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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Form 990

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Cold Spring Harbor Laboratory

% LARI RUSSO CFO

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 province, country, and ZIP or foreign postal code

COLD SPRING HARBOR, NY 11724

F Name and address of principal officer

BRUCE STILLMAN

PO BOX 100 ONE BUNGTOWN RD

COLD SPRING HARBOR, NY 11724

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

11-2013303

E Telephone number

(516) 367-8448

G Gross receipts \$

307,072,545

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (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

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)

31

4 Number of independent voting members of the governing body (Part VI, line 1b)

30

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

1,139

6 Total number of volunteers (estimate if necessary)

51

7a Total unrelated business revenue from Part VIII, column (C), line 12

614,871

7b Net unrelated business taxable income from Form 990-T, line 34

416,696

Revenue

8 Contributions and grants (Part VIII, line 1h)

156,616,693

9 Program service revenue (Part VIII, line 2g)

23,094,740

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

19,468,238

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

14,930,716

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

214,110,387

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

6,112,000

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

79,334,241

16a Professional fundraising fees (Part IX, column (A), line 11e)

35,500

b Total fundraising expenses (Part IX, column (D), line 25)

1,795,346

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

69,987,456

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

155,469,197

19 Revenue less expenses Subtract line 18 from line 12

58,641,190

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

812,593,560

21 Total liabilities (Part X, line 26)

148,937,487

22 Net assets or fund balances Subtract line 21 from line 20

663,656,073

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

Signature of officer

2019-11-14

Date

LARI C RUSSO cfo

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN P00504182

Firm's name GRANT THORNTON LLP

Firm's EIN

Firm's address 757 THIRD AVENUE 3RD FLOOR

Phone no (212) 599-0100

NEW YORK, NY 100172013

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$	114,349,503	including grants of \$	13,389,920)	(Revenue \$	515,371)
See Additional Data							

4b	(Code)	(Expenses \$	17,491,181	including grants of \$	0)	(Revenue \$	10,354,645)
See Additional Data							

4c	(Code)	(Expenses \$	9,167,229	including grants of \$	0)	(Revenue \$	9,564,563)
See Additional Data							

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	5,569,196	including grants of \$	0)	(Revenue \$	2,666,387)	

4e	Total program service expenses ▶	146,577,109					
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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 (see instructions)?	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b 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	11b Yes	
c 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	11c	No
d 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	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	17 Yes	
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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26 Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 523	
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	1,139			
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 (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
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?				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 as charitable contributions?				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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring 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?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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. Check if Schedule O contains a response or note to any line in this Part VI. ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 31		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 30		
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	Yes	
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 governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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 Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c Yes	
13 Did the organization have a written whistleblower policy?	13 Yes	
14 Did 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 Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a Yes	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b Yes	

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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ LARI RUSSO CFO PO BOX 100 ONE BUNGTOWN RD COLD SPRING HAARBOR, NY 11724 (516) 367-8446

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

Check if Schedule O contains a response or note to any line in this Part VII ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	6,122,786	0	1,024,532

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 131

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MTS Health Partners LP, 623 Fifth Avenue NEW YORK, NY 10022	consulting	2,647,364
CENTERBROOK ARCHITECTS, PO BOX 955 CENTERBROOK, CT 064090955	construction	1,753,115
Covington Burling LLP, 850 Tenth St NW 20TH Floor WASHINGTON, DC 20001	LEGAL	507,121
COOPER DUNHAM LLP, 30 ROCKEFELLER PLAZA 20TH FLOOR NEW YORK, NY 10112	legal	371,669
Grant Thornton LLP, 33570 Treasury Center CHICAGO, IL 60694	Accounting	365,942

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 15	
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Form 990 (2018)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII ☐							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,924,864				
	d Related organizations	1d	5,186,251				
	e Government grants (contributions)	1e	70,107,847				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	69,151,308				
	g Noncash contributions included in lines 1a - 1f \$ 963,886						
	h Total. Add lines 1a-1f ▶		149,370,270				
Program Service Revenue			Business Code				
	2a PUBLICATIONS	713110	9,564,563	9,262,941	301,622	0	
	b MEETINGS AND COURSES	611600	5,743,060	5,743,060	0	0	
	c DINING	611710	4,541,191	4,541,191	0	0	
	d HOUSING	611710	2,736,781	2,736,781	0	0	
	e CO-PARTICIPANT PROJECTS	541700	515,371	515,371	0	0	
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶		23,100,966				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		6,411,356		313,249	6,098,107	
	4 Income from investment of tax-exempt bond proceeds ▶		0				
	5 Royalties ▶		17,005,951			17,005,951	
	6a Gross rents		(i) Real	(ii) Personal			
	b Less rental expenses		1,598,113				
	c Rental income or (loss)		1,090,159	0			
	d Net rental income or (loss) ▶		1,090,159			1,090,159	
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses		108,664,432	211,257			
	c Gain or (loss)		93,547,027	194,000			
	d Net gain or (loss) ▶		15,117,405	17,257			
	8a Gross income from fundraising events (not including \$ 4,924,864 of contributions reported on line 1c) See Part IV, line 18 a		275,172				
	b Less direct expenses b		298,095				
	c Net income or (loss) from fundraising events ▶		-22,923			-22,923	
	9a Gross income from gaming activities See Part IV, line 19 a		0				
	b Less direct expenses b		0				
	c Net income or (loss) from gaming activities ▶		0				
	10a Gross sales of inventory, less returns and allowances a		0				
b Less cost of goods sold b		0					
c Net income or (loss) from sales of inventory ▶		0					
Miscellaneous Revenue		Business Code					
11a EMPLOYEE DINING		611710	356,902	0	0	356,902	
b MISCELLANEOUS		541900	78,126	0	0	78,126	
c							
d All other revenue							
e Total. Add lines 11a-11d ▶		435,028					
12 Total revenue. See Instructions ▶		212,525,469			22,799,344	614,871	39,740,984

Form 990 (2018)

