

Return of Organization Exempt From Income Tax

2007

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 (77)

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

A For the 2007 calendar year, or tax year beginning , 2007, and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
HASKINS LABORATORIES, INC.
 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
 City, town or country State ZIP code + 4
PEARL RIVER NY 10965

D Employer Identification Number
13-1628174

E Telephone number
(203) 865-6163

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **7,368,267.**

H and I are not applicable to section 527 organizations
H (a) Is this a group return for affiliates? ☐ Yes ☒ No
H (b) If "Yes," enter number of affiliates _____
H (c) Are all affiliates included? ☐ Yes ☐ No
 (If "No," attach a list. See instructions.)
H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number _____
M Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received			
a Contributions to donor advised funds	1a		
b Direct public support (not included on line 1a)	1b	34,225.	
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d	6,892,155.	
e Total (add lines 1a through 1d) (cash \$ 6,926,380. noncash \$ 0.)	1e		6,926,380.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		109,747.
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		
5 Dividends and interest from securities	5		169,200.
6a Gross rents			
b Less: rental expenses			
c Net rental income or (loss). Subtract line 6b from line 6a	6c		
7 Other investment income (describe INVESTMENT IN COMMON FUND)	7		162,940.
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		7,368,267.
13 Program services (from line 44, column (B))	13		4,647,042.
14 Management and general (from line 44, column (C))	14		2,633,859.
15 Fundraising (from line 44, column (D))	15		20,960.
16 Payments to affiliates (attach schedule)	16		
17 Total expenses. Add lines 16 and 44, column (A)	17		7,301,861.
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		66,406.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,763,077.
20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20		48,896.
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		3,878,379.

SCANNED JUL 14 2008

EXPENSES

ASSETS

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. (See instructions.)

Do not include amounts reported on line 5b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See L-25a Stmt	25a	563,337.	222,187.	341,150.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B See L-25b Stmt	25b	129,992.	0.	129,992.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	2,601,387.	2,009,477.	591,910.	0.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	1,012,202.	809,037.	203,165.	0.
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	34,145.	0.	34,145.	0.
32 Legal fees	32	2,772.	0.	2,772.	0.
33 Supplies	33	105,144.	88,116.	11,414.	5,614.
34 Telephone	34	6,933.	491.	6,442.	0.
35 Postage and shipping	35				
36 Occupancy	36	677,759.	0.	677,759.	0.
37 Equipment rental and maintenance	37	55,072.	40,411.	14,661.	0.
38 Printing and publications	38				
39 Travel	39	120,140.	104,580.	14,053.	1,507.
40 Conferences, conventions, and meetings	40				
41 Interest	41	104,085.	0.	104,085.	0.
42 Depreciation, depletion, etc (attach schedule)	42	287,928.	0.	287,928.	0.
43 Other expenses not covered above (itemize)					
a ACCRUAL BASIS ADJUSTMENT	43a	4,532.	0.	4,532.	0.
b CLEANING & MAINTENANCE	43b	25,231.	0.	25,231.	0.
c CONSULTING & OTHER SERVICES	43c	556,856.	541,251.	9,365.	6,240.
d DIRECTOR'S FUND	43d	36,342.	0.	36,342.	0.
e DONATIONS	43e	250.	0.	250.	0.
f DUES, MEMBERSHIPS & SUBSCRIPTIONS	43f	19,580.	14,929.	3,536.	1,115.
g See Other Expenses Stmt	43g	958,174.	816,563.	135,127.	6,484.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	7,301,861.	4,647,042.	2,633,859.	20,960.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

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

Part III Statement of Program Service Accomplishments (See the instructions.)

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

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

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

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

a GOVERNMENT GRANTS - NATIONAL INSTITUTES OF HEALTH... 3,399,950**GOVERNMENT GRANTS - NATIONAL SCIENCE FOUNDATION... 294,942****KENNEDY KRIEGER RESEARCH INSTITUTE SUBCONTRACT... 8,970**(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐**3,703,862.****b HASKINS LITERACY INITIATIVE... 380,668****ATR HUMAN INFORMATION PROCESSING... 1,149****GOVERNMENT GRANTS - YALE SCHOOL OF MEDICINE... 43,886**(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐**425,703.****c GOVERNMENT GRANTS - UNIVERSITY OF CINCINNATI SUBCONTRACT... 9,811****GOVERNMENT GRANTS - FEDERAL DEPARTMENT OF EDUCATION... 271,743****GOVERNMENT GRANTS - UNIVERSITY OF CONNECTICUT SUBCONTRACT... 93,890**(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐**375,444.****d YALE CHILD STUDY CENTER... 31,317****COOPERATIVE EDUCATIONAL SERVICES... 87,614****LUCIUS N. LITTAUER... 23,102**(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐**142,033.****e Other program services**(Grants and allocations \$) If this amount includes foreign grants, check here ☐**f Total of Program Service Expenses** (should equal line 44, column (B), Program services)**4,647,042.**

