

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2002

Open to Public Inspection

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

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

A For the 2002 calendar year, or tax year beginning , 2002, and ending

B Check if applicable

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

Please use
IRS label
or print
or type
See
specific
instructions

C Name of organization

HASKINS LABORATORIES, INC

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

270 CROWN STREET

City town or country

NEW HAVEN

State ZIP code + 4

CT 06511-6695

D Employer identification number

13-1628174

E Telephone number

(203) 865-6163

F Accounting method

☐ Cash☒ Accrual

Other (specify)

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

H and I are not applicable to section 527 organizations

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

H (b) If Yes, enter number of affiliates

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

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

H (d) Is this a separate return filed by an

organization covered by a group ruling? ☐ Yes ☐ No

I Enter 4-digit GEN

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

G Web site HASKINS@YALE.EDU

J Organization type
(check only one)☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS, but if the organization
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 7,088,337

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1 a 1,014,980

b Indirect public support

1 b

c Government contributions (grants)

1 c 4,577,979

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

1 d 5,592,959

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

2 210,970

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 499

5 Dividends and interest from securities

5 107,260

6a Gross rents

6 a

b Less rental expenses

6 b

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

6 c

7 Other investment income (describe)

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

1,176,649

8 a

b Less cost or other basis and sales expenses

1,190,645

8 b

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

-13,996

8 c

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

8 d -13,996

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ of contributions
reported on line 1a)

9 a

b Less direct expenses other than fundraising expenses

9 b

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

9 c

10a Gross sales of inventory, less returns and allowances

10 a

b Less cost of goods sold

10 b

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

10 c

11 Other revenue (from Part VII, line 103)

11

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

12 5,897,692

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

13 3,191,472

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

14 1,341,653

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

15 0

16 Payments to affiliates (attach schedule)

16

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

17 4,533,125

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

18 1,364,567

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

19 3,726,691

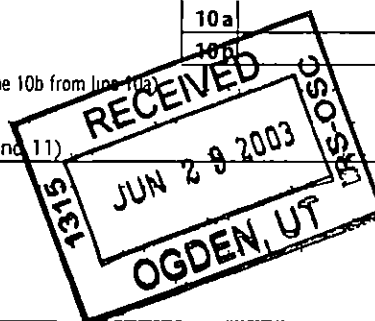
20 Other changes in net assets or fund balances (attach explanation)

20 -11,319

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

21 5,079,939

SCANNED JUL 10 2003



6.12.21

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ non cash \$)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	351,438	207,240	144,198	0
26 Other salaries and wages	26	1,679,957	1,319,311	360,646	0
27 Pension plan contributions	27				
28 Other employee benefits	28	712,360	399,996	312,364	0
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	23,300	0	23,300	0
32 Legal fees	32	2,703	0	2,703	0
33 Supplies	33	137,908	122,381	15,527	0
34 Telephone	34	9,333	2,957	6,376	0
35 Postage and shipping	35				
36 Occupancy	36	95,242	0	95,242	0
37 Equipment rental and maintenance	37	73,127	41,039	32,088	0
38 Printing and publications	38				
39 Travel	39	99,156	91,297	7,859	0
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	151,421	0	151,421	0
43 Other expenses not covered above (itemize)					
a ACCRUAL BASIS ADJUSTMENT	43a	-583	0	-583	0
b CLEANING & MAINTENANCE	43b	21,574	0	21,574	0
c CONSULTING & OTHER SERVICES	43c	476,907	471,507	5,400	0
d DIRECTOR'S FUND	43d	7,482	0	7,482	0
e See Other Expenses Stmt	43e	691,800	535,744	156,056	0
44 Total functional expenses (add lines 22-43) Organizations completing columns (B), (C), (D), carry these totals to lines 13-15	44	4,533,125	3,191,472	1,341,653	0

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

If 'Yes,' enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to program services \$, (iii) the amount allocated to management and general \$, and (iv) the amount allocated to fundraising \$

