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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under 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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COLD SPRING HARBOR LABORATORY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 100 ONE BUNGTOWN ROAD

City or town, state or country, and ZIP + 4
COLD SPRING HARBOR, NY 11724

D Employer identification number
11-2013303

E Telephone number
(516) 367-8448

G Gross receipts $ 240,149,399

F Name and address of principal officer
LARI C RUSSO
PO BOX 100 ONE BUNGTOWN ROAD
COLD SPRING HARBOR,NY 11724

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www cshl edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1924 | **M** State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION CONDUCTS RESEARCH IN THE BIOLOGICAL SCIENCES WITH A PARTICULAR EMPHASIS ON BASIC RESEARCH IN MOLECULAR BIOLOGY AND GENETICS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of employees (Part V, line 2a)	5	1,141
6	Total number of volunteers (estimate if necessary)	6	61
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	748,084
b	Net unrelated business taxable income from Form 990-T, line 34	7b	156,192

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	158,856,060	123,621,810
	9	Program service revenue (Part VIII, line 2g)	22,404,048	20,954,560
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,855,712	-14,175,929
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,591,277	2,095,461
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	193,707,097	132,495,902
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,997,100	4,651,806
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	58,402,897	59,567,415
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,994,678		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	60,554,481	58,399,337
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	123,954,478	122,618,558
	19	Revenue less expenses Subtract line 18 from line 12	69,752,619	9,877,344

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	536,304,812	588,062,415
	21	Total liabilities (Part X, line 26)	153,431,086	130,319,945
	22	Net assets or fund balances Subtract line 21 from line 20	382,873,726	457,742,470

Part II Signature Block

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

Sign Here

****** | 2010-11-10
Signature of officer | Date

LARI C RUSSO COMPTROLLER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ KPMG LLP | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP
345 Park Avenue
New York, NY 101540102

EIN ▶

Phone no ▶ (212) 758-9700

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE ORGANIZATION CONDUCTS RESEARCH IN THE BIOLOGICAL SCIENCES WITH A PARTICULAR EMPHASIS ON BASIC RESEARCH IN MOLECULAR BIOLOGY AND GENETICS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 72,951,583 including grants of $ 4,651,806) (Revenue $ 989,102)

RESEARCH THE LABORATORY BENEFITS THE COMMUNITY BY CONDUCTING RESEARCH IN THE AREAS OF BIOLOGY, MOLECULAR BIOLOGY AND GENETICS OBJECTIVES INCLUDE BASIC CANCER RESEARCH TO DETERMINE THE MOLECULAR, GENETIC AND CHEMICAL BASIS OF CANCER, PIONEERING RESEARCH METHODS IN NEUROSCIENCE TO DETERMINE THE ROLE GENES PLAY IN VARIOUS NEURAL FUNCTIONS AND DISORDERS, AND THE DEVELOPMENT OF TECHNOLOGIES FOR MOLECULAR BIOLOGY AND GENETICS TO IMPACT BIOMEDICAL RESEARCH THROUGHOUT THE WORLD

4b (Code) (Expenses $ 9,075,715 including grants of $) (Revenue $ 9,136,188)

PUBLICATIONS THE OBJECTIVES ARE TO EXTEND THE LABORATORY'S EDUCATIONAL ACTIVITIES BY PUBLISHING THE PROCEEDINGS OF ITS MEETINGS AND TECHNICAL MANUALS FROM ITS COURSES IN 2009, THE LABORATORY PUBLISHED 10 NEW BOOKS THEY CURRENTLY HAVE OVER 200 TITLES IN PRINT AND PUBLISH 5 SCIENTIFIC JOURNALS

4c (Code) (Expenses $ 20,204,544 including grants of $) (Revenue $ 9,929,331)

EDUCATIONAL PROGRAMS THE LAB OFFERS A SERIES OF MEETINGS (28) WHICH ARE ATTENDED BY OVER 6,000 SCIENTISTS AND FOCUS ON THE DISSEMINATION OF RESEARCH FINDINGS ON TOPICS OF CURRENT INTEREST IN BIOLOGY AND GENETICS IN ADDITION, SCIENTIFIC COURSES (30) FOCUS ON THE NEED FOR TRAINING IN SUBJECTS THAT ARE EITHER SO NEW OR EXTREMELY SPECIALIZED THEY ARE NOT OFFERED IN UNIVERSITIES THE AIM IS TO PREPARE STUDENTS WHO PLAN TO ENTER INTO RESEARCH IN THESE AREAS CLOSE TO 1,000 PARTICIPANTS ATTENDED THE COURSES GIVEN IN 2009

4d Other program services (Describe in Schedule O)
(Expenses $ 6,132,801 including grants of $) (Revenue $ 899,939)

4e **Total program service expenses** ▶$ 108,364,643

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable*	1a	626			
b	Enter the number of Forms W-2G included in line 1a *Enter -0- if not applicable*	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,141			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	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)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CH , CJ , BD See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a 32			
b	Enter the number of voting members that are independent	1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NY

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

☑ Own website ☐ Another's website ☑ Upon request

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

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

LARI C RUSSO
PO BOX 100 ONE BUNGTOWN ROAD
COLD SPRING HARBOR, NY 11724
(516) 367-8446

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . ▶	3,344,983	0	953,392

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶76

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	**(B)** Description of services	**(C)** Compensation
CENTERBROOK ARCHITECTS PO BOX 955 CENTERBROOK, CT 06409	ARCHITECTURAL	1,079,529
WILMER CUTLER PICKERING HALE PO BOX 7247-8760 PHILADELPHIA, PA 19170	LEGAL-PATENT	516,992
COOPER DUNHAM LLP 30 ROCKEFELLER PLAZA 20TH FLOOR NEW YORK, NY 10112	LEGAL-PATENT	248,232
NIXON PEABODY 437 MADISON AVE NEW YORK, NY 10022	LEGAL-BOND	188,322
KPMG 1345 WALT WHITMAN RD MELVILLE, NY 11375	ACCOUNTING	171,400