BAA

Form 990 (2007)

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

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non-interest-bearing	95,292.	45	266,211.	
	46 Savings and temporary cash investments	1,181,281.	46	25,108.	
	47a Accounts receivable	145,059.			
	b Less: allowance for doubtful accounts		47c	145,059.	
	48a Pledges receivable				
	b Less: allowance for doubtful accounts		48c		
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54a Investments — publicly-traded securities L-54a Stmt <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	2,249,201.	54a	3,424,183.	
	b Investments — other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
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	2,716,129.				
b Less: accumulated depreciation (attach schedule) L-57 Stmt	719,398.	57c	1,996,731.		
58 Other assets, including program-related investments (describe See Line 58 Stmt)	130,178.	58	125,615.		
59 Total assets (must equal line 74) Add lines 45 through 58	5,947,642.	59	5,982,907.		
LIABILITIES	60 Accounts payable and accrued expenses	20,071.	60	24,603.	
	61 Grants payable	507,318.	61	509,883.	
	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)	1,598,930.	64b	1,550,626.	
	65 Other liabilities (describe See Line 65 Stmt)	58,246.	65	19,416.	
	66 Total liabilities. Add lines 60 through 65	2,184,565.	66	2,104,528.	
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
		67 Unrestricted		67	
68 Temporarily restricted			68		
69 Permanently restricted			69		
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds			70		
71 Paid-in or capital surplus, or land, building, and equipment fund		3,763,077.	71	3,878,379.	
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 and column (B) must equal line 21)		3,763,077.	73	3,878,379.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		5,947,642.	74	5,982,907.	

BAA

Form 990 (2007)

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

a	Total revenue, gains, and other support per audited financial statements	a	7,368,267.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	7,368,267.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	7,368,267.

Part V B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	7,297,329.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	7,297,329.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): <u>ACCRUAL BASIS ADJUSTMENT</u>	d2	4,532.
	Add lines d1 and d2	d	4,532.
e	Total expenses (Part I, line 17). Add lines c and d	e	7,301,861.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
ARTHUR S. ABRAMSON 49A MIDDLE TURNPIKE STORRS MANSFIELD DEPOT 06251	SECRETARY 40.00	10,832.	0.	0.
CAROL A. FOWLER 14 BRIMFIELD WAY ROCKY HILL, CT 06067	PRESIDENT 40.00	23,095.	0.	0.
DOUGLAS H. WHALEN 5722 27TH STREET N. ARLINGTON, VA 22207	VICE PRESIDENT 40.00	153,183.	31,902.	0.
JOSEPH P. CARDONE 541 ROCK RIDGE ROAD FAIRFIELD, CT 06824	CHIEF FINANCIAL OFF 40.00	122,697.	37,503.	0.
PHILIP E. RUBIN 233 ALGONQUIN ROAD FAIRFIELD, CT 06430	VICE PRESIDENT / CEO 40.00	143,417.	40,708.	0.
SEE RIDER ATTACHED				

Yes	No
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75b		x
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75c		x
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75d	x	
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Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

	Yes	No
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76		X
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П		Х
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78a		x
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78b		
-----	--	--

79		X
----	--	---

80 a		X
------	--	---

and check whether it is ☐ exempt **or** ☐ nonexempt.

81 a

81 b		x
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Form 990 (2007)

Other Information (continued)

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85 c	N/A
d Section 162(e) lobbying and political expenditures	85 d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
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	N/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86 a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87 a	N/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	N/A
88 a 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 a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88 b	X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 0. ; section 4912 0. ; section 4955 0.		
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		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e	X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g	N/A
90 a List the states with which a copy of this return is filed <u>See States Filed In</u>		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90 b	83
91 a The books are in care of TAXPAYER Telephone number (203) 865-6163 Located at 300 GEORGE STREET NEW HAVEN CT ZIP + 4 06511		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	91 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c

x

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

93 Program service revenue:

a LAB EQUIPMENT FURNISHED

b BY GOVERNMENT GRANTS

c MISCELLANEOUS RESEARCH SERVICES

d

e

f Medicare/Medicaid payments

g Fees & contracts from government agencies

94 Membership dues and assessments

95 Interest on savings & temporary cash invmnts

96 Dividends & interest from securities

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))

105 Total (add line 104, columns (B), (D), and (E))

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

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

Line No.