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? **RESEARCH LABORATORY**

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

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

a GOVERNMENT GRANTS - NATIONAL INSTITUTES OF HEALTH 2,513,369		
GOVERNMENT GRANTS - NATIONAL SCIENCE FOUNDATION 157,308		
GOVERNMENT GRANTS - BOSTON UNIVERSITY SUBCONTRACT 52,406		
(Grants and allocations \$ 0)		2,723,083
b GOVERNMENT GRANTS - UNIVERSITY OF CINCINNATI SUBCONTRACT 15,273		
GOVERNMENT GRANTS - WESLEYAN UNIVERSITY SUBCONTRACT 73,924		
GOVERNMENT GRANTS - YALE UNIVERSITY AGREEMENT 26,948		
(Grants and allocations \$ 0)		116,145
c CONNECTICUT STATE DEPARTMENT OF EDUCATION 295,359		
EARLY READING SUCCESS PROGRAM 41,964		
(Grants and allocations \$ 0)		337,323
d ATR HUMAN INFORMATION PROCESSING RESEARCH LABORATORIES 14,921		
(Grants and allocations \$ 0)		14,921
e Other program services (Grants and allocations \$)		
f Total of Program Service Expenses (should equal line 44 column (B), program services)		3,191,472

Part IV Balance Sheets (See Instructions)

Note		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash – non interest bearing	100,815	45	141,129	
	46 Savings and temporary cash investments	1,748,254	46	4,160,614	
	47a Accounts receivable	110,657			
	b Less allowance for doubtful accounts		47c	110,657	
	48a Pledges receivable				
	b Less allowance for doubtful accounts		48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes & loans receivable (attach sch)				
	b Less allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments – securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input type="checkbox"/> FMV	1,751,882	54	614,125	
	55a Investments – land, buildings, & equipment basis				
	b Less accumulated depreciation (attach schedule)		55c		
	56 Investments – other (attach schedule)		56		
	57a Land, buildings, and equipment basis	851,081			
	b Less accumulated depreciation (attach schedule) L-57 Stmt	379,745	394,905	57c	471,336
58 Other assets (describe ▶ See Line 58 Stmt)	31,541	58	5,518		
59 Total assets (add lines 45 through 58) (must equal line 74)	4,059,559	59	5,503,379		
LIABILITIES	60 Accounts payable and accrued expenses	7,619	60	7,037	
	61 Grants payable	307,342	61	397,158	
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ▶ See Line 65 Stmt)	17,907	65	19,245	
	66 Total liabilities (add lines 60 through 65)	332,868	66	423,440	
	FUNDS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
		67 Unrestricted		67	
68 Temporarily restricted			68		
69 Permanently restricted			69		
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds			70		
71 Paid in or capital surplus, or land, building, and equipment fund		3,726,691	71	5,079,939	
72 Retained earnings, endowment, accumulated income, or other funds			72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		3,726,691	73	5,079,939	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		4,059,559	74	5,503,379	

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

BAA

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

a	Total revenue, gains, and other support per audited financial statements	a	5,897,692
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	5,897,692
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	5,897,692

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

a	Total expenses and losses per audited financial statements	a	4,533,708
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	ACCRUAL BASIS ADJ T		
	----- \$		583
	Add amounts on lines (1) through (4)	b	583
c	Line a minus line b	c	4,533,125
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	4,533,125

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
BETTY J DELISE 40 ACORN ROAD BRANFORD, CT 06405	TREASURER 40	72,400	18,297	0
CAROL A FOWLER 29 SUN RIDGE LANE CROMWELL, CT 06416	PRESIDENT 40	25,645	0	0
DOUGLAS H WHALEN 127 CARMALT ROAD HAMDEN, CT 06517	VICE PRESIDENT 40	79,276	20,568	0
PHILIP E RUBIN 233 ALGONQUIN ROAD FAIRFIELD, CT 06430	VICE PRESIDENT 40	118,040	25,104	0
YVONNE MANNING-JONES 103 HARBOUR CLOSE NEW HAVEN, CT 06519	SECRETARY 40	56,077	9,061	0
SEE RIDER ATTACHED		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes ☐ No ☒