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶5

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	3,320,065				
	d	Related organizations . . . 1d	5,988,344				
	e	Government grants (contributions) 1e	43,912,522				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	70,400,879				
	g	Noncash contributions included in lines 1a-1f $ 4,960,540					
	h	**Total.** Add lines 1a-1f . . . . ▶		123,621,810			
Program Service Revenue			Business Code				
	2a	MEETINGS AND COURSES	611,600	4,671,778	4,671,778		
	b	CO-PARTICIPANT PROJECTS	541,700	989,102	989,102		
	c	PUBLICATIONS	713,110	9,136,188	8,520,843	615,345	
	d	DINING	611,710	3,780,320	3,780,320		
	e	HOUSING	611,710	2,377,172	2,377,172		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		20,954,560			

					(A)	(B)	(C)	(D)
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶			4,034,655		132,739	3,901,916
	4	Income from investment of tax-exempt bond proceeds . . ▶			36,110			36,110
	5	Royalties . . . . ▶			725,289			725,289
			(i) Real	(ii) Personal				
	6a	Gross Rents	124,029					
	b	Less rental expenses	54,995					
	c	Rental income or (loss)	69,034					
	d	Net rental income or (loss) . . . . ▶			69,034			69,034
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	87,794,413	1,369,532				
	b	Less cost or other basis and sales expenses	105,810,639	1,600,000				
	c	Gain or (loss)	-18,016,226	-230,468				
	d	Net gain or (loss) . . . . ▶			-18,246,694			-18,246,694
	8a	Gross income from fundraising events (not including $ 3,320,065 of contributions reported on line 1c) See Part IV, line 18 . . . a		162,740				
	b	Less direct expenses . . . b		187,863				
	c	Net income or (loss) from fundraising events . . ▶			-25,123			-25,123
	9a	Gross income from gaming activities See Part IV, line 19 . . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from gaming activities . . . ▶			0			
	10a	Gross sales of inventory, less returns and allowances . a						
	b	Less cost of goods sold . . b						
	c	Net income or (loss) from sales of inventory . . ▶			0			
		Miscellaneous Revenue		Business Code				
	11a	EMPLOYEE DINING		611,710	323,500			323,500
	b	YEAR ROUND HOUSING		611,710	878,308			878,308
	c	MISCELLANEOUS		541,900	124,453			124,453
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . . . ▶			1,326,261			
	12	**Total revenue.** See Instructions . . . ▶			132,495,902	20,339,215	748,084	-12,213,207

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,674,357	3,674,357		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	977,449	977,449		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,298,376	2,195,579	1,530,057	572,740
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	41,175,028	36,964,854	3,536,688	673,486
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,116,000	2,886,559	186,229	43,212
9 Other employee benefits	8,190,910	7,531,597	514,773	144,540
10 Payroll taxes	2,787,101	2,433,991	309,548	43,562
11 Fees for services (non-employees)				
a Management	0			
b Legal	877,853	769,334	73,147	35,372
c Accounting	171,400		171,400	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17* . .	0			
f Investment management fees	492,672		492,672	
g Other	869,113	612,231	182,881	74,001
12 Advertising and promotion	231,439	227,050		4,389
13 Office expenses	18,332,468	17,342,074	970,726	19,668
14 Information technology	1,019,552	1,007,861	11,691	
15 Royalties . .	832,024	832,024		
16 Occupancy	7,408,779	6,476,426	932,317	36
17 Travel	1,458,264	1,409,969	26,077	22,218
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,806,423	3,361,308	444,892	223
20 Interest	3,876,683	3,492,626	384,057	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,277,158	7,897,398	1,350,641	29,119
23 Insurance	645,344		645,344	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PRINTING AND PUBLICATIONS	5,150,023	5,109,923	29,655	10,445
b SERVICE CONTRACTS & REPAIRS	1,736,799	1,497,576	239,223	
c MISCELLANEOUS	2,213,343	1,664,457	227,219	321,667
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	122,618,558	108,364,643	12,259,237	1,994,678
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			5,710	1	5,710
	2	Savings and temporary cash investments			62,772,625	2	59,740,680
	3	Pledges and grants receivable, net			113,279,056	3	125,940,583
	4	Accounts receivable, net			2,435,453	4	2,143,584
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			3,925,967	8	4,570,278
	9	Prepaid expenses and deferred charges			3,599,195	9	5,001,279
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	319,032,873			
	b	Less accumulated depreciation	10b	81,320,995	198,684,203	10c	237,711,878
	11	Investments—publicly traded securities			122,964,805	11	86,153,860
	12	Investments—other securities See Part IV, line 11			3,452,675	12	60,887,053
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			25,185,123	15	5,907,510
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			536,304,812	16	588,062,415
Liabilities	17	Accounts payable and accrued expenses			14,552,984	17	15,002,905
	18	Grants payable				18	
	19	Deferred revenue			3,962,000	19	4,977,461
	20	Tax-exempt bond liabilities			97,200,000	20	97,200,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			37,716,102	25	13,139,579
	26	**Total liabilities.** Add lines 17 through 25			153,431,086	26	130,319,945
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			126,126,559	27	234,925,844
	28	Temporarily restricted net assets			166,092,611	28	129,989,766
	29	Permanently restricted net assets			90,654,556	29	92,826,860
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			382,873,726	33	457,742,470
	34	Total liabilities and net assets/fund balances			536,304,812	34	588,062,415

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COLD SPRING HARBOR LABORATORY

Employer identification number
11-2013303

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ 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 exempt 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	139,356,500	117,265,205	127,999,745	158,856,060	123,621,810	667,099,320
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	**Total.** Add lines 1 through 3	139,356,500	117,265,205	127,999,745	158,856,060	123,621,810	667,099,320
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						45,210,885
6	**Public Support.** Subtract line 5 from line 4						621,888,435