▼

Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93, 96, 99 ALL INCOME REPORTED IN COLUMN E OF PART VII CONTRIBUTED TO

THE ACCOMPLISHMENT OF THE ORGANIZATION'S EXEMPT PURPOSES,

AS WELL AS PROVIDING FUNDS NECESSARY FOR ADMINISTRATIVE

FUNCTIONS (SEE RIDER ATTACHED).

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

N/A

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

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

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

Yes

X No

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

Yes

X No

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

Part III Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes No

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

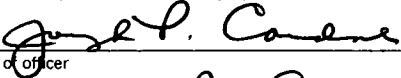
Yes No

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

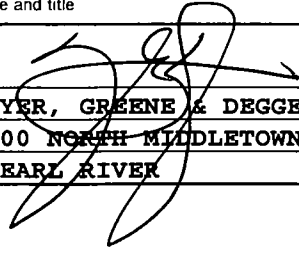
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	 Signature of officer	6/9/08 Date
	Joseph P CARDONE Type or print name and title	

Paid Preparer's Use Only

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

BAA

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

2007

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
BETTY J. DELISE 40 ACORN ROAD BRANFORD CT 06405	TREASURER 40.00	106,248.	23,744.	0.
CHRISTINE SHADLE 12 MORNINGVIEW COURT HAMDEN CT 06518	SENIOR RESEARCH SCIENTI 40.00	86,918.	33,715.	0.
RICHARD S. CRANE 39 BOWERS HILL ROAD OXFORD CT 06478	DIRECTOR OF TECHNOLOGY 40.00	77,613.	27,689.	0.
SUSAN K. GALLI 856 SHAGBARK DRIVE ORANGE CT 06477	ADMINISTRATOR 40.00	79,265.	28,939.	0.
DONALD S. HAILY 661 FAIRVIEW AVENUE BRIDGEPORT CT 06606	COMPUTER HARDWARE MANAG 40.00	82,498.	29,411.	0.
Total number of other employees paid over \$50,000 ▶	14			

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 Compensation of the Five Highest Paid Independent Contractors for Other Services

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

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

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

Schedule A (Form 990 or 990-EZ) 2007

Part II Statements About Activities (See instructions.)

Yes No

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

1 X

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

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

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

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

2d X

e Transfer of any part of its income or assets?

2e X

- 3a** Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a** Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____

0.

Reason for Non-Private Foundation Status (See instructions.)I certify that 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.)
- 11 a ☒ 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.)
- 11 b ☐ 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

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

BAA

Schedule A (Form 990 or 990-EZ) 2007

Part 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	6,926,663.	7,046,596.	6,562,080.	4,828,465.	25,363,804.
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, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	120,579.	80,876.	67,685.	166,378.	435,518.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See L-22 Stmt	398,591.	188,717.	275,566.	113,370.	976,244.
23 Total of lines 15 through 22	7,445,833.	7,316,189.	6,905,331.	5,108,213.	26,775,566.
24 Line 23 minus line 17	7,445,833.	7,316,189.	6,905,331.	5,108,213.	26,775,566.
25 Enter 1% of line 23	74,458.	73,162.	69,053.	51,082.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	535,511.
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 2003 through 2006 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	26,775,566.
d Add: Amounts from column (e) for lines	18 435,518. 19	26d	1,411,762.
	22 976,244. 26b	26e	25,363,804.
e Public support (line 26c minus line 26d total)		26f	94.73 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

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:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

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

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines:	15 _____ 16 _____	27c	
	17 _____ 20 _____ 21 _____	27d	
d Add: Line 27a total _____ and line 27b total _____		27e	
e Public support (line 27c total minus line 27d total)			
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 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	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? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34 b		
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 I **Lobbying Expenditures by Electing Public Charities** (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

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

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 II **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

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

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**.)

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

**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).

Section 501(c) corporations 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 section 501(c) corporations 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 section 501(c) corporation required to file Form 990-T) extension of time until **AUGUST 15**, 20**08**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20**07** 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	\$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- 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. You must file original and one copy.

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 **2/15/08**

Notice to Applicant. (To Be Completed by the IRS)

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

HASKINS LABORATORIES, INC.