If 'Yes,' attach schedule — see instructions

Part VI Other Information (See instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78 b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80 a	X
b If 'Yes,' enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditures. See line 81 instructions	81 a	0
b Did the organization file Form 1120-POL for this year?	81 b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82 b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a	
b Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85 b	
c Dues, assessments, and similar amounts from members	85 c	
d Section 162(e) lobbying and political expenditures	85 d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a	
b Gross receipts, included on line 12, for public use of club facilities	86 b	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87 a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Enter Amount of tax on line 89c above, reimbursed by the organization		
90 a List the states with which a copy of this return is filed <u>NEW YORK</u>		
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90 b	59
91 The books are in care of <u>TAXPAYER</u> Telephone number <u>(203) 865-6163</u> Located at <u>270 CROWN STREET, NEW HAVEN CT</u> ZIP + 4 <u>06511-6695</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		

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

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a LAB EQUIPMENT FURNISHED					
b BY GOVERNMENT GRANTS					210,784
c MISCELLANEOUS RESEARCH SERVICES					186
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					499
96 Dividends & interest from securities					107,260
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					318,729
105 Total (add line 104, columns (B), (D) and (E))					318,729

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

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

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

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

N/A

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

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

a Did the organization, during the year, receive any funds, directly or indirectly, to pay

b Did the organization during the year, pay premiums, directly or ind

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including all schedules and attachments, and that the information is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Signature of officer: Beth J. Delise
Type or print name and title: Beth J. Delise

Paid Preparer's Use Only

Preparer's signature: [Signature]
Firm's name (or yours if self-employed) address and ZIP + 4: MYER, GREENE & DEGGE
300 NORTH MIDDLETOWN ROAD
PEARL RIVER

SCHEDULE A.
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions)

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

OMB No 1545-0047

2002

Name of the organization

HASKINS LABORATORIES, INC

Employer identification number

13-1628174

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
BRUNO H REPP				
38 GAIL DRIVE, NORTH HAVEN, CT	RESEARCH SCIENTIST 40	79,663	12,578	0
MICHAEL D'ANGELO				
26 FREEDMAN LANE, MONROE, CT	COMPUTER PROGRAMMER 40	59,742	11,945	0
WILLIAM P SCULLY				
83 SURREY LANE, GUILFORD, CT	COMPUTER PROGRAMMER 40	61,970	19,744	0
SUSAN K GALLI				
163 YALE AVE, MILFORD, CT	ADMINISTRATOR 40	60,630	18,300	0
ANNE E FOWLER				
66 GRANBY DRIVE, MADISON, CT	SENIOR SCIENTIST 40	74,509	19,551	0
Total number of other employees paid over \$50,000	3			

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

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

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

Part III Statements About Activities (See instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If Yes, enter the total expenses paid or incurred in connection with the lobbying activities: **\$** _____

(Must equal amounts on line 38, Part VI A, or line 1 of Part VI B.)

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

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

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

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

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

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

Note. Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

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

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

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

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,935,357	3,016,682	3,002,826	3,565,246	13,520,111
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	183,847	202,253	212,113	112,099	710,312
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	102,212	173,241	94,374	94,159	463,986
23 Total of lines 15 through 22	4,221,416	3,392,176	3,309,313	3,771,504	14,694,409
24 Line 23 minus line 17	4,221,416	3,392,176	3,309,313	3,771,504	14,694,409
25 Enter 1% of line 23	42,214	33,922	33,093	37,715	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 293,888
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 14,694,409
d Add: Amounts from column (e) for lines 18 710,312 19 22 463,986 26b					26d 1,174,298
e Public support (line 26c minus line 26d total)					26e 13,520,111
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.01 %
27 Organizations described on line 12					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than disqualified persons), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23 column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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

N/A

Yes No

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?**29****30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?**30****31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?**31**

If 'Yes' please describe, if 'No' please explain (If you need more space, attach a separate statement)

32 Does the organization maintain the following**a** Records indicating the racial composition of the student body, faculty, and administrative staff?**32 a****b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?**32 b****c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?**32 c****d** Copies of all material used by the organization or on its behalf to solicit contributions?**32 d**