Section B. Total Support

	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	139,356,500	6,355,586	127,999,745	158,856,060	123,621,810	667,099,320
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,554,033	6,355,586	8,665,479	9,077,401	5,798,391	36,450,890
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	131,102	156,192	287,294
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	87,697	131,366	249,203	149,154	124,453	741,873
11	**Total support** (Add lines 7 through 10)						704,579,377

12 Gross receipts from related activities, etc (See instructions) **12** 103,750,570

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14** 88 264 %

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15** 90 678 %

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

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

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

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

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 11-2013303
Name: COLD SPRING HARBOR LABORATORY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAURENCE ABBOTT PHD TRUSTEE	1 0	X						0	0	0
MICHAEL BOTCHAN PH D TRUSTEE	1 0	X						0	0	0
DAVID BOTSTEIN PH D TRUSTEE	1 0	X						0	0	0
TIMOTHY BROADBENT TRUSTEE	1 0	X						0	0	0
LANDON T CLAY TRUSTEE	1 0	X						0	0	0
KRISTINA PERKIN DAVISON TRUSTEE	1 0	X						0	0	0
JACOB GOLDFIELD TRUSTEE	1 0	X						0	0	0
LOLA N GRACE VICE-CHAIRMAN	1 0	X						0	0	0
LEO GUTHART VICE-CHAIRMAN	1 0	X						0	0	0
LAURIE LANDEAU VMD TRUSTEE	1 0	X						0	0	0
THOMAS LEHRMAN TRUSTEE	1 0	X						0	0	0
STEPHEN LESSING TRUSTEE	1 0	X						0	0	0
ROBERT D LINDSAY VICE-CHAIRMAN	1 0	X						0	0	0
EDUARDO G MESTRE CHAIRMAN	1 0	X						0	0	0
JAMIE C NICHOLLS TRUSTEE	1 0	X						0	0	0
LOUISE M PARENT TRUSTEE	1 0	X						0	0	0
JOHN C PHELAN TRUSTEE	1 0	X						0	0	0
THOMAS C QUICK TRUSTEE	1 0	X						0	0	0
WILLIAM ROBERTSON TRUSTEE	1 0	X						0	0	0
DAVID M RUBENSTEIN TRUSTEE	1 0	X						0	0	0
ALAN SELIGSON TRUSTEE	1 0	X						0	0	0
CHARLES L SAWYERS PHD TRUSTEE	1 0	X						0	0	0
MARILYN SIMONS TRUSTEE	1 0	X						0	0	0
ANDREW SOLOMON TRUSTEE	1 0	X						0	0	0
ALAN C STEPHENSON TRUSTEE	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAMUEL STANLEY JR MD TRUSTEE	1 0	X						0	0	0
BRUCE STILLMAN CEO/PRESIDENT	39 0	X		X				498,596	0	226,744
JAMES STONE TRUSTEE	1 0	X						0	0	0
JEROME SWARTZ PH D TRUSTEE	1 0	X						0	0	0
PAUL TAUBMAN TRUSTEE	1 0	X						0	0	0
EDWARD TRAVAGLIANTI SECRETARY/TREASURER	1 0	X						0	0	0
ROY J ZUCKERBERG TRUSTEE	1 0	X						0	0	0
W DILLAWAY AYRES CHIEF OPERATING OFFICER	39 0			X				422,923	0	192,569
LARI C RUSSO VP FINANCE AND COMPTROLLER	39 0			X				210,821	0	25,897
ARTHUR BRINGS VP CHIEF FACILITIES OFFICER	40 0				X			242,860	0	72,316
WALTER GOLDSCHMIDTS EXEC DIRECTOR SPONSORED PROGMS	39 0				X			225,095	0	45,564
DAVID SPECTOR DIRECTOR OF RESEARCH	40 0				X			304,204	0	57,283
THOMAS GINGERAS SCIENTIST	40 0					X		271,375	0	1,989
SCOTT POWERS SCIENTIST	40 0					X		221,056	0	43,873
NICHOLAS TONKS SCIENTIST	40 0					X		241,408	0	47,017
DR JAMES D WATSON CHANCELLOR EMERITUS	40 0					X		392,185	0	180,554
MICHAEL WIGLER SCIENTIST	40 0					X		314,460	0	59,586

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
MEETINGS AND COURSES	611,600	4,671,778	4,671,778		
CO-PARTICIPANT PROJECTS	541,700	989,102	989,102		
PUBLICATIONS	713,110	9,136,188	8,520,843	615,345	
DINING	611,710	3,780,320	3,780,320		
HOUSING	611,710	2,377,172	2,377,172		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COLD SPRING HARBOR LABORATORY

Employer identification number
11-2013303

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☑ Preservation of an historically importantly land area
☐ Protection of natural habitat
☑ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	3
b	Total acreage restricted by conservation easements	2b	125 00
c	Number of conservation easements on a certified historic structure included in (a)	2c	1
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ 100 00

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ 3,500

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ ____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	158,727,484	189,938,403			
b	Contributions	11,528,721	21,951,641			
c	Investment earnings or losses	26,263,315	-42,369,674			
d	Grants or scholarships					
e	Other expenditures for facilities and programs	12,215,524	10,061,971			
f	Administrative expenses	493,550	730,915			
g	End of year balance	183,810,446	158,727,484			

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

a Board designated or quasi-endowment ▶ 49 000 % %

b Permanent endowment ▶ 51 000 % %

c Term endowment ▶ %

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

			Yes	No
	(i) unrelated organizations	3a(i)		No
	(ii) related organizations	3a(ii)		No
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,564,813		15,564,812
b Buildings		235,051,319	50,390,961	184,660,358
c Leasehold improvements		583,987	192,905	391,082
d Equipment		57,264,449	30,406,850	26,857,594
e Other		10,608,016	330,279	10,277,737
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				237,751,583

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other ALTERNATIVE INVESTMENTS	60,887,053	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	60,887,053	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ACCRUED SWAP FMV	11,448,359
OTHER NOTES PAYABLE	1,691,220
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	13,139,579