**300 George Street
Suite 900
New Haven, CT 06511
203-865-6163 (phone)
203-865-8963 (fax)**

Business ID: 0125253

BOARD OF DIRECTORS

(As of April 2008)

NAME: Joanne L. Miller
Chair of the Board

RESIDENCE ADDRESS: 20 Diman Place
Providence, RI 02906

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

EMAIL: j.miller@neu.edu

PHONE: Work: 617-373-3766
Home: 401-521-0057
Cell: 401-465-0405

NAME: Arthur S. Abramson
Secretary of the Board

RESIDENCE ADDRESS: 49A Middle Turnpike
Mansfield Depot, CT 06251-5109

BUSINESS ADDRESS: Haskins Laboratories, Inc.
300 George Street, Suite 900
New Haven, CT 06511

EMAIL: arthur.abramson@uconn.edu

PHONE: Home: 860-429-1141
Cell: 860-450-6341

NAME: Stephen R. Anderson

RESIDENCE ADDRESS: 551 Mulberry Point Road
Guilford, CT 06437

BUSINESS ADDRESS: Yale University
Department of Linguistics
370 Temple Street, Room 200
PO Box 208366
New Haven, CT 06520

EMAIL: sra@yale.edu

PHONE: Office: 203-432-2456
Cell: 203-435-3261

NAME: Claudia Carello

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

EMAIL: claudia.carello@uconn.edu

PHONE: Home: 860-423-5432
Office: 860-486-3529
Lab: 860-486-2078

NAME: Bruce F. Carmichael

BUSINESS ADDRESS: Yale University
Warner House
1 Hillhouse Avenue
New Haven, CT 06520

EMAIL: bruce.carmichael@yale.edu

PHONE: 203-432-4448

NAME: Carol A. Fowler
RESIDENCE ADDRESS: 14 Brimfield Way
Rocky Hill, CT 06067
BUSINESS ADDRESS: Haskins Laboratories, Inc.
300 George Street, Suite 900
New Haven, CT 06511
EMAIL: carol.fowler@haskins.yale.edu
PHONE: Haskins Office: 203-865-6163, ext 220
UConn Office: 860-486-8827

NAME: Katherine S. Harris
RESIDENCE ADDRESS: 864 Carroll Street
Brooklyn, NY 11215
BUSINESS ADDRESS: Haskins Laboratories, Inc.
300 George Street, Suite 900
New Haven, CT 06511
EMAIL: loumau2003@yahoo.com
PHONE: 718-789-5503

NAME: Dana Shaw MacKinnon
RESIDENCE ADDRESS: 22 Jan Drive
Colchester, CT 06415
BUSINESS ADDRESS: The Hartford
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Haskins Laboratories performs basic research, principally in the field of human communications.

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

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

Form 990
Part II, Line 25a

**Compensation of Current Officers, Directors,
Key Employees, Etc.**

2007

Name as Shown on Return
HASKINS LABORATORIES, INC.

Employer Identification No
13-1628174

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
ARTHUR S. ABRAMSON	<input type="checkbox"/>	10,832.	10,832.		
CAROL A. FOWLER	<input type="checkbox"/>	23,095.	14,982.	8,113.	
DOUGLAS H. WHALEN	<input type="checkbox"/>	153,183.	153,183.		
JOSEPH P. CARDONE	<input type="checkbox"/>	122,697.		122,697.	
See Compensation	<input type="checkbox"/>				
Total Compensation Received		453,224.	187,790.	265,434.	

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
ARTHUR S. ABRAMSON	<input type="checkbox"/>	0.			
CAROL A. FOWLER	<input type="checkbox"/>	0.			
DOUGLAS H. WHALEN	<input type="checkbox"/>	31,902.	31,902.		
JOSEPH P. CARDONE	<input type="checkbox"/>	37,503.		37,503.	
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		110,113.	34,397.	75,716.	

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
ARTHUR S. ABRAMSON	<input type="checkbox"/>	0.			
CAROL A. FOWLER	<input type="checkbox"/>	0.			
DOUGLAS H. WHALEN	<input type="checkbox"/>	0.			
JOSEPH P. CARDONE	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a		563,337.	222,187.	341,150.	

2007

Name as Shown on Return HASKINS LABORATORIES, INC.	Employer Identification No. 13-1628174
--	--

Loans and Advances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Loans & Advances				

Compensation

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BETTY J. DELISE	106,248.		106,248.	
Total Compensation Received	106,248.		106,248.	

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BETTY J. DELISE	23,744.		23,744.	
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans	23,744.		23,744.	

Expense Account and Other Allowances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25b ▶	129,992.		129,992.	

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
GOVERNMENT FURNISHED EQUIPMENT	64,196.	64,196.	0.	0.
INSURANCE	101,299.	0.	101,299.	0.
MISCELLANEOUS	7,057.	0.	7,057.	0.
OFFICE SUPPLIES & EXPENSES	30,791.	6,433.	17,874.	6,484.
STIPENDS & SUBJECT FEES	100,251.	99,875.	376.	0.
SUBCONTRACTS	628,770.	628,770.	0.	0.
TRAINEES MEDICAL INSURANCE	12,526.	8,164.	4,362.	0.
TUITION, SCHOLARSHIPS, ETC.	13,284.	9,125.	4,159.	0.
Total	958,174.	816,563.	135,127.	6,484.