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	12,059,524	12,059,524		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	1,330,396	1,330,396		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	3,220,359	1,613,216	1,514,740	92,403
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.	61,362,150	50,709,052	9,733,792	919,306
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,311,986	3,563,299	683,989	64,698
9 Other employee benefits.	13,179,497	10,505,530	2,487,808	186,159
10 Payroll taxes.	4,005,606	3,132,148	817,009	56,449
11 Fees for services (non-employees):				
a Management.	2,468,443	1,584,485	879,013	4,945
b Legal.	4,057,954	3,485,867	572,087	
c Accounting.	346,512		346,512	
d Lobbying.	39,000			39,000
e Professional fundraising services. See Part IV, line 17.	47,000			47,000
f Investment management fees.	2,084,364		2,084,364	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12 Advertising and promotion.	335,397	316,226	19,096	75
13 Office expenses.	23,886,896	21,626,783	2,200,070	60,043
14 Information technology.	1,776,456	1,559,313	216,809	334
15 Royalties.	764,007	764,007		
16 Occupancy.	5,757,099	4,958,513	798,586	
17 Travel.	2,111,078	2,032,894	72,774	5,410
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	4,013,144	3,995,865	17,279	
20 Interest.	4,209,230	3,503,322	705,908	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	13,129,457	11,594,099	1,535,358	
23 Insurance.	723,165	25,939	697,226	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a PRINTING AND PUBLICATIONS	4,853,352	4,614,406	210,292	28,654
b SERVICE CONTRACTS & REPAIRS	3,054,532	2,740,622	313,563	347
c MISCELLANEOUS	1,400,571	861,603	248,445	290,523
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	174,527,175	146,577,109	26,154,720	1,795,346
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	8,110	1	8,110
	2	Savings and temporary cash investments	62,909,565	2	120,432,516
	3	Pledges and grants receivable, net	83,708,283	3	77,908,055
	4	Accounts receivable, net	7,391,849	4	1,968,299
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	400,000	5	378,356
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	684,597	8	478,060
	9	Prepaid expenses and deferred charges	1,818,939	9	2,042,576
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	433,372,028		
	b	Less: accumulated depreciation	184,010,933		
			235,173,713	10c	249,361,095
	11	Investments—publicly traded securities	131,941,115	11	157,755,531
	12	Investments—other securities. See Part IV, line 11	277,627,498	12	269,955,709
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
15	Other assets. See Part IV, line 11	10,929,891	15	9,318,999	
16	Total assets. Add lines 1 through 15 (must equal line 34)	812,593,560	16	889,607,306	
Liabilities	17	Accounts payable and accrued expenses	15,534,105	17	17,649,888
	18	Grants payable	0	18	0
	19	Deferred revenue	5,166,852	19	81,320,632
	20	Tax-exempt bond liabilities	95,741,426	20	95,807,695
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	32,495,104	25	26,343,427
	26	Total liabilities. Add lines 17 through 25	148,937,487	26	221,121,642
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	402,838,559	27	425,801,871
	28	Temporarily restricted net assets	152,945,674	28	133,911,931
	29	Permanently restricted net assets	107,871,840	29	108,771,862
	Organizations that do not follow SFAS 117 (ASC 958), 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	663,656,073	33	668,485,664	
34	Total liabilities and net assets/fund balances	812,593,560	34	889,607,306	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	212,525,469
2	Total expenses (must equal Part IX, column (A), line 25)	2	174,527,175
3	Revenue less expenses Subtract line 2 from line 1	3	37,998,294
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	663,656,073
5	Net unrealized gains (losses) on investments	5	-39,233,162
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,064,459
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	668,485,664

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 11-2013303
Name: Cold Spring Harbor Laboratory

Form 990 (2018)

Form 990, Part III, Line 4a:

RESEARCH COLD SPRING HARBOR LABORATORY(CSHL), FOUNDED IN 1890, IS A WORLD-RENOWNED, PRIVATE RESEARCH AND EDUCATION INSTITUTION WITH RESEARCH PROGRAMS IN CANCER, NEUROSCIENCE, PLANT BIOLOGY, QUANTITATIVE BIOLOGY, AND BIOINFORMATICS & GENOMICS THE RESEARCH ENVIRONMENT IS HIGHLY COLLABORATIVE, ALLOWING CSHL SCIENTISTS TO WORK TOGETHER ACROSS DISCIPLINES TO SOLVE BIOLOGY'S MOST CHALLENGING PROBLEMS THE ULTIMATE GOAL IS TO APPLY THIS RESEARCH ON BASIC BIOLOGICAL MECHANISMS TO IMPROVE THE DIAGNOSIS AND TREATMENT OF CANCER, NEUROLOGICAL DISORDERS AND OTHER DISEASES SEE SCHEDULE O

Form 990, Part III, Line 4b:

EDUCATIONAL MEETINGS & COURSES PROGRAM CSHL'S REPUTATION AS ONE OF THE PREMIER HUBS OF ACTIVITY IN BIOLOGY AND GENETICS IS LINKED TO ITS MEETINGS AND COURSES PROGRAM WITH ROOTS IN THE LEGENDARY ANNUAL SYMPOSIA IN QUANTITATIVE BIOLOGY SERIES, WHICH BEGAN IN 1933, THE PROGRAM ORGANIZES MORE THAN 60 MEETINGS AND COURSES ANNUALLY, COVERING A WIDE RANGE OF TOPICS IN THE BIOLOGICAL SCIENCES SEE SCHEDULE O

Form 990, Part III, Line 4c:

PUBLICATIONS WITH ORIGINS IN THE 1930S, CSHL PRESS ENHANCES THE LABORATORY'S EDUCATIONAL MISSION BY PUBLISHING ORIGINAL WORK THAT ASSISTS IN THE ADVANCE AND SPREAD OF SCIENTIFIC KNOWLEDGE SALE OF ITS PUBLICATIONS ENHANCES THE LABORATORY'S INTERNATIONAL REPUTATION FOR EXCELLENCE THE PRESS PUBLISHES RESEARCH AND REVIEW JOURNALS, BOOKS, MANUALS, PRIMERS AND OTHER INFORMATION SOURCES, IN ELECTRONIC AND PRINT FORM IN 2018, THE PRESS PUBLISHED 257 BOOKS, INCLUDING 15 NEW TITLES AND 14 NEW EBOOKS THE PRESS IS ALSO RESPONSIBLE FOR PUBLISHING THE PROCEEDINGS OF THE LABORATORY'S MEETINGS PROGRAM WIDELY REVIEWED AND HIGHLY PRAISED, THESE PUBLICATIONS ARE MADE AVAILABLE IN A VARIETY OF LANGUAGES