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
CONSERVATION EASEMENTS	SCHEDULE D, PART II, LINE 9	THE LABORATORY INCLUDES ANY EXPENSES FROM THE CONSERVATION EASEMENTS IN ITS GENERAL EXPENSES THE EASEMENTS DO NOT GENERATE ANY OTHER MATERIAL EXPENSES OR LIABILITIES AND ARE THEREFORE NOT SEPARATELY DISCLOSED IN THE NOTES TO THE FINANCIAL STATEMENTS ENDOWMENT FUNDS SCHEDULE D, PART V, LINE 4 THE LABORATORY'S ENDOWMENT CONSISTS OF APPROXIMATELY 100 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING PRIMARY PROGRAM SERVICES FOR BOTH RESEARCH AND EDUCATION, AND OPERATIONS AND FACILITIES COSTS ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS OTHER LIABILITIES SCHEDULE D, PART X NOTE PAYABLE - REPRESENTS A NOTE BETWEEN COLD HARBOR LABORATORY AND THE ROBERTSON RESEARCH FUND, INC A RELATED 501(C)(3) ORGANIZATION OF THE LABORATORY WHICH WAS ORIGINATED IN 1996 THE NOTE IS PAYABLE IN 30 ANNUAL INSTALLMENTS AND BEARS INTEREST AT A RATE OF 6% PER ANNUM ACCRUED SWAP FAIR MARKET VALUE - IN APRIL 2006, THE LABORATORY ENTERED INTO AN INTEREST RATE SWAP AGREEMENT TO MITIGATE THE RISK OF INTEREST RATES ASSOCIATED WITH THE SERIES 1999 AND SERIES 2006 BOND ISSUES UNDER THE TERMS OF THE AGREEMENT, THE LABORATORY PAYS INTEREST AT A PREDETERMINED FIXED RATE OF 3 802% AND RECEIVES 68% OF 3-MONTH LIBOR ON THE NOTIONAL PRINCIPAL AMOUNT OF $97 2 MILLION THE SWAP AGREEMENT HAS AN EFFECTIVE DATE OF OCTOBER 1, 2006 AND A TERMINATION DATE OF JANUARY 1, 2042 THE FAIR VALUE OF THE INTEREST RATE SWAP WAS A LIABILITY OF $11,448,359 AT DECEMBER 31, 2009 FIN 48 SCHEDULE D, PART X LIABILITY FOR UNCERTAIN TAX POSITIONS - THE LABORATORY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE IN JUNE 2006, THE FASB ISSUED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48), WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN 48 ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE THERE WAS NO MATERIAL IMPACT TO THE LABORATORY'S CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COLD SPRING HARBOR LABORATORY

Employer identification number
11-2013303

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region	**(d)** Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for region
East Asia and the Pacific	0	0	Grantmaking	research	255,288
Europe (Including Iceland and Greenland)	0	0	Grantmaking	research	722,161
Central America and the Caribbean	0	0	Investments		29,000,000
Central America and the Caribbean	0	0	Investments		7,000,000
Totals . . . . . ►	0	0			36,977,449

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia/Pacific		255,288	check			
		Europe/Iceland/Greenland	RESEARCH	722,161	check			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 10

3 Enter total number of other organizations or entities . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation
SUBAWARD/SUBRECIPIENT MONITORING PROCEDURES	SCHEDULE F, PART I, LINE 2	SEE SCHEDULE O FOR SUBAWARD/SUBRECIPIENT MONITORING PROCEDURES DISCLOSURE

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
COLD SPRING HARBOR LABORATORY

Employer identification number
11-2013303

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 AWARD DINNER (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	3,232,235	179,130	71,440	3,482,805
	2 Less Charitable contributions	3,152,235	105,840	61,990	3,320,065
	3 Gross income (line 1 minus line 2)	80,000	73,290	9,450	162,740
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	116,112	56,773	14,978	187,863
	10 Direct expense summary Add lines 4 through 9 in column (d)				187,863
	11 Net income summary Combine lines 3, column d, and line 10				-25,123

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column d, and line 7				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____________			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility . . . 13a			
b	An outside facility . . . 13b			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . .	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______			
c	If "Yes," enter name and address Name ▶ Address ▶			
16	Gaming manager information Name ▶ Gaming manager compensation ▶ $ ______ Description of services provided ▶ ☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . .	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COLD SPRING HARBOR LABORATORY