Form 990, Part VI, Page 7, Line 90a

States Filed InNew York

Form 990, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
NET INCREASE IN UNEXPENDED BALANCES OF GRANTS	48,896.
Total	48,896.

Form 990, Part II, Line 25a

Compensation

Compensation					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PHILIP E. RUBIN	<input type="checkbox"/>	143,417.	8,793.	134,624.	
SEE RIDER ATTACHED	<input type="checkbox"/>				
Total		143,417.	8,793.	134,624.	

Form 990, Part II, Line 25a

Employee Benefit Plans & Deferred Compensation Plans

Contributions to Employee Benefit Plans & Deferred Compensation Plans					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PHILIP E. RUBIN	<input type="checkbox"/>	40,708.	2,495.	38,213.	

Form 990, Part II, Line 25a

Continued

Employee Benefit Plans & Deferred Compensation Plans**Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SEE RIDER ATTACHED	<input type="checkbox"/>				
Total		<u>40,708.</u>	<u>2,495.</u>	<u>38,213.</u>	

Form 990, Part II, Line 25a

Expense Account and Other Allowances**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PHILIP E. RUBIN	<input type="checkbox"/>	0.			
SEE RIDER ATTACHED	<input type="checkbox"/>				
Total		<u>0.</u>			

Form 990, Page 4, Part IV, Line 54a

Investments - Publicly-Traded Securities Statement

Description	Cost or FMV	Beginning of Year	End of Year
SEE RIDER ATTACHED	Cost	2,249,201.	3,424,183.
Total		<u>2,249,201.</u>	<u>3,424,183.</u>

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

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
COMPUTERS AND PERIPHERALS	78,464.	40,870.	37,594.
LABORATORY EQUIPMENT	399.	85.	314.
LABORATORY EQUIPMENT - GOVERNMENT FUNDED	730,954.	357,285.	373,669.
LEASEHOLD IMPROVEMENTS	1,552,120.	191,478.	1,360,642.
OFFICE EQUIPMENT	352,505.	129,610.	222,895.
AIR CONDITIONING EQUIPMENT	1,687.	70.	1,617.
Total	<u>2,716,129.</u>	<u>719,398.</u>	<u>1,996,731.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
SUNDRY ACCOUNTS RECEIVABLE	6,198.	75.
DEPOSITS	123,980.	125,540.
Total	130,178.	125,615.

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
MEMORIAL FUND RESERVES	18,246.	19,416.
POSTRETIREMENT HEALTH PLAN PAYABLE	40,000.	0.
Total	58,246.	19,416.

Schedule A, Part IV-A, Line 22

Other Income

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
LAB EQUIPMENT FURNISHED					
BY GOVERNMENT GRANTS	134,436.	188,656.	242,619.	112,110.	677,821.
MISCELLANEOUS RESEARCH S	2,089.	3,159.	637.	1,260.	7,145.
FOREIGN CURRENCY TRANSLA	0.	-3,098.	32,310.	0.	29,212.
COMPONENT FUND INVESTMEN	262,066.	0.	0.	0.	262,066.
Total	398,591.	188,717.	275,566.	113,370.	976,244.

Schedule 16

HASKINS LABORATORIES, INC.

SCHEDULE OF MARKETABLE SECURITIES - MODIFIED CASH BASIS

AS OF DECEMBER 31, 2007 AND 2006

	<u>2007</u>		<u>2006</u>	
	<u>Shares</u>	<u>Cost</u>	<u>Shares</u>	<u>Cost</u>
<u>Managed Endowment Fund</u>				
The Community Foundation of Greater New Haven	N/A	\$1,881,773.60	N/A	\$1,718,833.44
<u>Mutual Funds</u>				
Tocqueville Gold Fund	12,445.825	632,876.21	13,747.534	512,121.48
Vanguard 500 Index Fund	6,756.205	890,117.20	-	-
<u>Alvin M. Liberman Memorial Fund</u>				
Vanguard Prime Money Market Fund	18,666.240	18,666.24	18,245.780	18,245.78
<u>Rebecca L. Sandak Memorial Fund</u>				
Vanguard Prime Money Market Fund	750.000	<u>750.00</u>	-	<u>-</u>
		\$3,424,183.25		\$2,249,200.70
		=====		=====

See accountants' report on supplemental data