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Lalit R Bahl PHD Trustee	1 0 0 0	X						0	0	0
Tania A Baker PhD Trustee (Until 11/18)	1 0 0 0	X						0	0	0
Joanne Berger-Sweeney PhD Trustee	1 0 0 0	X						0	0	0
David Boies Trustee	1 0 0 0	X						0	0	0
Michael R Botchan PhD Trustee	1 0 0 0	X						0	0	0
Michele Munn Celestino Trustee	1 0 0 0	X						0	0	0
Charles I Cogut Vice Chairman	1 0 0 0	X						0	0	0
Elaine Fuchs PHD Trustee (From 11/18)	1 0 0 0	X						0	0	0
Leo A Guthart Trustee	1 0 0 0	X						0	0	0
Jeffrey E Kelter Trustee	1 0 0 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Laurie J Landeau VMD Trustee	1 0 0 0	X						0	0	0
Robert D Lindsay Vice-Chairman	1 0 0 0	X						0	0	0
Robert W Lourie PhD Secretary	1 0 0 0	X						0	0	0
Elizabeth McCaul Treasurer	1 0 0 0	X						0	0	0
Howard L Morgan PhD Trustee	1 0 0 0	X						0	0	0
Jamie C Nicholls Trustee	1 0 0 0	X						0	0	0
John C Phelan Trustee	1 0 0 0	X						0	0	0
William S Robertson Trustee (Until 8/18)	1 0 0 0	X						0	0	0
Bruce Ratner Trustee (From 3/18)	1 0 0 0	X						0	0	0
Geoffrey Robertson Trustee (From 11/18)	1 0 0 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
George Sard Trustee	1 0 0 0	X						0	0	0
Thomas A Saunders Trustee	1 0 0 0	X						0	0	0
Charles L Sawyers MD Trustee	1 0 0 0	X						0	0	0
Douglas Schloss Trustee	1 0 0 0	X						0	0	0
Marilyn H Simons PhD Chairman	1 0 0 0	X						0	0	0
Dinakar Singh Trustee (Until 11/18)	1 0 0 0	X						0	0	0
Bruce Stillman PhD CEO and Trustee	39 0 1 0	X		X				894,109	0	258,324
James M Stone PhD Trustee	1 0 0 0	X						0	0	0
Karel Svoboda PHD Trustee (From 11/18)	1 0 0 0	X						0	0	0
Paul J Taubman Trustee	1 0 0 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Edward Travaglianti Trustee	1 0 0 0	X						0	0	0
Stuart Weisbrod PHD Trustee	1 0 0 0	X						0	0	0
George D Yancopoulos MD PHD Trustee	1 0 0 0	X						0	0	0
Roy J Zuckerberg Trustee	1 0 0 0	X						0	0	0
W Dillaway Ayres thru 1118 Chief Operating Officer	39 0 1 0			X				504,025	0	71,320
John Tuke From 1118 Chief Operating Officer	39 0 1 0			X				100,211	0	3,281
Lari C Russo Chief Financial Officer	39 0 1 0			X				304,351	0	35,356
Arthur Brings VP, Chief Facilities Officer	39 0 1 0				X			288,850	0	75,467
Walter Goldschmidts VP, Sponsored Programs	39 0 1 0				X			343,803	0	60,527
David Spector Director of Research	39 0 1 0				X			413,576	0	97,086

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
David Tuveson Scientist	40 0 0 0					X		366,032	0	60,698
Charles V Prizzi VP Development	40 0 0 0					X		340,007	0	60,644
Dr James D Watson Chancellor Emeritus	40 0 0 0					X		1,278,425	0	182,038
Michael Wigler Scientist	40 0 0 0					X		949,081	0	59,186
Nicholas Tonks Scientist	40 0 0 0					X		340,316	0	60,605

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	95,459,974	95,639,610	137,180,983	156,616,693	149,370,270	634,267,530
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	95,459,974	95,639,610	137,180,983	156,616,693	149,370,270	634,267,530
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)						36,590,355
6	Public support. Subtract line 5 from line 4						597,677,175

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	95,459,974	95,639,610	137,180,983	156,616,693	149,370,270	634,267,530
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,212,069	7,860,869	8,806,396	20,030,193	24,910,670	71,820,197
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	393,345	432,881	708,198	695,670	710,200	2,940,294
11	Total support. Add lines 7 through 10						709,028,021
12	Gross receipts from related activities, etc (see instructions)					12	115,697,745
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	1484 295 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	1587 449 %
16a	33 1/3% support test—2018. 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—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐	
17a	10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐	
b	10%-facts-and-circumstances test—2017. 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 VI 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 Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
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 section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 11-2013303
Name: Cold Spring Harbor Laboratory

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Cold Spring Harbor Laboratory	Employer identification number 11-2013303
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		39,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			39,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1G	CSHL CONTRACTS WITH ONE FIRM TO REPRESENT THEM IN FRONT OF THE NYS LEGISLATURE FOR CAPITAL ECONOMIC DEVELOPMENT PROJECTS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318125669

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

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" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of 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 can 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" on 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 education)

☒ Preservation of an historically important land area

☐ Protection of natural habitat

☒ Preservation of a certified historic structure

☐ Preservation of open space

2

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

Held at the End of the Year

2a

3

2b

125 00

2c

1

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ► 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, handling of violations, and enforcing conservation easements during the year ► 100 00

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, 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" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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)

Revenue included on 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 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

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 XIII

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" on 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on 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	411,317,208	365,428,604	344,987,006	330,363,049	270,406,097
b Contributions	53,579,680	11,591,636	17,651,257	28,886,127	59,976,198
c Net investment earnings, gains, and losses	-18,331,605	50,674,566	17,292,915	356,725	12,323,983
d Grants or scholarships					
e Other expenditures for facilities and programs	16,066,216	14,858,267	13,134,515	13,020,241	11,050,729
f Administrative expenses	2,884,364	1,519,331	1,368,059	1,598,654	1,292,500
g End of year balance	427,614,703	411,317,208	365,428,604	344,987,006	330,363,049