Employer identification number
11-2013303

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶ 23

3 Enter total number of other organizations . . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SUB-AWARD/SUB-RECIPIENT MONITORING PROCEDURES	SCHEDULE F, PART I, LINE 2	SEE SCHEDULE O FOR SUB-AWARD/SUB-RECIPIENT MONITORING PROCEDURES DISCLOSURE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 11-2013303
Name: COLD SPRING HARBOR LABORATORY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA BERKELEY481 UNIVERSITY HALL BERKELEY, CA 94720	19-4600212	501(C)(3)	101,075				
UNIVERSITY OF MINNESOTA555 ESSEX STREET SE MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	211,042				
CORNELL UNIVERSITY MEDICAL COLLEGE SPONSORED FUNDS PO BOX 21128 ITHACA, NY 14851	15-0532082	501(C)(3)	690,804				
COLUMBIA UNIVERSITY GRANTS CONTRACTS PO BOX 22 NEW YORK, NY 10087	13-5598093	501(C)(3)	88,512				
LUDWIG INSTITUTE FOR CANCER RESEARCH9500 GILMAN DRIVE LA JOLLA, CA 92093	23-7121131	501(C)(3)	93,446				
WASHINGTON UNIVERSITY 660 SO EUCLID AVE CAMPUS BOX 8013 SAINT LOUIS, MO 63110	43-0653611	501(C)(3)	96,036				
UNIVERSITY OF CHICAGO 5847 S MARYLAND CHICAGO, IL 60637	36-2177139	501(C)(3)	229,500				
INSTITUTE FOR GENOMIC RESEARCH9712 MED CTR DR ROCKVILLE, MD 20850	52-1784418	501(C)(3)	80,811				
NYU SCHOOL OF MEDECINESPONSORED PROGRAMS ADMIN 545 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501(C)(3)	84,995				
UNIVERSITY OF DELAWARE PO BOX 7449 WILKESBARRES, PA 18773	51-6000297	501(C)(3)	135,701				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOHN HOPKINS UNIVERSITY 11011101 E 33RD STREET BALTIMORE,MD 21218	52-0595110	501(C)(3)	24,354				
UNIVERSITY OF WYOMING 1000 E UNIVERSITY AVE LARAMIE,WY 82071	83-6000331	501(C)(3)	411,752				
UNIVERSITY OF CAL SAN FRANCISCO1855 FOLSOM STREET SAN FRANCISCO,CA 94143	94-6036493	501(C)(3)	376,500				
THE STATE UNIVERSITY OF NEW JERSEY RUTGERS102 RYDERS LANE NEW BRUNSWICK,NJ 08901	12-2601086	501(C)(3)	72,077				
BRANDEIS UNIVERSITY415 SOUTH STREET WALTHAM,MA 02454	04-2103552	501(C)(3)	446,192				
AGRE AUTISM GENETIC RESEARCH EXCHANGE5455 WILSHIRE BLVD LOS ANGELES,CA 90036	20-2329938	501(C)(3)	41,706				
ALBERT EINSTEIN COLLEGE OF MEDECINE1300 MORRIS PARK AVE BRONX,NY 10461	11-3162422	501(C)(3)	96,900				
FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH350 COMMUNITY DRIVE MANHASSET,NY 11030	11-2673595	501(C)(3)	90,683				
ISIS PHARMACEUTICALS 1896 RUTHERFORD ROAD CARLSBAD,CA 92008	33-0336973		42,110				
ST JUDE S CHILDRENS RESEARCH HOSPITAL501 ST JUDE PLACE MEMPHIS,TN 38105	06-7717892	501(C)(3)	150,000				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEMORIAL SLOAN-KETTERINGGENERAL POST OFFICE PO BOX 26338 NEW YORK, NY 10087	91-2154267	501(C)(3)	8,000				
VANDERBILT UNIVERSITY MEDICAL CENTERDEPT OF FINANCE DEPT 40303 ATLANTA, GA 311920303	62-0476822	501(C)(3)	51,440				
OREGON STATE UNIVERSITYOFFICE OF POST AWARD ADMIN PO BOX 1086 CORVALLIS, OR 973391086	93-6022772	501(C)(3)	50,029				

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COLD SPRING HARBOR LABORATORY

Employer identification number
11-2013303

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO /Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO /Executive Director Check all that apply ☑ Compensation committee ☐ Independent compensation consultant ☑ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRUCE STILLMAN	(i)	482,125	0	16,471	78,249	148,495	725,340	0
	(ii)	0	0	0	0	0	0	0
W DILLAWAY AYRES	(i)	376,885	0	46,038	142,226	50,343	615,492	0
	(ii)	0	0	0	0	0	0	0
LARI C RUSSO	(i)	203,000	0	7,821	0	25,897	236,718	0
	(ii)	0	0	0	0	0	0	0
ARTHUR BRINGS	(i)	240,500	0	2,360	0	72,316	315,176	0
	(ii)	0	0	0	0	0	0	0
WALTER GOLDSCHMIDTS	(i)	224,180	0	915	0	45,564	270,659	0
	(ii)	0	0	0	0	0	0	0
DAVID SPECTOR	(i)	294,000	0	10,204	7,350	49,933	361,487	0
	(ii)	0	0	0	0	0	0	0
THOMAS GINGERAS	(i)	266,500	0	4,875	0	1,989	273,364	0
	(ii)	0	0	0	0	0	0	0
SCOTT POWERS	(i)	208,627	0	12,429	0	43,873	264,929	0
	(ii)	0	0	0	0	0	0	0
NICHOLAS TONKS	(i)	233,398	0	8,010	0	47,017	288,425	0
	(ii)	0	0	0	0	0	0	0
DR JAMES D WATSON	(i)	375,000	0	17,185	19,500	161,055	572,740	0
	(ii)	0	0	0	0	0	0	0
MICHAEL WIGLER	(i)	308,756	0	5,704	9,564	50,022	374,046	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
ADDITIONAL DISCLOSURE	SCHEDULE J, PART II, COLUMN D	COLD SPRING HARBOR LABORATORY PROVIDES DR STILLMAN, CEO/PRESIDENT, DR WATSON, CHANCELLOR EMERITUS, AND ARTHUR BRINGS, VP CHIEF FACILITIES OFFICER, WITH HOMES ON ITS CAMPUS AND REQUIRES THEM TO BE USED AS A CONDITION OF THEIR EMPLOYMENT FOR THE CONVENIENCE OF THE LABORATORY THE VALUE OF THE NON-TAXABLE PERSONAL USE OF THE HOMES ALONG WITH OTHER EXPENSES ARE INCLUDED IN COLUMN D
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN NAME OF PARTICIPANT AMOUNT BRUCE STILLMAN $ 78,249 DR JAMES D WATSON $ 19,500 W DILLAWAY AYRES $142,226 MICHAEL WIGLER $ 9,564 DAVID SPECTOR $ 7,350
CLUB DUES	SCHEDULE J, PART I, LINE 1A	COLD SPRING HARBOR LABORATORY REIMBURSES THE COST OF CLUB DUES TO DR BRUCE STILLMAN, CEO/PRESIDENT, W DILLAWAY AYRES, CHIEF OPERATING OFFICER AND DR JAMES WATSON, CHANCELLOR EMERITUS THE DUES ARE FOR MEMBERSHIP FEES IN CLUBS REQUIRED BY THE ORGANIZATION FOR FURTHERANCE OF BUSINESS RELATIONSHIPS AND MEETINGS
Schedule J, Part I	HOURS PER WEEK	FOR EMPLOYEES STILLMAN, AYRES, RUSSO AND GOLDSCHMIDTS, THE BALANCE OF THE HOURS WORKED IS TO PROVIDE SERVICES TO THE ROBERTSON RESEARCH FUND, INC , A RELATED ORGANIZATION TAX EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3)