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)

33 Does the organization discriminate by race in any way with respect to**a** Students' rights or privileges?**33 a****b** Admissions policies?**33 b****c** Employment of faculty or administrative staff?**33 c****d** Scholarships or other financial assistance?**33 d****e** Educational policies?**33 e****f** Use of facilities?**33 f****g** Athletic programs?**33 g****h** Other extracurricular activities?**33 h**

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)

34 a Does the organization receive any financial aid or assistance from a governmental agency?**34 a****b** Has the organization's right to such aid ever been revoked or suspended?**34 b**

If you answered 'Yes' to either 34 a or b please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation**35**

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

N/A

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

Haskins Laboratories 270 Crown Street New Haven, Connecticut 06511-6695
FAX (203) 865-8963 Telephone (203) 865-6163
INTERNET HASKINS@HASKINS.YALE.EDU

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

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

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

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DONATIONS	50	0	50	0
DUES MEMBERSHIPS & SUBSCRIPTIO	67,789	63,982	3,807	0
GOVERNMENT FURNISHED EQUIPMENT	210,785	210,785	0	0
INSURANCE	78,639	0	78,639	0
MISCELLANEOUS	11,051	0	11,051	0
OFFICE SUPPLIES & EXPENSES	31,947	4,210	27,737	0
STIPENDS & SUBJECT FEES	58,131	58,131	0	0
SUBCONTRACTS	193,578	193,578	0	0
TUITION EDUCATION & RECRUITING	10,025	5,058	4,967	0
UTILITIES	29,805	0	29,805	0
Total	691,800	535,744	156,056	0

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities	Beginning of Year	End of Year
SEE RIDER ATTACHED	1,751,882	614,125
Total	1,751,882	614,125

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
AIR CONDITIONING EQUIPMENT	2,200	1,924	276
COMPUTERS AND PERIPHERALS	84,474	42,120	42,354
LABORATORY EQUIPMENT	6,589	4,612	1,977
LABORATORY EQUIPMENT - GOVERNMENT FUNDED	672,987	288,269	384,718
LEASEHOLD IMPROVEMENTS	35,179	13,787	21,392
LIBRARY	406	366	40
OFFICE EQUIPMENT	49,246	28,667	20,579
Total	851,081	379,745	471,336

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
SUNDRY ACCOUNTS RECEIVABLE	5,822	2,958
DEPOSITS	25,719	2,560

Form 990, Page 3, Part IV, Line 58

Continued

Other Assets Statement

Line 58 - Other Assets.	Beginning of Year	End of Year
Total	<u>31,541</u>	<u>5,518</u>

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
MEMORIAL FUND RESERVE	<u>17,907</u>	<u>19,245</u>
Total	<u>17,907</u>	<u>19,245</u>

Schedule 13

HASKINS LABORATORIES, INC.

SCHEDULE OF MARKETABLE SECURITIES - MODIFIED CASH BASIS

AS AT DECEMBER 31, 2002 AND 2001

	<u>2002</u>		<u>2001</u>	
	<u>Shares</u>	<u>Cost</u>	<u>Shares</u>	<u>Cost</u>
<u>Mutual Funds</u>				
Vanguard High-Yield Corporate Fund	82,230.987	\$562,448.52	75,526.552	\$ 522,374.44
Vanguard Intermediate-Term Treasury Fund	-	-	14,387.158	157,895 59
Vanguard GNMA Fund	-	-	62,092.234	652,573 72
Vanguard Total Bond Market Index Fund	-	-	36,868.076	368,700.89
Vanguard High-Yield Corporate Fund (Alvin M Liberman Memorial Fund)	2,761.270	19,245.41	2,537 290	17,906 57
<u>Common Stock</u>				
Anthem, Inc	762.000	<u>32,430.72</u>	762.000	<u>32,430.72</u>
		\$614,124.65		\$1,751,881.93
		=====		=====