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

65 000 %

b

Permanent endowment

26 000 %

c

Temporarily restricted endowment

9 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,237,207		17,237,207
b Buildings		285,964,891	107,226,636	178,738,255
c Leasehold improvements		854,600	668,999	165,600
d Equipment		101,357,639	75,729,667	25,627,972
e Other		27,957,691	365,630	27,592,061
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				249,361,095

Schedule D (Form 990) 2018

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) ALTERNATIVE INVESTMENTS	269,955,709	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	269,955,709	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED SWAP FMV	25,281,036
OTHER NOTES PAYABLE	1,062,391
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	26,343,427

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 11-2013303
Name: Cold Spring Harbor Laboratory

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART II, LINE 9	CONSERVATION EASEMENTS THE LABORATORY INCLUDES ANY EXPENSES FROM THE CONSERVATION EASEMENT S IN ITS GENERAL EXPENSES THE EASEMENTS DO NOT GENERATE ANY OTHER MATERIAL EXPENSES OR LI ABILITIES AND ARE THEREFORE NOT SEPARATELY DISCLOSED IN THE NOTES TO THE FINANCIAL STATEME NTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	ENDOWMENT FUNDS THE LABORATORY'S ENDOWMENT CONSISTS OF APPROXIMATELY 150 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING PRIMARY PROGRAM SERVICES FOR BOTH RESEARCH AND EDUCATION, OPERATIONS AND FACILITIES COST ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X	FIN 48 THE LABORATORY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, IT IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTENT THERE IS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO THE EXEMPT PURPOSES THE LABORATORY RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED CSH ASIA WAS ESTABLISHED AS A TAXABLE ORGANIZATION IN CHINA PROVISIONS FOR BOTH LOCAL AND UNRELATED BUSINESS INCOME TAXES ARE INCLUDED IN ACCOUNTS PAYABLE AND ACCRUED EXPENSES IN 2018 AND 2017 BALANCE SHEETS

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Cold Spring Harbor Laboratory

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

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 its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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 and investments in region
See Add'l Data					
3a Sub-total	1	1			160,429,028
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			160,429,028

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. Part II can be duplicated if additional space is needed.

[illegible]

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 9

3 Enter total number of other organizations or entities

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.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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 (CSHL) 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 8 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 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 SINGLE 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 REQUEST 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 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 COST 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 SINGLE 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 PRINCIPAL INVESTIGATOR 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 SINGLE AUDIT REQUIREMENTS FOR THAT FISCAL YEAR IDENTIFY ANY MATERIAL WEAKNESSES OR REPORTABLE CONDITIONS THAT RESULT FROM THE SINGLE AUDIT OF NONCOMPLIANCE OR REPORTED FINDINGS TO DETERMINE WHETHER ADJUSTMENTS TO CSHL'S RECORDS ARE NEEDED - FOR SUBRECIPIENTS THAT HAVE REPORTED MATERIAL WEAKNESSES OR REPORTABLE CONDITIONS FROM THE SINGLE AUDIT, FOLLOW UP TO MAKE SURE THAT SUBRECIPIENT TAKES APPROPRIATE AND TIMELY CORRECTIVE ACTION - AT CLOSEOUT OF THE SUBAWARD ENSURE THAT THE FINAL INVOICE HAVE BEEN RECEIVED AND REVIEWED

Additional Data

Software ID:

Software Version:

EIN: 11-2013303

Name: Cold Spring Harbor Laboratory

Form 990 Schedule F Part I - Activities Outside The United States

(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
Central America and the Caribbean			Investments		121,686,703
Europe (Including Iceland and Greenland)			Investments		34,936,493

Form 990 Schedule F Part I - Activities Outside The United States					
(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
Europe (Including Iceland and Greenland)			Grantmaking		1,078,795
East Asia and the Pacific			Grantmaking		251,601

Form 990 Schedule F Part I - Activities Outside The United States

(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	1	1	Program Services	SCIENTIFIC CONFERENCE	2,475,436

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Europe (Including Iceland and Greenland)	RESEARCH	38,855	Check			
		Europe (Including Iceland and Greenland)	RESEARCH	98,345	Check			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Europe (Including Iceland and Greenland)	RESEARCH	146,815	Check			
		Europe (Including Iceland and Greenland)	RESEARCH	70,595	Check			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Europe (Including Iceland and Greenland)	RESEARCH	184,849	Check			
		Europe (Including Iceland and Greenland)	RESEARCH	121,126	Check			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Europe (Including Iceland and Greenland)	RESEARCH	403,711	Check			
		Europe (Including Iceland and Greenland)	RESEARCH	10,498	Check			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 and the Pacific	RESEARCH	251,601	Check			

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Award Dinner (event type)	Golf Outing (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	4,704,229	261,300	234,507	5,200,036
	2 Less Contributions	4,569,689	166,250	188,925	4,924,864
	3 Gross income (line 1 minus line 2)	134,540	95,050	45,582	275,172
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	115,055	57,645		172,700
	7 Food and beverages	61,850	29,634	28,911	120,395
	8 Entertainment	5,000			5,000
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				298,095
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-22,923

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash 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 Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐ No				
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?	☐ Yes ☐ No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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? ☐ Yes ☐ No

- 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 of the third party

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? ☐ Yes ☐ No

- 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 ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Cold Spring Harbor Laboratory

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 40

3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	SUBAWARD/SUBRECIPIENT MONITORING PROCEDURES A INTRODUCTION 1 PURPOSE THE PURPOSE OF THIS PROCEDURE IS TO ASSIST PRINCIPAL INVESTIGATORS, RESEARCH ADMINISTRATORS AND THE 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 (CSHL) 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 REQUEST 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 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 PRINCIPAL INVESTIGATOR 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 HAVE BEEN RECEIVED AND REVIEWED

Additional Data

Software ID:
Software Version:
EIN: 11-2013303
Name: Cold Spring Harbor Laboratory