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COLD SPRING HARBOR LABORATORY

Employer identification number
11-2013303

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	NASSAU COUNTY IDA	11-2559657	631657KT9	06-27-2006	55,000,000	CONSTRUCTION OF RESEARCH BUILDINGS		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	55,000,000				
2	Gross proceeds in reserve funds	0				
3	Proceeds in refunding or defeasance escrows	0				
4	Other unspent proceeds	0				
5	Issuance costs from proceeds	1,743,581				
6	Working capital expenditures from proceeds	547,324				
7	Capital expenditures from proceeds	52,709,095				
8	Year of substantial completion	2009				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X								
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b	Name of provider	JP MORGAN CHASE									
c	Term of hedge		35								
4a	Were gross proceeds invested in a GIC?	X									
b	Name of provider	PALLAS CAPITAL									
c	Term of GIC		1 5								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?	X									
6	Did the bond issue qualify for an exception to rebate?		X								

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COLD SPRING HARBOR LABORATORY

Employer identification number
11-2013303

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	38	4,960,540	MEAN VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	**30a**		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	**31**		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	**32a**	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTIES	SCHEDULE M, PART I, line 32a	THE ORGANIZATION IS REPORTING THE NUMBER OF GIFTS OF PUBLICLY TRADED STOCKS THE STOCKS ARE SOLD THROUGH A THIRD PARTY BROKERAGE FIRM AND THE PROCEEDS TRANSFERRED TO OUR ACCOUNTS

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COLD SPRING HARBOR LABORATORY