See accountants' report on supplemental data

HASKINS LABORATORIES, INC
270 Crown Street
New Haven, CT 06511

Business ID 0125253

OFFICERS AND DIRECTORS

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

RESIDENCE ADDRESS	492 Saw Mill Road Guilford, CT 06437
-------------------	---

BUSINESS ADDRESS.	Haskins Laboratories 270 Crown Street New Haven, CT 06511
-------------------	---

FULL LEGAL NAME TITLE:	Stephen R Anderson, Ph D Director, Haskins Laboratories Professor, Yale University
---------------------------	--

RESIDENCE ADDRESS.	206 Livingston Street New Haven, CT 06511
--------------------	--

BUSINESS ADDRESS.	Yale University Dean, Graduate School 320 York Street New Haven, CT 06520
-------------------	--

FULL LEGAL NAME TITLE	Claudia Carello, Ph D Director, Haskins Laboratories Professor, and Head of the Experimental Division, University of Connecticut
--------------------------	---

RESIDENCE ADDRESS	60 Sawmill Brook Lane Mansfield, CT 06520
-------------------	--

BUSINESS ADDRESS	University of Connecticut Department of Psychology 406 Babbidge Road, U-20 Storrs, CT 06269-1020
------------------	---

FULL LEGAL NAME
TITLE:

Carol A. Fowler, Ph.D.
Director & President,
Haskins Laboratories

RESIDENCE ADDRESS

29 Sun Ridge Lane
Cromwell, CT 06416

BUSINESS ADDRESS

Haskins Laboratories
270 Crown Street
New Haven, CT 06511

FULL LEGAL NAME
TITLE:

Katherine S. Harris, Ph.D.
Director, Haskins Laboratories

RESIDENCE ADDRESS

864 Carroll Street
Brooklyn, NY 11215

BUSINESS ADDRESS

Haskins Laboratories
270 Crown Street
New Haven, CT 06511

FULL LEGAL NAME
TITLE:

Susan Hockfield, Ph.D.
Director, Haskins Laboratories
Dean, Graduate School, Yale University

RESIDENCE ADDRESS.

18 Old Orchard Road
North Haven, CT 06473

BUSINESS ADDRESS

Yale University
Graduate School
320 York Street
New Haven, CT 06520

FULL LEGAL NAME
TITLE:

Dr. Joanne Miller, Ph.D.
Director, Haskins Laboratories
Professor, Northeastern University

RESIDENCE ADDRESS

20 Diman Place
Providence, RI 02906

BUSINESS ADDRESS

Northeastern University
Department of Psychology
360 Huntington Avenue
Boston, MA 02115

FULL LEGAL NAME
TITLE

Lloyd N Morrisett, Ph D
Director, Haskins Laboratories

RESIDENCE ADDRESS

12 Castle Road
Irvington, NY 10533

BUSINESS ADDRESS

Children's Television Workshop
1 Lincoln Plaza, Fourth Floor
New York, NY 10023

FULL LEGAL NAME
TITLE

Robert Remez
Director, Haskins Laboratories
Professor, Barnard College

RESIDENCE ADDRESS.

215 W. 92nd St., Apt 2G
New York, NY 10025

BUSINESS ADDRESS

Barnard College
Department of Psychology
3009 Broadway
New York, NY 10027

FULL LEGAL NAME
TITLE

Kenneth N. Stevens, Ph D
Director, Haskins Laboratories
Professor, Massachusetts Institute of Technology

RESIDENCE ADDRESS.

51 Montrose Street
Somerville, MA 02143

BUSINESS ADDRESS

Massachusetts Institute of Technology
Research Laboratory of Electronics
77 Massachusetts Avenue
Room 36-517
Cambridge, MA 02139

FULL LEGAL NAME
TITLE

Donald Shankweiler, Ph D
Director, Haskins Laboratories
Professor, University of Connecticut

RESIDENCE ADDRESS.

406 Wormwood Hill Road
Mansfield, CT 06516

BUSINESS ADDRESS

University of Connecticut
Department of Psychology
406 Babbidge Road, U-20
Storrs, CT 06269-1020

FULL LEGAL NAME TITLE	Carol A Fowler, Ph D Director & President, Haskins Laboratories
RESIDENCE ADDRESS:	29 Sun Ridge Lane Cromwell, CT 06416
BUSINESS ADDRESS	Haskins Laboratories 270 Crown Street New Haven, CT 06511
FULL LEGAL NAME TITLE	Betty J DeLise Treasurer, Haskins Laboratories
RESIDENCE ADDRESS	40 Acorn Road Branford, CT 06405
BUSINESS ADDRESS	Haskins Laboratories 270 Crown Street New Haven, CT 06511
FULL LEGAL NAME TITLE	Yvonne Manning-Jones Corp. Secretary Haskins Laboratories
RESIDENCE ADDRESS:	103 Harbour Close New Haven, CT 06519
BUSINESS ADDRESS	Haskins Laboratories 270 Crown Street New Haven, CT 06511
FULL LEGAL NAME TITLE	Philip E Rubin, Ph D Vice President, Haskins Laboratories
RESIDENCE ADDRESS	233 Algonquin Road Fairfield, CT 06430
BUSINESS ADDRESS	Haskins Laboratories 270 Crown Street New Haven, CT 06511
FULL LEGAL NAME TITLE	Douglas H Whalen, Ph D Vice President of Research, Haskins Laboratories
RESIDENCE ADDRESS	127 Carmalt Road Hamden, CT 06517
BUSINESS ADDRESS.	Haskins Laboratories 270 Crown Street New Haven, CT 06511

Haskins Laboratories Board of Directors 2003

Members

Carol A Fowler
Katherine S Harris
Patrick W Nye, Chairman
Donald Shankweiler
Kenneth N Stevens

Directors

Stephen R Anderson
Claudia Carello
Carol A Fowler
Katherine S Harris
Susan Hockfield, ex officio
Joanne L Miller
Lloyd N Morrisett
Patrick W Nye (Chairman)
Robert E Remez
Donald Shankweiler
Kenneth N Stevens

Officers

Carol A Fowler, President and Director of Research
Douglas H Whalen, Vice President of Research
Philip E Rubin, Vice President
Betty DeLise, Treasurer
Yvonne Manning-Jones, Secretary

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

▶ Attach to return

2002

Name
HASKINS LABORATORIES, INC

Employer Identification Number
13-1628174

Part I, Line 8, Column (A)

Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities	1,176,649	Cost	1,190,645
		Selling Expenses	
		Basis	1,190,645

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----

Total Securities 1,176,649 1,190,645

Gain or (Loss) from Sale of Securities -13,996

Part I, Line 8, Column (B)

Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	

Total Other Assets

Gain or (Loss) from Sale of Other Assets

Supporting Statement of**Gain or Loss Statement/Public sales price**

Description	Amount
VANGUARD GNMA FUND ADMIRAL SHARES	647,204
VANGUARD INTERMEDIATE-TERM TREASURY FUND ADMIRAL SHARES	156,856
VANGUARD TOTAL BOND MARKET INDEX FUND ADMIRAL SHARES	372,589
Total	1,176,649

Supporting Statement of**Gain or Loss Statement/Public cost amount**

Description	Amount
VANGUARD GNMA FUND ADMIRAL SHARES	659,082
VANGUARD INTERMEDIATE-TERM TREASURY FUND ADMIRAL SHARES	159,259
VANGUARD TOTAL BOND MARKET INDEX FUND ADMIRAL SHARES	372,304
Total	1,190,645

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)

Note 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)**Note** Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only ▶ ☐

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066 or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	HASKINS LABORATORIES INC	13-1628174
	Number, street, and room or suite number. If a P.O. box, see instructions	
	270 CROWN STREET	
	City, town or post office. For a foreign address, see instructions	state ZIP code
	NEW HAVEN	CT 06511-6695

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

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

- 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 month, for 990-T corporation) extension of time until Aug 15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for▶ ☒ calendar year 20 02 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 \$ _____**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 \$ _____**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 \$ _____

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ _____

Title ▶ CPA

Date ▶ 04/29/03

BAA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12-2000)