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Albert Einstein College of Medicine 1300 MORRIS PARK AVE BRONX, NY 10461	47-2209056	501(C)(3)	123,057		BOOK VALUE		RESEARCH
Allen Institute For Brain 551 N 34th Street Seattle, WA 98103	91-2155317	501(C)(3)	87,430		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Boston University 25 Buick Street Boston, MA 02215	04-2103547	501(C)(3)	149,535		BOOK VALUE		RESEARCH
Boyce Thompson Institute 533 Tower Road Ithaca, NY 14853	13-1739923	501(C)(3)	293,533		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
California Inst Of Tech 1200 E California BLVD Pasadena, CA 91125	95-1643307	501(C)(3)	43,037		BOOK VALUE		RESEARCH
Catalent Pharma Solutions 25111 Network Place Chicago, IL 60673	13-3523163		25,402		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Cornell University Medical College PO Box 22 Ithaca, NY 14851	15-0532082	501(C)(3)	24,201		BOOK VALUE		RESEARCH
Dana-Farber Cancer Institute 450 Brookline Avenue Boston, MA 02115	04-2263040	501(C)(3)	109,094		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Donald Danforth Plant Science Center 975 N Warson Rd St Louis, MO 63132	31-1584621	501(C)(3)	35,547		BOOK VALUE		RESEARCH
Feinstein Institute for Medical Research 350 Community Drive Manhasset, NY 11030	11-2673595	501(C)(3)	583,726		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Harvard University 16 Divinity Avenue Cambridge, MA 02138	04-2103580	501(C)(3)	2,068,301		BOOK VALUE		RESEARCH
JCraig Venter Institute Inc 9704 Medical Ctr Dr Rockville, MD 20850	52-1842938	501(C)(3)	11,377		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Jackson Laboratory 600 Main Street Bar Harbor, ME 04609	01-0211513	501(C)(3)	374,656		BOOK VALUE		RESEARCH
John Hopkins University 1101 E 33rd Street Baltimore, MD 21218	52-0595110	501(C)(3)	467,898		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Lawrence Livermore National Security LLC PO BOX 5516 Livermore, CA 94551	20-5624386	501(C)(3)	197,614		BOOK VALUE		RESEARCH
Mass Inst of Technology PO Box 3972 Boston, MA 02241	04-2103594	501(C)(3)	116,975		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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-Kettering PO Box 26338 New York, NY 10087	91-2154267	501(C)(3)	345,185		BOOK VALUE		RESEARCH
New York University PO Box 5166 New York, NY 10087	13-5562308	501(C)(3)	154,417		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Northwell Health 972 Brush Hollow Road Westbury, NY 11590	45-1004103	501(C)(3)	12,153		BOOK VALUE		RESEARCH
NYU School of Medicine 545 First Avenue New York, NY 10016	13-5562309	501(C)(3)	50,157		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Oregon State University PO Box 1086 Corvallis, OR 973391086	93-6022772	501(C)(3)	341,923		BOOK VALUE		RESEARCH
Princeton University A Floor New South Building Princeton, NJ 08544	21-0634501	501(C)(3)	52,789		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
The State University of NJ Rutgers 102 Ryders Lane New Brunswick, NJ 08901	22-6001086	501(C)(3)	34,848		BOOK VALUE		RESEARCH
Stanford University PO BOX 44253 San Francisco, CA 94144253	94-1156365	501(C)(3)	158,818		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SUNY at Stony Brook 310 Admin Bldg Stony Brook, NY 11794	11-6077945	501(C)(3)	163,961		BOOK VALUE		RESEARCH
The Broad Institute 415 Main Street Cambridge, MA 02142	26-3428781	501(C)(3)	3,222,653		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
The Ohio State University 1060 Carmark Road Clumbus, OH 43210	31-6401599	501(C)(3)	187,853		BOOK VALUE		RESEARCH
The Rockefeller University 1230 York Avenue New York, NY 10065	13-1624158	501(C)(3)	231,449		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Georgia 200 DW Brooks Drive Athens, GA 30602	58-6001998	501(C)(3)	78,116		BOOK VALUE		RESEARCH
University of North Carolina C/O BOA Lockbox Atlanta, GA 30384	56-6001393	501(C)(3)	168,497		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 California San Francisco EMF BOX 0897 San Francisco, CA 94143	94-6036493	501(C)(3)	219,589		BOOK VALUE		RESEARCH
University of California San Diego 9500 Gilman Drive MC 0009 La Jolla, CA 92093	95-6006144	501(C)(3)	314,152		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Delaware 210 South College Ave Newark, DE 19716	51-6000297	501(C)(3)	10,407		BOOK VALUE		RESEARCH
University of Florida PO BOX 113001 Gainesville, FL 32611	59-6002052	501(C)(3)	46,240		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Massachusetts-Amherst 100 Venture Way Ste 201 Hadley, MA 01035	56-6001393	501(C)(3)	219,337		BOOK VALUE		RESEARCH
University of Michigan 3003 South State Street Ann Arbor, MI 48109	38-6006309	501(C)(3)	130,732		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Missouri 4011 Discovery Drive Columbia, MO 65201	43-6003859	501(C)(3)	28,026		BOOK VALUE		RESEARCH
Pennsylvania State University 227 Beaver Ave 401 State College, PA 16801	24-6000376	501(C)(3)	68,265		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Texas at Dallas 800 W Campbell Road Richardson, TX 75080	75-1305566	501(C)(3)	193,744		BOOK VALUE		RESEARCH
University of Southern CA 3551 Trousdale Pkwy Los Angeles, CA 90089	95-1642394	501(C)(3)	747,303		BOOK VALUE		RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Weill Cornell Medical College 100 Broadway 8th floor New York, NY 10005	13-3376695	501(C)(3)	158,426		BOOK VALUE		RESEARCH

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
Cold Spring Harbor Laboratory

Employer identification number

11-2013303

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| ☐ First-class or charter travel | ☒ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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 or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☐ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

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

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

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

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

Yes No

1b Yes

2 Yes

4a No

4b Yes

4c No

5a No

5b No

6a No

6b No

7 Yes

8 No

9

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table**Schedule J (Form 990) 2018**

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

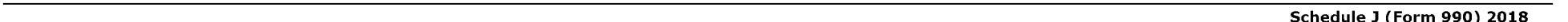
Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THE LABORATORY PROVIDES SENIOR STAFF MEETING CERTAIN REQUIREMENTS SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS. AMOUNTS REPORTED REPRESENT PAYMENTS TO THESE PLANS WHICH ARE NOT VESTED AND REMAIN SUBJECT TO SUBSTANTIAL SERVICE REQUIREMENTS AND RISK OF FORFEITURE UPON EARLY TERMINATION. THE FOLLOWING PAYMENTS WERE MADE IN 2018: BRUCE STILLMAN \$107,858; DAVID SPECTOR \$37,476; W. DILLAWAY AYRES \$51,691 (PAID DIRECTLY TO EMPLOYEE).