Employer identification number
11-2013303

Identifier	Return Reference	Explanation
STATEMENT OF OTHER PROGRAM SERVICE ACCOMPLISHMENTS	Form 990, PART III, LINE 4D	WATSON SCHOOL OF BIOLOGICAL SCIENCES THE GOALS OF THE WSBS INCLUDE PROVIDING BROAD EDUCATION IN THE BIOLOGICAL SCIENCES AND TEACHING THE STUDENTS THAT LEARNING IS A LIFE LONG PROCESS THAT GOES HAND IN HAND WITH RESEARCH A WSBS EDUCATION FOCUSES ON PLANT GENETICS, CANCER, NEUROSCIENCE AND BIOINFORMATICS OVER 50 GRADUATE STUDENTS ATTENDED THE SCHOOL IN 2009 WITH 5 EARNING THEIR PHD'S BANBURY CENTER THE OBJECTIVE OF THE BANBURY CENTER IS TO HOLD WORKSHOPS COVERING FUNDAMENTAL RESEARCH AND TOPICS OF SPECIAL INTEREST IN BIOTECHNOLOGY AS WELL AS SCIENTIFIC EDUCATION IN 2009, 20 MEETINGS WERE HELD OVER 500 PARTICIPANTS FROM BOTH THE SCIENTIFIC AND BUSINESS COMMUNITIES ATTENDED THESE MEETINGS SPECIFIC TOPICS IN 2009 INCLUDED "FRAGILE X SYNDROME", "NEUROBIOLOGY OF DEPRESSION" AND "CO-INFECTIONS IN LYME DISEASE" DNA LEARNING CENTER THE MAIN OBJECTIVE OF THE LEARNING CENTER INCLUDES TRAINING TEACHERS AT THE PRE-COLLEGE LEVEL IN BIOTECHNOLOGY LAB INSTRUCTION STUDENTS INTRODUCED TO BIOTECHNOLOGY AT LOCAL AREA SCHOOLS ARE NOW PURSUING ADVANCED DEGREES IN SCIENCE THE CENTER OFFERS IN-HOUSE SUMMER CAMPS AND WORKSHOPS, FIELD TRIPS TO THE CENTER (INCLUDING MEMBERSHIP IN THE "CURRICULUM STUDY PROGRAM") AND A CUSTOMIZED SCHOOL SITE CLOSE TO 50,000 STUDENTS, TEACHERS AND OTHER VISITORS HAVE ATTENDED DNALC PROGRAMS
CONSOLIDATED FINANCIAL STATEMENTS	Form 990, PART IV, LINE 12	THE COLD SPRING HARBOR LABORATORY IS AUDITED IN COMBINATION WITH ITS RELATED ORGANIZATION ROBERTSON RESEARCH FUND,INC [EIN 23-7224244], ALTHOUGH SEPARATE AUDITED FINANCIAL STATEMENTS ARE NOT ISSUED FOR THE COLD SPRING HARBOR LABORATORY, A CONSOLIDATED AUDITED FINANCIAL STATEMENT WAS ISSUED FOR THE YEAR 2009 WHICH WAS PREPARED IN ACCORDANCE WITH GAAP
990 REVIEW	Form 990, PART VI, Section B, line 11	THE CONSOLIDATED FINANCIAL STATEMENTS AND THE 990 OF THE ORGANIZATION ARE PREPARED BY THE FINANCE OFFICE OF COLD SPRING HARBOR LABORATORY THE FINANCE OFFICE USES THE BOOKS AND RECORDS OF THE ORGANIZATION TO PREPARE THE FINANCIAL STATEMENTS AND THE 990 THESE RECORDS ARE LARGELY INCLUDED IN THE AUDITED DOCUMENTS BY AN INDEPENDENT AUDITOR UPON COMPLETION OF THE AUDITED FINANCIAL STATEMENTS, THE REMAINING DOCUMENTATION NEEDED TO PREPARE THE 990 IS FINALIZED THE VP FINANCE THEN PROCEEDS WITH A DETAILED REVIEW OF THE 990, REQUIRED ADDITIONAL DOCUMENTATION AND SCHEDULES THESE DOCUMENTS ARE FORWARDED TO KPMG, LLP WHO REVIEWS THE DRAFT RETURN AND SUPPORTING INFORMATION AND PREPARES THE RETURN FOR ELECTRONIC FILING TO THE IRS COPIES OF THE RETURN ARE REVIEWED BY THE AUDIT COMMITTEE AND DISTRIBUTED TO MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS
CONFLICT OF INTEREST POLICY	Form 990, PART VI, Section B, LINE 12C	THE ORGANIZATION REQUIRES ALL SENIOR STAFF TO FILE AN ANNUAL QUESTIONNAIRE DISCLOSING POSSIBLE SOURCES OF CONFLICT OF INTEREST ACCORDING TO THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION THE ORGANIZATION ALSO REQUIRES ALL MEMBERS OF THE BOARD OF TRUSTEES TO FILE AN ANNUAL QUESTIONNAIRE DISCLOSING POSSIBLE SOURCES OF CONFLICT OF INTEREST ACCORDING TO THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION REPORTING IS MANAGED BY THE OFFICE OF THE CHIEF OPERATING OFFICER FOR MEMBERS OF THE BOARD OF TRUSTEES AND THE OFFICE OF THE VP TECHNOLOGY TRANSFER AND IN-HOUSE LEGAL COUNSEL FOR SENIOR STAFF
COMPENSATION	Form 990, PART VI, Section B, LINE 15	THE COMPENSATION OF ALL STAFF MEMBERS EARNING WAGES IN EXCESS OF $250,000, INCLUDING THE PRESIDENT AND CHIEF OPERATING OFFICER, IS DETERMINED BY AN EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THE VP HUMAN RESOURCES REPORTS DIRECTLY TO THE COMMITTEE WHICH IS MADE UP OF INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES REPORTING INCLUDES COMPARABILITY DATA AND OTHER INFORMATION GATHERED AT THE REQUEST OF THE COMMITTEE CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DISCUSSION IS MAINTAINED BY THE VP HUMAN RESOURCES
GOVERNING DOCUMENTS	Form 990, PART VI, Section B, LINE 19	THE ORGANIZATION MAINTAINS ALL DOCUMENTS INCLUDING GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, ANNUAL REPORTS, FINANCIAL STATEMENTS AND TAX RETURNS AT THE FINANCE OFFICE OF COLD SPRING HARBOR LABORATORY, LOCATED AT 1 BUNGTOWN ROAD, COLD SPRING HARBOR, NEW YORK 11724 IN ADDITION MANY OF THESE DOCUMENTS ARE AVAILABLE ONLINE AT WWW CSHL EDU
