report must be completed by the employee, signed in ink, approved and signed by the employee's supervisor, and then filed with the Business Office.

INSURANCE AND RETIREMENT BENEFITS

Disability Insurance

Haskins Laboratories provides disability benefits for all regular employees who hold three-quarter-time or longer appointments and for whom Haskins Laboratories is the primary employer. The Laboratories pay 100% of the premium. The benefit follows a graduated scale depending on the length of service.

1. Less than 6 months' service: 2 weeks at full pay followed by two weeks at half pay. The Laboratories' Director will have the discretion to terminate employment after a further one-month absence without pay.
2. Six months' service or more: During periods of disability due to pregnancy, childbirth, sickness or injury, the employee receives up to 8 weeks full pay followed by 5 weeks at 75% of full pay. Salary payments extending beyond the first two weeks are conditional upon the Laboratories receiving, within 15 days of the employee's initial absence, a physician's report, stating that the employee is unfit for work. If an employee is absent for more than 90 days then that employee becomes eligible for Long Term Disability (LTD) benefits

Haskins Laboratories Organizational Chart

(as of December 16, 2009)

CORPORATE OFFICERS

President and Director of Research: Ken Pugh
Chief Executive Officer and VP: Philip Rubin
Vice President of Research: Douglas Whalen
Vice President of Finance and Administration: Joseph Cardone
Secretary: Arthur S. Abramson

COMMITTEES

STEERING COMMITTEE

Ken Pugh (Chair)
Joseph Cardone
Betty DeLise
Carol Fowler
Susan Galli
Philip Rubin
Douglas Whalen
Rotating members:
David Braze
Jim Magnuson
Mark Tiede

TECHNICAL RESOURCES COMMITTEE

Richard Crane (Chair)
Joseph Cardone
Michael D'Angelo
Alice Faber
Susan Galli
Donald Hailey
Yvonne Manning-Jones
Einar Mencl
Gordon Ramsay
Christine Shadle
Philip Rubin, Douglas Whalen

FINANCE / COMPENSATION COMMITTEE

Joseph Cardone (VP-F&A) (Chair)
Carol Fowler
Susan Galli
Vincent Gracco
Donald Hailey
Ken Pugh
Philip Rubin
Christine Shadle
Douglas Whalen

RESEARCH

Research Administration

Ken Pugh (President & Director of Research)
Philip Rubin (CEO/VP)
Douglas Whalen (VP & Graduate
Research Overseer - GRO)
Susan Galli (Mgr., Grants & Contracts)
Carol Fowler (Senior Advisor)

Research Community

Scientists
Research Affiliates and Associates
Postdoctoral Fellows and Associates
Students

OPERATIONS

INFORMATION TECHNOLOGY

Philip Rubin (CEO/VP)
Richard Crane (Director of
Technology & Planning)
Donald Hailey (Manager of
Engineering Services)
Michael D'Angelo (Software Engineer)
Alice Faber (Experiment Coordinator)
Yvonne Manning-Jones (web & multi-media)

FACILITIES/ENGINEERING

Philip Rubin (CEO/VP)
Donald Hailey (Mgr. Eng)
Joseph Cardone (VP-F&A)
Richard Crane (DTP)
Susan Galli (space allocation)
Michelle Sinko (Librarian)

FINANCE/OFFICE

Joseph Cardone (VP-F&A)
Betty DeLise (Controller)
Lisa Fresa (Financial Asst.)
Tammy Ursini (Office Manager)



**WHO WE ARE
RESEARCH
PEOPLE
PUBLICATIONS
GIVING**



**HOME
CONTACT
INFO
SEARCH**



OUR KNOWLEDGE APPLIED
SPEAKING
UNDERSTANDING SPEECH
READING
SPEECH TECHNOLOGY

- » Administration
- » Scientists
- » Technical Staff
- » Haskins Literacy Initiative
- » Research Affiliates
- » Research Associates
- » Postdoctoral Fellows
- » Students

- » Board of Directors

Haskins Google

Haskins Laboratories • 300 George St., Suite 900
New Haven, CT 06511 • 203.865.6163



Board of Directors

Joanne L. Miller, Chair
Arthur S. Abramson, Secretary
Stephen R. Anderson
Claudia Carello

Carol A. Fowler
Katherine S. Harris
Dana Shaw MacKinnon
Joseph Molder

Richard Norgaard
Robert E. Remez
Donald Shankweiler
Michael Studdert-Kennedy
Michelle K. Williams
Steven M. Girvin, *ex officio*
Jeremy Teitelbaum, *ex officio*
Kenneth R. Pugh, *ex officio*

Tribute to Patrick Nye

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For further information, cont

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization HASKINS LABORATORIES, INC.		Employer identification number 13 1628174	
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O MYER, GREENE & DEGGE, P.O. BOX 930			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PEARL RIVER, NEW YORK 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 (sec. 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 corporation required to file Form 990-T) extension of time until **AUGUST 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20**09** 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.	3a	\$
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.	3b	\$
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.	3c	\$

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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

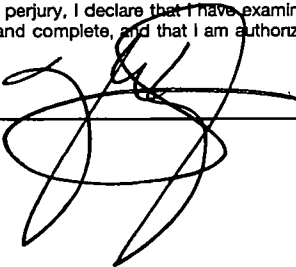
- The books are in the care of _____
Telephone No. ► (_____) _____ FAX No. ► (_____) _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. 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 is for.
- 4 I request an additional 3-month extension of time until _____, 20_____.
- 5 For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension _____

8a 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.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. 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.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►



Title ► CPA

Date ► 2/16/10