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	A BONUS OF \$30,000 WAS PAID TO WALTER GOLDSCHMIDTS, THE EXECUTIVE DIRECTOR OF SPONSORED PROGRAMS FOR OUTSTANDING PERFORMANCE

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN B (III)	OTHER REPORTABLE COMPENSATION OF W DILLAWAY AYRES, AND DR BRUCE STILLMAN INCLUDES CLUB DUES AND THE TAXABLE PORTION OF A GROUP TERM LIFE POLICY THE DUES ARE FOR MEMBERSHIP FEES IN CLUBS REQUIRED BY THE ORGANIZATION FOR FURTHERANCE OF BUSINESS RELATIONSHIPS AND MEETINGS

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN D	ADDITIONAL DISCLOSURE 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 BOTH THE PRESIDENT AND VP OF FACILITIES NEED TO BE AVAILABLE TO RESPOND 24/7 TO ANY LABORATORY EMERGENCY THE PRESIDENT AND CHANCELLOR EMERITUS HOMES ARE AVAILABLE FOR VISITING SCIENTISTS AND SPECIAL EVENTS THE NON-TAXABLE value OF THE HOMES ALONG WITH OTHER EXPENSES ARE INCLUDED IN COLUMN D

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN F	THE LABORATORY PROVIDES SENIOR STAFF MEETING CERTAIN REQUIREMENTS A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THE AMOUNTS SHOWN IN COLUMN F REPRESENT CONTRIBUTIONS MADE BY CSHL ON BEHALF OF BRUCE STILLMAN, LARI C RUSSO, JAMES D WATSON AND MICHAEL WIGLER THOSE AMOUNTS, PLUS APPRECIATION, WERE DISTRIBUTED TO THE EMPLOYEES IN 2018 AS REPORTED IN COLUMN (B)(III) THE SERP HAS A TAXABLE MANDATORY LUMP DISTRIBUTION AT AGE 65 FOR ALL PARTICIPANTS



Additional Data

Software ID:
Software Version:
EIN: 11-2013303
Name: Cold Spring Harbor Laboratory

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Bruce Stillman PhD CEO and Trustee	(i)	639,831	0	254,278	141,790	116,534	1,152,433	229,407
	(ii)	0	0	0	0	0	0	0
W Dillaway Ayres thru 1118 Chief Operating Officer	(i)	450,295	0	53,730	33,931	37,389	575,345	0
	(ii)	0	0	0	0	0	0	0
Lan C Russo Chief Financial Officer	(i)	300,000	0	4,351	33,931	1,425	339,707	1,140
	(ii)	0	0	0	0	0	0	0
Arthur Brings VP, Chief Facilities Officer	(i)	284,250	0	4,600	33,931	41,536	364,317	0
	(ii)	0	0	0	0	0	0	0
Walter Goldschmidts VP, Sponsored Programs	(i)	297,161	30,000	16,642	33,931	26,596	404,330	0
	(ii)	0	0	0	0	0	0	0
David Spector Director of Research	(i)	400,969	0	12,607	71,407	25,679	510,662	0
	(ii)	0	0	0	0	0	0	0
David Tuveson Scientist	(i)	360,477	0	5,555	33,931	26,767	426,730	0
	(ii)	0	0	0	0	0	0	0
Charles V Prizzi VP Development	(i)	339,615	0	392	33,931	26,713	400,651	0
	(ii)	0	0	0	0	0	0	0
Dr James D Watson Chancellor Emeritus	(i)	375,000	0	903,425	33,931	148,107	1,460,463	403,931
	(ii)	0	0	0	0	0	0	0
Michael Wigler Scientist	(i)	367,095	0	581,986	33,931	25,255	1,008,267	210,633
	(ii)	0	0	0	0	0	0	0
Nicholas Tonks Scientist	(i)	325,875	0	14,441	33,931	26,674	400,921	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Cold Spring Harbor Laboratory

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

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		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NASSAU COUNTY IDA	11-2559657	631657JS3	06-27-2006	55,000,000	CONSTRUCTION OF RESEARCH BLDG		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	55,000,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	739,727							
8	Credit enhancement from proceeds	1,003,854							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	52,709,095							
11	Other spent proceeds	547,324							
12	Other unspent proceeds	0							
13	Year of substantial completion	2009							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	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 that may result in private business use of bond-financed property?				X							

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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	0 140 %							
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								
6	Total of lines 4 and 5	0 140 %							
7	Does the bond issue meet the private security or payment test? . . .		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .	X							
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	JP MORGAN							
c	Term of hedge	35 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X							
b Name of provider	PALLAS CAPITAL							
c Term of GIC	180 %							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?	X							
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11	IDA FEE, NYS BOND ISSUANCE CHARGE, AND TITLE INSURANCE \$547,324

Return Reference	Explanation
SCHEDULE K, PART V	THE ORGANIZATION HAS NOT ESTABLISHED WRITTEN PROCEDURES TO ENSURE THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM. IF SELF-REMEDIATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS, THE ORGANIZATION DOES COMPLY WITH THE REQUIREMENTS.