SUBAWARD/SUBRECIPIENT MONITORING PROCEDURES	SCHEDULE F AND I, PARTS I, Line 2	A INTRODUCTION 1 PURPOSE THE PURPOSE OF THIS PROCEDURE IS TO ASSIST PRINCIPAL INVESTIGATORS, RESEARCH ADMINISTRATORS AND OFFICE OF SPONSORED PROGRAMS (OSP) STAFF OF COLD SPRING HARBOR LABORATORY IN MONITORING AND OVERSEEING SUBRECIPIENTS, OR COLLABORATING INSTITUTIONS, AND ENSURING THAT THEIR RESEARCH PROJECTS ARE CONDUCTED IN COMPLIANCE WITH APPLICABLE LAWS AND THE TERMS AND CONDITIONS OF BOTH THE PRIME AWARD AND THE SUBAWARD AGREEMENT 2 SCOPE APPLIES WHEN COLD SPRING HARBOR LABORATORY IS THE PRIME INSTITUTION, OR THE DIRECT RECIPIENT OF FUNDING FROM A SPONSOR, AND IS ENTERING INTO OR HAS ALREADY ENTERED INTO A SUBAWARD AGREEMENT WITH A SUBRECIPIENT OR COLLABORATING INSTITUTION B POLICY 1 GENERAL SUBRECIPIENT MONITORING ENCOMPASSES THE FOLLOWING ADVISING SUBRECIPIENTS OF APPLICABLE FEDERAL LAWS AND REGULATIONS, AND ALL APPROPRIATE FLOW-DOWN PROVISIONS OF THE PRIME AGREEMENT THE ROUTINE RECEIPT AND REVIEW OF TECHNICAL PERFORMANCE REPORTS THE ROUTINE REVIEW OF EXPENSES-TO-BUDGET THE PERIODIC PERFORMANCE OF ON-SITE VISITS, OR REGULAR CONTACT, IF NECESSARY THE OPTION TO PERFORM "AUDITS" IF NECESSARY REVIEW OF A-133 AUDIT REPORTS FILED BY SUBRECIPIENTS AND ANY AUDIT FINDINGS REVIEW OF CORRECTIVE ACTIONS CITED BY SUBRECIPIENTS IN RESPONSE TO THEIR AUDIT FINDINGS CONSIDERATION OF SANCTIONS ON SUBRECIPIENTS IN CASES OF CONTINUED INABILITY OR UNWILLINGNESS TO HAVE REQUIRED AUDITS OR TO CORRECT NON-COMPLIANT ACTIONS CSHL ALSO REQUESTS THAT SUBRECIPIENTS ANNUALLY PROVIDE UPDATED EVIDENCE OF COMPLIANCE WITH SPECIAL MANDATED REQUIREMENTS, SUCH AS ASSURANCES RELATED TO LAB ANIMALS, HUMAN SUBJECTS AND BIOHAZARDS, FOR EXAMPLE 2 RESPONSIBILITIES OSP IS RESPONSIBLE FOR PREPARING AND EXECUTING SUBAWARD AGREEMENTS, REQUESTING AND OBTAINING ASSURANCES, REVIEWING INVOICES, ASCERTAINING COMPLIANCE WITH AGREEMENTS, REGULATIONS AND AUDIT REQUIREMENTS AND TAKING CORRECTIVE ACTIONS, AS NECESSARY 3 PROCEDURE PRINCIPAL INVESTIGATORS AND RESEARCH ADMINISTRATORS MONITOR, WITH THE ASSISTANCE OF OSP STAFF, SUBRECIPIENTS TO ENSURE COMPLIANCE WITH FEDERAL REGULATIONS AND BOTH PRIME AND SUBRECIPIENT AWARD TERMS AND CONDITIONS REVIEW AND EVALUATE THE SUBRECIPIENT'S PROGRESS THROUGH TECHNICAL PROGRESS REPORTS AND OTHER PERIODIC COMMUNICATIONS, AS APPROPRIATE ASSESS THE SUBRECIPIENT'S CONTRIBUTION TO OVERALL PROJECT AIMS REVIEW, QUESTION AS NECESSARY AND APPROVE THE COSTS CHARGED BY SUBRECIPIENTS FOR THE WORK PERFORMED UNDER THE SUBAWARD EXPENSES CHARGED ON INVOICES SHOULD BE CONSISTENT WITH THE ESTABLISHED SCOPE OF WORK OSP ADMINISTRATOR (POST AWARD SENIOR GRANTS MANAGER AND ACCOUNTING ASSISTANT) MONITOR WITH THE ASSISTANCE OF PLS, SUBRECIPIENTS TO ENSURE COMPLIANCE WITH FEDERAL REGULATIONS AND BOTH PRIME AND SUBRECIPIENT AWARD TERMS AND CONDITIONS THROUGH THE USE OF STANDARD SUBRECIPIENT AGREEMENTS, ENSURE ALL AGREEMENTS INCLUDE THE CFDA TITLE AND NUMBER, AWARD NAME AND NUMBER, AWARD YEAR FOR FEDERAL AWARDS, ADVISE SUBRECIPIENTS OF REQUIREMENTS IMPOSED ON THEM BY FEDERAL LAWS, REGULATIONS AND THE PROVISIONS OF CONTRACTS OR GRANT AGREEMENTS, AS WELL AS SUPPLEMENTAL REQUIREMENTS, INCLUDE PRIME AWARD AS PART OF AGREEMENT, REQUIRE SUBRECIPIENT TO CERTIFY INVOICES AND REQUIRE SUBRECIPIENT TO REPORT PROMPTLY TO CSHL ANY ADVERSE FINDINGS RELATED TO CSHL SUBAWARDS IDENTIFIED IN THEIR ANNUAL A-133 AUDITS ACTIVELY ENGAGE AND RECEIVE CONSULTATION FROM THE CSHL OFFICE OF TECHNOLOGY TRANSFER REGARDING INTELLECTUAL PROPERTY ISSUES AS NEEDED AT THE SIGNING OF THE SUBAWARD AGREEMENT AND ANNUALLY THEREAFTER REQUEST SUBRECIPIENT PROVIDE UPDATED ASSURANCES RELATED TO LAB ANIMALS AND HUMAN STUDIES, AS NECESSARY ON AN ONGOING BASIS MONITOR THE INVOICES OF SUBRECIPIENTS PERIODICALLY COMPARE CUMULATIVE COSTS TO PREVIOUSLY ESTABLISHED BUDGETS AND ENSURE THAT EXPENSES INVOICED ARE FOR THE APPROPRIATE BUDGET PERIOD MAKE SURE THAT INVOICED COSTS ARE NOT IN EXCESS OF BUDGETED AMOUNTS AND ARE NOT DUPLICATES OF PREVIOUSLY INVOICED COSTS UPON REVIEW OF INVOICE, FORWARD TO P1 FOR FURTHER REVIEW AND ACCEPTANCE AT LEAST ANNUALLY, REQUEST EVIDENCE THAT SUBRECIPIENTS EXPENDING $500,000 OR MORE IN AWARDS DURING THEIR FISCAL YEAR HAVE MET A-133 AUDIT REQUIREMENTS FOR THAT FISCAL YEAR IDENTIFY ANY MATERIAL WEAKNESSES OR REPORTABLE CONDITIONS THAT RESULT FROM THE A-133 AUDIT OF NONCOMPLIANCE OR REPORTED FINDINGS TO DETERMINE WHETHER ADJUSTMENTS ARE NEEDED TO CSHL'S RECORDS FOR SUBRECIPIENTS THAT HAVE REPORTED MATERIAL WEAKNESSES OR REPORTABLE CONDITIONS FROM THE A-133 AUDIT, FOLLOW UP TO MAKE SURE THAT SUBRECIPIENT TAKES APPROPRIATE AND TIMELY CORRECTIVE ACTION AT CLOSEOUT OF THE SUBAWARD ENSURE THAT THE FINAL INVOICE HAS BEEN RECEIVED AND REVIEWED
AVERAGE HOURS PER WEEK	FORM 990, PART VII	IN ADDITION TO THE EMPLOYEE HOURS REPORTED ON PART VII, LARI RUSSO, W D AYRES, BRUCE STILLMAN AND WALTER GOLDSCHMIDTS, SPEND AN AVERAGE OF AN HOUR PER WEEK PROVIDING SERVICES TO ROBERTSON RESEARCH FUND, A RELATED ORGANIZATION EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COLD SPRING HARBOR LABORATORY

Employer identification number
11-2013303

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ROBERTSON RESEARCH FUND INC PO BOX 100 COLD SPRING HARBOR NEW YORK, NY 11724 23-7224244	SUPPORT	DE	501(C)(3)	11	NA
COLD SPRING HARBOR LABORATORY ASSN PO BOX 100 ONE BUNGTOWN ROAD, NY 11724 11-1631792	SUPPORT	NY	501 (C)(3)	11	NA

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
COLD SPRING HARBOR ASIA (SIP) LTD 218 XIN HU ST SUZHOU, CHINA 215125 CH 99-9999999	SCIENTIFIC MTGS	CH	NA	C CORP	808,588	1,145,090	100 000 %

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved
(1)	COLD SPRING HARBOR ASIA (SIP) LTD	B	123,662
(2)	COLD SPRING HARBOR ASIA (SIP) LTD	D	448,010
(3)	COLD SPRING HARBOR ASIA (SIP) LTD	P	138,675
(4)	ROBERTSON RESEARCH FUND INC	D	104,571
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No