Additional Data

Software ID:
Software Version:
EIN: 11-2013303
Name: Cold Spring Harbor Laboratory

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11	IDA FEE, NYS BOND ISSUANCE CHARGE, AND TITLE INSURANCE \$547,324
SCHEDULE K, PART V	THE ORGANIZATION HAS NOT ESTABLISHED WRITTEN PROCEDURES TO ENSURE THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS, THE ORGANIZATION DOES COMPLY WITH THE REQUIREMENTS

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Cold Spring Harbor Laboratory

Employer identification number
11-2013303

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Charles Prizzi	VP of Development	mortgage		X	400,000	378,356		No	Yes		Yes	
Total						▶ \$ 378,356						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID SPECTOR	SEE PART V	201,566	JOINT INVESTMENT IN RESIDENCE		No
(2) JOHN TUKE	SEE PART V	352,386	JOINT INVESTMENT IN RESIDENCE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART IV, COLUMN(B)	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS - IN 1996, THE LABORATORY JOINTLY INVESTED IN THE PURCHASE OF A PERSONAL RESIDENCE FOR DAVID SPECTOR (A THEN NON-KEY EMPLOYEE) IN 2007, MR SPECTOR WAS PROMOTED TO DIRECTOR OF RESEARCH, A KEY POSITION - IN 2018, THE LABORATORY JOINTLY INVESTED IN THE PURCHASE OF A PERSONAL RESIDENCE FOR JOHN TUKE, CHIEF OPERATING OFFICER, A KEY POSITION - IN 2018, THE RESIDENCE FOR TERI WILLEY, A HIGHLY COMPENSATED EMPLOYEE WAS SOLD ENDING THE JOINT INVESTMENT IN THE PURCHASE OF THE PROPERTY BY THE LABORATORY TERI WILLEY NO LONGER WORKS FOR THE LABORATORY

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	23	963,886	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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?

Yes

No

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 nonstandard contributions?

Yes

No

31

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

32a

No

b If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
Cold Spring Harbor Laboratory

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

11-2013303

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 4A	STATEMENT PROGRAM SERVICE ACCOMPLISHMENTS RESEARCH AT THE LABORATORY IS ENRICHED BY COLLABORATIONS WITH SCIENTISTS AT OTHER UNIVERSITIES, HOSPITALS AND IN THE BIOTECH AND PHARMACEUTICAL SECTORS THESE PARTNERINGS HAVE INCLUDED NYU, MEMORIAL SLOAN-KETTERING, WEILL CORNELL, YALE AND DANA-FARBER THE INNOVATIVE SPIRIT, VISION AND TALENT OF THE LABORATORY'S OVER 600 SCIENTISTS CONTINUE TO PLACE CSHL AMONG THE TOP 1% OF LIFE SCIENCE INSTITUTIONS MOST CITED IN PUBLISHED RESEARCH FOR OVER 25 YEARS THE LABORATORY HAS BEEN A NATIONAL CANCER INSTITUTE-DESIGNATED CANCER CENTER WITH AN NCI "OUTSTANDING" RATING IT HAS BEEN HOME TO OVER EIGHT NOBEL LAUREATES, INCLUDING DR JAMES WATSON, CO-DISCOVERER OF THE DNA'S DOUBLE HELIX THE LABORATORY OFFERS AN ADVANCED DRUG TESTING FACILITY DELIVERING WELL-VALIDATED DRUG CANDIDATES TO BOTH THE BIOTECH AND PHARMACEUTICAL INDUSTRY IT HAS BEEN AN INCUBATOR FOR MORE THAN 25 BIOTECHNOLOGY START-UP COMPANIES THE DYNAMIC, COLLABORATIVE ENVIRONMENT AT CSHL ALSO FOSTERS A SUPERB EDUCATIONAL EXPERIENCE FOR AN OUTSTANDING GROUP OF GRADUATE STUDENTS AND POSTDOCTORAL RESEARCHERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 4C	TOGETHER, MEETINGS AND COURSES, BRING SOME 9000 SCIENTISTS TO THE LONG ISLAND CAMPUS EACH YEAR PARTICIPANTS RANGE FROM THE MOST ACCOMPLISHED SENIOR INVESTIGATORS TO GRADUATE STUDENTS AND POSTDOCS PROGRAMS ARE PUT TOGETHER ON THE BASIS OF OPENLY SUBMITTED ABSTRACTS AND INCLUDE DISCUSSIONS OF UNPUBLISHED WORK CSH ASIA, A CSHL-STYLED MEETING PROGRAM, WHICH BEGAN IN 2009, THRIVES IN SUZHOU, CHINA IN 2018, OVER 3000 PARTICIPANTS ATTENDED THOSE MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 4D	OTHER PROGRAMS WATSON SCHOOL OF BIOLOGICAL SCIENCES THE WATSON SCHOOL OF BIOLOGICAL SCIENCES (WSBS) TRAINS THE NEXT GENERATION OF BIOLOGISTS, OFFERING A PH D IN BIOLOGY IN AS LITTLE AS 4 YEARS TO A LIMITED NUMBER OF ACCOMPLISHED STUDENTS (APPROXIMATELY 50) DRAWN FROM AROUND THE WORLD THE CURRICULUM IS DESIGNED TO TRAIN SELF-CONFIDENT, SELF-RELIANT YOUNG SCIENTISTS TO BECOME SCHOLARS AND TO ACQUIRE THE KNOWLEDGE THAT THEIR RESEARCH AND FUTURE CAREERS DEMAND THE ACCOMPLISHMENTS OF WSBS STUDENTS HAVE BEEN SPECTACULAR, WITH MORE THAN 250 PAPERS PUBLISHED IN THE APPROXIMATELY 20 YEARS SINCE THE SCHOOL'S LAUNCH GRADUATES HAVE MOVED SWIFTLY INTO FACULTY POSITIONS AT LEADING ACADEMIC RESEARCH INSTITUTIONS WORLDWIDE BANBURY CENTER BANBURY CENTER, LOCATED ON THE GROUNDS OF THE HISTORIC ROBERTSON HOUSE, PROVIDES OPPORTUNITIES FOR SCIENTISTS AND OTHER LEADERS IN SOCIETY TO DISCUSS TOPICS OF COMMON INTEREST APPROXIMATELY TWENTY MEETINGS ARE ORGANIZED EACH YEAR, FOR GROUPS OF UP TO 40 PARTICIPANTS THE CONFERENCES ARE RECOGNIZED INTERNATIONALLY AS BEING AMONG THE BEST DISCUSSION WORKSHOPS FOR TOPICS IN MOLECULAR BIOLOGY, MOLECULAR GENETICS, HUMAN GENETICS, NEUROSCIENCE AND SCIENCE POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
DNA LEARNING CENTER	THE DNA LEARNING CENTER (DNALC) HAS A MAJOR IMPACT NOT ONLY IN THE NEW YORK METROPOLITAN AREA, BUT ALSO GLOBALLY IN PIONEERING PUBLIC SCIENCE EDUCATION FOR THE GENOME AGE WITH TEACHING FACILITIES ON LONG ISLAND AND NEW YORK CITY, IT BRINGS A HANDS-ON APPROACH TO LEARNING ABOUT BIOLOGY AND GENOMES TO CLASSROOMS AND HOMES OF CHILDREN IN PRIMARY SCHOOLS, MIDDLE SCHOOLS AND HIGH SCHOOLS RENOWNED FOR DEVISING MEANS FOR YOUNG PEOPLE, TEACHERS AND PARENTS TO CONDUCT SOPHISTICATED EXPERIMENTS WITH DNA, THE DNALC ALSO HAS A ROBUST PRESENCE ON THE INTERNET, POWERED BY A TEAM OF MULTIMEDIA INNOVATORS WHO BRING KNOWLEDGE OF THE LIFE SCIENCES TO COMPUTER, TABLET AND CELL PHONE USERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD RELATIONSHIPS MR LEO GUTHART, A Board member, IS THE FOUNDER AND MANAGER OF TOPSPIN FUND LP, A FUND THAT INVESTS IN BUSINESSES WHICH HAVE THEIR BASIS IN PROVEN SCIENTIFIC RESEARCH TOPSPIN HAS SUPPORTED AND CONTINUES TO SUPPORT THE FUNDING OF SEVERAL START-UP BIO TECH COMPANIES that license technology from CSHL CSHL's Chairman, DR MARILYN SIMONS, IS AN INVESTOR IN topspin BOARD MEMBERS WILLIAM ROBERTSON and GEOFF ROBERTSON ARE FAMILY MEMBERS FORM 990, PART VI, SECTION B, LINE 11 990 REVIEW 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 CFO THEN PROCEEDS WITH A DETAILED REVIEW OF THE 990, WITH ADDITIONAL DOCUMENTATION AND SCHEDULES THESE DOCUMENTS ARE FORWARDED TO GRANT THORNTON, 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 PROVIDED TO MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY 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 THE BOARD OF TRUSTEES IS MADE UP OF A LARGE GROUP OF LEADERS WITHIN THE SCIENTIFIC AND FINANCIAL COMMUNITIES ANY MEMBER WITH A PERCEIVED OR ACTUAL CONFLICT WITH RESPECT TO A CONTEMPLATED TRANSACTION SHALL RECUSE THEMSELVES FROM ANY DELIBERATION OR DETERMINATION OF THE TRANSACTION CONSIDERED REPORTING IS MANAGED BY THE OFFICE OF THE CHIEF OPERATING OFFICER and the office of the general counsel FOR MEMBERS OF THE BOARD OF TRUSTEES AND THE conflict of interest and compliance coordinator AND the office of the general COUNSEL FOR SENIOR STAFF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION 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 OF HUMAN RESOURCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS THE ORGANIZATION MAINTAINS ALL DOCUMENTS INCLUDING GOVERNING DOCUMENTS , CONFLICT OF INTEREST POLICIES, ANNUAL REPORTS, FINANCIAL STATEMENTS AND TAX RETURNS FOR PUBLIC INSPECTION AT THE FINANCE OFFICE OF COLD SPRING HARBOR LABORATORY, LOCATED AT 1 BUN GTOWN ROAD, COLD SPRING HARBOR, NEW YORK 11724 IN ADDITION MANY OF THESE DOCUMENTS ARE AV AILABLE ONLINE AT WWW CSHL EDU

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, LINE 9	RECONCILIATION OF NET ASSETS OTHER CHANGES IN NET ASSETS CONSIST OF CHANGE IN FAIR VALUE OF INTEREST RATE SWAP \$6,064,459

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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 (if applicable) 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
(1) FAMILY THEATER LLC 1 BUNGTOWN ROAD COLD SPring HARBOR, NY 11724 11-2013303	INVESTMENT	NY	51,123	0	CSHL
(2) VIDRIO TECHNOLOGIES 44050 ASHBURN PLAZA ASHBURN, VA 20147 46-2183115	INVESTMENT	VA	53,627	0	CSHL

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	(g) Section 512(b) (13) controlled entity?	
						Yes	No
(1)ROBERTSON RESEARCH FUND INC PO BOX 100 COLD SPRING HARBOR, NY 11724 23-7224244	SUPPORT	DE	501(C)(3)	11	cshl	Yes	
(2)COLD SPRING HARBOR LABORATORY ASSOC PO BOX 100 COLD SPRing HARBOR, NY 11724 11-1631792	SUPPORT	NY	501(C)(3)	11	NA		No

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) COLD SPRING HARBOR ASIA (SIP) LTD 218 XIN HU ST SUZHOU 215125 CH	SCIENTIFIC CO	CH	NA	C CORP	2,573,182	1,444,575	100 000 %	Yes	
(2) CHARITABLE REMAINDER TRUST(3)	INVESTMENT	NY	CSHL	TRUST	0	0	100 000 %	Yes	
(3) UNITRUST(1)	INVESTMENT	MA	CSHL	TRUST	0	0	25 000 %		No
(4) CHARITABLE REMAINDER TRUST(1)	INVESTMENT	WI	CSHL	TRUST	0	0	100 000 %	Yes	
(5) DEPYMED IND 800 THIRD AVE 11TH FLOOR NEW YORK, NY 11022	SCIENTIFIC CO	NY	NA	C CORP	0	0	32 150 %		No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization 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, or(iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

No

c Gift, grant, or capital contribution from related organization(s)

1c

Yes

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

Yes

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

Yes

r Other transfer of cash or property to related organization(s)

1r

Yes

s Other transfer of cash or property from related organization(s)

1s

Yes

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)COLD SPRING HARBOR LABORATORY ASIA (SIP) LP	Q	423,267	CASH BASIS
(2)COLD SPRING HARBOR LABORATORY ASIA (SIP) LP	R	836,527	CASH BASIS

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation