

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning 01/01, 2015, and ending 12/31, 20 15

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

# 2015

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

COLD SPRING HARBOR LABORATORY  
Name and title of officer

Employer identification number

11-2013303

LARI C. RUSSO, CFO

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	<u>133848224.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5). . . . .	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize KPMG LLP to enter my PIN 2 2 4 2 2 as my signature  
ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

11/15/16

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1 3 4 0 7 3 1 3 5 5 6

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

11/15/2016

ERO's signature ▶

Date ▶

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization COLD SPRING HARBOR LABORATORY			<b>D</b> Employer identification number 11-2013303
	Doing Business As			<b>E</b> Telephone number (516) 367-8448
	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			<b>G</b> Gross receipts \$ 162,412,475.
<b>F</b> Name and address of principal officer: BRUCE STILLMAN PO BOX 100 ONE BUNGTOWN ROAD COLD SPRING HARBOR, NY			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ WWW.CSHL.EDU			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 1924		<b>M</b> State of legal domicile: NY	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> 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.				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	32.		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	31.		
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	1,104.		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	49.		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	646,848.		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	95,459,974.	Current Year	95,639,610.
	<b>9</b> Program service revenue (Part VIII, line 2g)		22,478,795.		23,806,162.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,916,344.		8,437,163.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,026,728.		5,965,289.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		133,881,841.		133,848,224.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,576,934.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			70,622,665.		74,254,767.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			12,000.		23,000.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,402,265.					
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			65,703,436.		65,454,429.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		140,915,035.		144,503,623.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		-7,033,194.		-10,655,399.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	704,283,358.	End of Year	683,609,045.
	<b>21</b> Total liabilities (Part X, line 26)		149,221,856.		148,340,439.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.		555,061,502.		535,268,606.

COPY FOR PUBLIC INSPECTION

## 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.

<b>Sign Here</b>	Signature of officer			11/15/2016 Date	
	DAMIAN N. DESIDERIO Type or print name and title			CONTROLLER	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARY-EVELYN ANTONETTI	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00431862
	Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102			Phone no. 212-758-9700	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] No

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

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 \$ 93,082,885. including grants of \$ 4,771,427. ) (Revenue \$ 537,510. )

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.

4b (Code: ) (Expenses \$ 8,498,299. including grants of \$ ) (Revenue \$ 9,737,489. )

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 2015, THE PRESS PUBLISHED OVER 200 BOOKS, INCLUDING 21 NEW TITLES AND 8 JOURNALS. 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.

4c (Code: ) (Expenses \$ 18,263,691. including grants of \$ ) (Revenue \$ 10,930,322. )

EDUCATIONAL MEETINGS & COURSES PROGRAM: CSHL'S REPUTATION AS ONE OF THE WORLD'S 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.

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

(Expenses \$ 5,093,819. including grants of \$ ) (Revenue \$ 2,600,841. )

4e Total program service expenses 124,938,694.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .	X	
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> 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> . . . . .	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	X	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>b</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> . . . . .		X
<b>26</b> 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> . . . . .		X
<b>27</b> 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> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b> 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> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	X	
<b>34</b> 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> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</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> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (32), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 HARBOR, NY 11724 516-367-8446

**Part VII 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.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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			
(1) LALIT R. BAHL TRUSTEE	1.00 0.	X					0.	0.	0.	
(2) TANIA A. BAKER, PH.D. TRUSTEE	1.00 0.	X					0.	0.	0.	
(3) CORNELIA ISABELLA BARGMANN TRUSTEE	1.00 0.	X					0.	0.	0.	
(4) DAVID BOIES TRUSTEE	1.00 0.	X					0.	0.	0.	
(5) MICHAEL BOTCHAN, PH.D. TRUSTEE	1.00 0.	X					0.	0.	0.	
(6) CHARLES I. COGUT TRUSTEE	1.00 0.	X					0.	0.	0.	
(7) JACOB GOLDFIELD TRUSTEE	1.00 0.	X					0.	0.	0.	
(8) LEO GUTHART TREASURER	1.00 1.00	X					0.	0.	0.	
(9) JEFFREY KELTER TRUSTEE	1.00 0.	X					0.	0.	0.	
(10) DAVID M. KNOTT TRUSTEE	1.00 0.	X					0.	0.	0.	
(11) LAURIE J. LANDEAU, VMD TRUSTEE	1.00 0.	X					0.	0.	0.	
(12) ROBERT D. LINDSAY VICE-CHAIRMAN	1.00 0.	X					0.	0.	0.	
(13) ROBERT W. LOURIE, PH.D. TRUSTEE	1.00 0.	X					0.	0.	0.	
(14) ELIZABETH MCCAUL TRUSTEE	1.00 0.	X					0.	0.	0.	



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

(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			
15) HOWARD L. MORGAN, PH.D. TRUSTEE	1.00 0.	X						0.	0.	0.
16) JAMIE C. NICHOLLS CHAIRMAN	1.00 1.00	X						0.	0.	0.
17) FRANK O'KEEFE TRUSTEE	1.00 0.	X						0.	0.	0.
18) LOUISE M. PARENT TRUSTEE (THROUGH 11/15)	1.00 0.	X						0.	0.	0.
19) JOHN C. PHELAN TRUSTEE	1.00 0.	X						0.	0.	0.
20) THOMAS C. QUICK TRUSTEE	1.00 0.	X						0.	0.	0.
21) WILLIAM S. ROBERTSON TRUSTEE	1.00 1.00	X						0.	0.	0.
22) GEORGE SARD TRUSTEE	1.00 0.	X						0.	0.	0.
23) THOMAS A. SAUNDERS, III TRUSTEE	1.00 0.	X						0.	0.	0.
24) CHARLES L. SAWYERS, M.D. TRUSTEE	1.00 0.	X						0.	0.	0.
25) MARILYN H. SIMONS, PH.D. VICE-CHAIRMAN	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								4,082,814.	10,000.	873,247.
<b>d Total (add lines 1b and 1c)</b>								4,082,814.	10,000.	873,247.

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 **110**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>	X	
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>		X

**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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **6**

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

(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			
( 26) DINAKAR SINGH TRUSTEE	1.00 0.	X					0.	0.	0.	
( 27) SAMUEL STANLEY, JR M.D. TRUSTEE	1.00 0.	X					0.	0.	0.	
( 28) BRUCE STILLMAN, PH.D. CEO AND TRUSTEE	39.00 1.00	X		X			582,440.	0.	190,242.	
( 29) JAMES M. STONE PH.D. TRUSTEE	1.00 0.	X					0.	0.	0.	
( 30) PAUL TAUBMAN SECRETARY	1.00 0.	X					0.	0.	0.	
( 31) EDWARD TRAVAGLIANTI TRUSTEE	1.00 0.	X					0.	0.	0.	
( 32) GEORGE YANCOPOULOS TRUSTEE (FROM 11/15)	1.00 0.	X					0.	0.	0.	
( 33) ROY J. ZUCKERBERG TRUSTEE	1.00 0.	X					0.	0.	0.	
( 34) W. DILLAWAY AYRES CHIEF OPERATING OFFICER	39.00 1.00			X			415,555.	0.	60,047.	
( 35) LARI C. RUSSO CHIEF FINANCIAL OFFICER	39.00 1.00			X			272,616.	10,000.	35,338.	
( 36) ARTHUR BRINGS VP, CHIEF FACILITIES OFFICER	40.00 0.				X		229,291.	0.	63,818.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 ► 110

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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> . . . . .	X	
<b>5</b> 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> . . . . .		X

**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

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

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

(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			
( 37) WALTER GOLDSCHMIDTS EXEC. DIRECTOR, SPONSORED PROG	39.00 1.00				X			279,031.	0.	55,252.
( 38) DAVID SPECTOR DIRECTOR OF RESEARCH	40.00 0.				X			375,171.	0.	67,173.
( 39) CHARLES RYAN GENERAL COUNSEL	40.00 0.				X			266,948.	0.	1,541.
( 40) THOMAS GINGERAS SCIENTIST	40.00 0.					X		297,452.	0.	39,119.
( 41) TERI WILEY VP, BUSINESS DEV/TECH TRANSFER	40.00 0.					X		345,356.	0.	51,110.
( 42) CHARLES V. PRIZZI TRUSTEE	40.00 0.					X		299,586.	0.	59,294.
( 43) DR. JAMES D. WATSON CHANCELLOR EMERITUS	40.00 0.					X		373,062.	0.	187,184.
( 44) MICHAEL WIGLER SCIENTIST	40.00 0.					X		346,306.	0.	63,129.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **▶** 110

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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> .....	X	
<b>5</b> 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> .....		X

**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

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	4,850,180.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	5,585,705.					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	52,185,305.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	33,018,420.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		3,577,719.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			95,639,610.				
	<b>Program Service Revenue</b>	<b>2a</b> <u>MEETINGS AND COURSES</u>			611600	6,227,109.	6,227,109.	
<b>b</b> <u>CO-PARTICIPANT PROJECTS</u>			541700	537,510.	537,510.			
<b>c</b> <u>PUBLICATIONS</u>			713110	9,737,489.	9,208,827.	528,662.		
<b>d</b> <u>DINING</u>			611710	4,482,523.	4,482,523.			
<b>e</b> <u>HOUSING</u>			611710	2,821,531.	2,821,531.			
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .				23,806,162.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			3,372,421.		118,186.	3,254,235.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.				
	<b>5</b> Royalties . . . . .			4,296,378.			4,296,378.	
	<b>6a</b> Gross rents . . . . .	(i) Real	192,070.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .		66,077.				
		<b>c</b> Rental income or (loss) . . . . .		125,993.				
	<b>d</b> Net rental income or (loss) . . . . .				125,993.		125,993.	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	33,276,658.					
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		28,211,916.				
		<b>c</b> Gain or (loss) . . . . .		5,064,742.				
	<b>d</b> Net gain or (loss) . . . . .				5,064,742.		5,064,742.	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>4,850,180.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		275,710.				
		<b>b</b> Less: direct expenses . . . . .		286,258.				
<b>c</b> Net income or (loss) from fundraising events . . . . .					-10,548.		-10,548.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less: direct expenses . . . . .							
	<b>c</b> Net income or (loss) from gaming activities . . . . .				0.		0.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .							
	<b>c</b> Net income or (loss) from sales of inventory . . . . .				0.		0.	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> <u>YEAR ROUND HOUSING</u>				611710	1,059,274.	1,059,274.		
	<b>b</b> <u>EMPLOYEE DINING</u>				611710	337,021.	337,021.	
					541900	157,171.		157,171.
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .					1,553,466.			
<b>12 Total revenue.</b> See instructions. . . . .					133,848,224.	24,673,795.	646,848.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,104,275.	4,104,275.		
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, lines 15 and 16 . . . . .	667,152.	667,152.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,884,463.	1,287,213.	1,597,250.	
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 . . . . .	51,762,139.	45,585,826.	4,932,998.	1,243,315.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,942,998.	3,472,515.	375,773.	94,710.
9 Other employee benefits . . . . .	12,274,267.	10,658,974.	1,253,226.	362,067.
10 Payroll taxes . . . . .	3,390,900.	2,869,207.	459,036.	62,657.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	802,924.	640,621.	162,303.	
c Accounting . . . . .	312,450.		312,450.	
d Lobbying . . . . .	107,500.		107,500.	
e Professional fundraising services. See Part IV, line 17.	23,000.			23,000.
f Investment management fees . . . . .	1,598,652.		1,598,652.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	817,837.	388,889.	262,017.	166,931.
12 Advertising and promotion . . . . .	372,878.	342,552.	25,068.	5,258.
13 Office expenses . . . . .	19,572,141.	18,545,894.	964,207.	62,040.
14 Information technology . . . . .	1,463,301.	1,389,009.	74,215.	77.
15 Royalties . . . . .	870,130.	870,130.		
16 Occupancy . . . . .	6,072,367.	5,031,433.	1,040,934.	
17 Travel . . . . .	2,061,827.	1,988,480.	60,372.	12,975.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	4,358,854.	4,353,510.	5,249.	95.
20 Interest . . . . .	4,386,197.	3,947,577.	438,620.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	13,807,894.	12,112,417.	1,664,994.	30,483.
23 Insurance . . . . .	814,803.		814,803.	
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 <u>PRINTING AND PUBLICATIONS</u> . . . . .	4,377,045.	4,269,932.	101,884.	5,229.
b <u>SERVICE CONTRACTS &amp; REPAIRS</u> . . . . .	2,638,926.	2,013,708.	625,173.	45.
c <u>MISCELLANEOUS</u> . . . . .	1,018,703.	399,380.	285,940.	333,383.
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	144,503,623.	124,938,694.	17,162,664.	2,402,265.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	9,110.	<b>1</b>	9,110.
	<b>2</b> Savings and temporary cash investments . . . . .	55,157,754.	<b>2</b>	53,187,319.
	<b>3</b> Pledges and grants receivable, net . . . . .	69,337,787.	<b>3</b>	39,645,399.
	<b>4</b> Accounts receivable, net . . . . .	5,721,156.	<b>4</b>	6,783,653.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	1,673,595.	<b>8</b>	1,334,992.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,385,552.	<b>9</b>	2,170,801.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 387,097,901.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 156,569,186.		
	<b>11</b> Investments - publicly traded securities . . . . .	231,609,591.	<b>10c</b>	230,528,715.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	104,499,398.	<b>11</b>	104,629,465.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	221,602,222.	<b>12</b>	233,746,085.
	<b>14</b> Intangible assets . . . . .	0.	<b>13</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>14</b>	0.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	10,287,193.	<b>15</b>	11,573,506.	
	704,283,358.	<b>16</b>	683,609,045.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	12,347,322.	<b>17</b>	9,784,139.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	4,668,235.	<b>19</b>	7,585,765.
	<b>20</b> Tax-exempt bond liabilities . . . . .	97,200,000.	<b>20</b>	95,608,887.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> 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.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	35,006,299.	<b>25</b>	35,361,648.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	149,221,856.	<b>26</b>	148,340,439.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	325,684,273.	<b>27</b>	341,860,271.
	<b>28</b> Temporarily restricted net assets . . . . .	128,393,767.	<b>28</b>	89,485,434.
	<b>29</b> Permanently restricted net assets . . . . .	100,983,462.	<b>29</b>	103,922,901.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	555,061,502.	<b>33</b>	535,268,606.
<b>34</b> Total liabilities and net assets/fund balances . . . . .	704,283,358.	<b>34</b>	683,609,045.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	133,848,224.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	144,503,623.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-10,655,399.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	555,061,502.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-8,708,918.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-428,579.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	535,268,606.

**Part XII Financial Statements and Reporting**

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

- 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
- 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
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization COLD SPRING HARBOR LABORATORY	Employer identification number 11-2013303
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015



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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (86.57%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (87.74%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. 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

19b 33 1/3% support tests - 2014. 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 in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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>		
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>		
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>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
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>		
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>		
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>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows 3a, 3b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<input type="checkbox"/> 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 <b>Total annual distributions.</b> 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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
MISCELLANEOUS REVENUE	135,538.	127,694.	111,365.	151,625.	157,171.	683,393.
<b>TOTALS</b>	<u>135,538.</u>	<u>127,694.</u>	<u>111,365.</u>	<u>151,625.</u>	<u>157,171.</u>	<u>683,393.</u>

**Schedule of Contributors**

**2015**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> COLD SPRING HARBOR LABORATORY	<b>Employer identification number</b> 11-2013303
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



<b>Name of organization</b> COLD SPRING HARBOR LABORATORY	<b>Employer identification number</b> 11-2013303
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 42,003,922.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 7,608,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 5,647,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 5,572,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 3,891,499.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 3,107,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> COLD SPRING HARBOR LABORATORY	<b>Employer identification number</b> 11-2013303
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____	\$ 2,109,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COLD SPRING HARBOR LABORATORY

Employer identification number

11-2013303

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization COLD SPRING HARBOR LABORATORY

Employer identification number  
11-2013303

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**  
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**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 organization <b>COLD SPRING HARBOR LABORATORY</b>	Employer identification number <b>11-2013303</b>
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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.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**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)				

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

Schedule C (Form 990 or 990-EZ) 2015

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like 'During the year, did the filing organization attempt to influence foreign, national, state or local legislation...' and 'Total. Add lines 1c through 1i'.

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

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

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."

Table with 2 columns: Question, Amount. Rows include 'Dues, assessments and similar amounts from members', 'Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid)', and 'Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues'.

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.

SCHEDULE C, PART II-B, LINE 1G
CSHL CONTRACTS WITH TWO DIFFERENT FIRMS TO REPRESENT THEM IN FRONT OF THE
NYS LEGISLATURE FOR CAPITAL ECONOMIC DEVELOPMENT PROJECTS.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

COLD SPRING HARBOR LABORATORY

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 8/17/06, 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, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Revenue and Assets. Rows include: 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 in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in 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.

Schedule D (Form 990) 2015

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 59.0000 %
b Permanent endowment 30.0000 %
c Temporarily restricted endowment 11.0000 %
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 line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**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	233,746,085.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	233,746,085.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED SWAP FMV	34,052,132.
(3) OTHER NOTES PAYABLE	1,309,516.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	35,361,648.

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.

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

**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.

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

**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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART II, LINE 9

CONSERVATION EASEMENTS

THE LABORATORY INCLUDES ANY EXPENSES FROM THE CONSERVATION EASEMENTS IN ITS GENERAL EXPENSES. THE EASEMENTS DO NOT GENERATE ANY OTHER MATERIAL EXPENSES OR LIABILITIES AND ARE THEREFORE NOT SEPARATELY DISCLOSED IN THE NOTES TO THE FINANCIAL STATEMENTS.

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS

THE LABORATORY'S ENDOWMENT CONSISTS OF APPROXIMATELY 140 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING PRIMARY PROGRAM SERVICES FOR BOTH RESEARCH AND EDUCATION, OPERATIONS AND FACILITIES COSTS. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS.

SCHEDULE D, PART X

FIN 48

THE LABORATORY AND ROBERTSON ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THEY ARE 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 2015 AND 2014 CONSOLIDATED BALANCE SHEETS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

COLD SPRING HARBOR LABORATORY

11-2013303

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		112,654,644.
(2) EUROPE			INVESTMENTS		14,166,699.
(3) EUROPE			GRANTMAKING		624,950.
(4) EAST ASIA AND THE PACIFIC			GRANTMAKING		42,201.
(5) EAST ASIA AND THE PACIFIC	1.	1.	PROGRAM SERVICES	SCIENTIFIC CONFERENCES	2,304,434.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	1.	1.			129,792,928.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1.	1.			129,792,928.

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

Schedule F (Form 990) 2015

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH	93,459.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	110,639.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	420,854.	CHECK			
(4)			EAST ASIA/PACIFIC	RESEARCH	42,201.	CHECK			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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. . . . . **4.**

3 Enter total number of other organizations or entities. . . . . **4.**

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



**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; do not 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; do not file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

Complete this part to 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).

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SCHEDULE F, PART I, LINE 2

SUBAWARD/SUBRECIPIENT MONITORING PROCEDURES

SEE SCHEDULE O FOR SUBAWARD/SUBRECIPIENT MONITORING PROCEDURES

DISCLOSURE.

SCHEDULE F, PART I, SECTION 3, COLUMN (F) AND PART II, SECTION 1

ACCOUNTING METHOD

ACCOUNTING METHOD FOR INVESTMENTS: FMV

ACCOUNTING METHOD FOR GRANTS: ACCRUAL

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

COLD SPRING HARBOR LABORATORY

Employer identification number

11-2013303

**Part I**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>					1,510,000.	23,000.	1,487,000.

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

**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		AWARD DINNER	GOLF OUTING	1.	(add col. (a) through col. (c))		
		(event type)	(event type)	(total number)			
Revenue	1	Gross receipts . . . . .	4,573,705.	337,710.	214,475.	5,125,890.	
	2	Less: Contributions . . . . .	4,475,605.	189,450.	185,125.	4,850,180.	
	3	Gross income (line 1 minus line 2) . . . . .	98,100.	148,260.	29,350.	275,710.	
Direct Expenses	4	Cash prizes . . . . .					
	5	Noncash prizes . . . . .					
	6	Rent/facility costs . . . . .	61,625.	63,025.		124,650.	
	7	Food and beverages . . . . .	98,305.	35,515.	22,888.	156,708.	
	8	Entertainment . . . . .	4,900.			4,900.	
	9	Other direct expenses . . . . .					
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶					286,258.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					-10,548.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue . . . . .				
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation 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).

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990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
MICHAEL O'BRIEN 40 SHUTTER LANE OYSTER BAY NY 11771	PLANNED GIVING		X	1,510,000.	23,000.	1,487,000.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

COLD SPRING HARBOR LABORATORY

Employer identification number

11-2013303

**Part I General Information on Grants and Assistance**

- 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
- 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.

1 (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
<b>(1)</b> ALBERT EINSTEIN COLLEGE OF MED JACK & PEARL RESNICK CAMPUS BELFER BLDG, RM	47-2209056	501(C)(3)	76,599.		BOOK VALUE		RESEARCH
<b>(2)</b> BOYCE THOMPSON INSTITUTE 533 TOWER ROAD ITHACA, NY 14853	13-1739923	501(C)(3)	201,890.		BOOK VALUE		RESEARCH
<b>(3)</b> BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	41,034.		BOOK VALUE		RESEARCH
<b>(4)</b> COLUMBIA UNIVERSITY COLUMBIA UNIVERSITY, GRANTS & CONTRACTS	13-5598093	501(C)(3)	48,413.		BOOK VALUE		RESEARCH
<b>(5)</b> CORNELL UNIVERSITY MEDICAL COLLEGE CORNELL U. MEDICAL COLLEGE, SPONSORED FUNDS	15-0532082	501(C)(3)	52,599.		BOOK VALUE		RESEARCH
<b>(6)</b> DONALD DANFORTH PLANT SCIENCE CENTER 975 N. WARSON ROAD ST. LOUIS, MO 63132	31-1584621	501(C)(3)	54,539.		BOOK VALUE		RESEARCH
<b>(7)</b> DUKE UNIVERSITY 2138 CAMPUS DRIVE DURHAM, NC 27708	56-0532129	501(C)(3)	33,227.		BOOK VALUE		RESEARCH
<b>(8)</b> HARVARD UNIVERSITY 16 DIVINITY AVENUE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	339,078.		BOOK VALUE		RESEARCH
<b>(9)</b> J. CRAIG VENTER INSTITUTE, INC. 9704 MEDICAL CENTER DRIVE	52-1842938	501(C)(3)	81,815.		BOOK VALUE		RESEARCH
<b>(10)</b> JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)(3)	71,741.		BOOK VALUE		RESEARCH
<b>(11)</b> JOHN HOPKINS UNIVERSITY 1101 E. 33RD STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	76,494.		BOOK VALUE		RESEARCH
<b>(12)</b> KCTCS-BLUEGRASS COMMUNITY TECH COLLEGE 300 NORTH MAIN STREET VERSAILLES, KY 40383	61-1320380	501(C)(3)	9,608.		BOOK VALUE		RESEARCH

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

COLD SPRING HARBOR LABORATORY

Employer identification number

11-2013303

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (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
(1) MADISON AREA TECHNICAL COLLEGE 1701 WRIGHT STREET MADISON, WI 53704	39-1086718	501(C)(3)	19,948.		BOOK VALUE		RESEARCH
(2) MEMORIAL SLOAN-KETTERING PO BOX 26338 NEW YORK, NY 10087	91-2154267	501(C)(3)	1,134,255.		BOOK VALUE		RESEARCH
(3) MOUNT SINAI SCHOOL OF MEDICINE 850 THIRD AVENUE NEW YORK, NY 10029	13-6171197	501(C)(3)	151,340.		BOOK VALUE		RESEARCH
(4) NYU SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	34,097.		BOOK VALUE		RESEARCH
(5) OREGON STATE UNIVERSITY OFFICE OF POST AWARD ADMIN	93-6022772	501(C)(3)	522,738.		BOOK VALUE		RESEARCH
(6) THE STATE UNIVERSITY OF NJ, RUTGERS 102 RYDER'S LANE NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	97,933.		BOOK VALUE		RESEARCH
(7) SUNY AT STONY BROOK 310 ADMINISTRATION BUILDING	11-6077945	501(C)(3)	517,561.		BOOK VALUE		RESEARCH
(8) UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	99,976.		BOOK VALUE		RESEARCH
(9) UNIVERSITY OF TEXAS AT DALLAS 800 W. CAMPBELL ROAD RICHARDSON, TX 75080	75-1305566	501(C)(3)	163,540.		BOOK VALUE		RESEARCH
(10) UNIVERSITY OF WYOMING DEPARTMENT OF SPONSORED PROGRAMS	83-6000331	501(C)(3)	186,649.		BOOK VALUE		RESEARCH
(11) WEILL CORNELL MEDICAL COLLEGE 100 BROADWAY, 8TH FLOOR NEW YORK, NY 10005	13-3376695	501(C)(3)	62,931.		BOOK VALUE		RESEARCH
(12) SISTEMA UNIVERSITARIO MIE PROJECT PO BOX 21150 SAN JUAN RQ 00928	66-0201206	501(C)(3)	13,773.		BOOK VALUE		RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 24.

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

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

Schedule I (Form 990) (2015)



**Part III Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

SUBAWARD/SUBRECIPIENT MONITORING PROCEDURES

SEE SCHEDULE O FOR SUBAWARD/SUBRECIPIENT MONITORING PROCEDURES

DISCLOSURE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COLD SPRING HARBOR LABORATORY

**Compensation Information**

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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.

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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 section 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" to 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 non-fixed payments not described on 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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.

(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				
1 BRUCE STILLMAN, PH.D. CEO AND TRUSTEE	(i)	564,791.	0.	17,649.	77,964.	112,278.	772,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 W. DILLAWAY AYRES CHIEF OPERATING OFFICER	(i)	415,555.	0.	0.	32,995.	27,052.	475,602.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 LARI C. RUSSO CHIEF FINANCIAL OFFICER	(i)	270,100.	0.	2,516.	33,760.	1,578.	307,954.	0.
	(ii)	10,000.	0.	0.	0.	0.	10,000.	0.
4 ARTHUR BRINGS VP, CHIEF FACILITIES OFFICER	(i)	225,211.	0.	4,080.	27,027.	36,791.	293,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 WALTER GOLDSCHMIDTS EXEC. DIRECTOR, SPONSORED PROG	(i)	269,031.	10,000.	0.	35,742.	19,510.	334,283.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DAVID SPECTOR DIRECTOR OF RESEARCH	(i)	367,200.	0.	7,971.	48,325.	18,848.	442,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 CHARLES RYAN GENERAL COUNSEL	(i)	266,948.	0.	0.	0.	1,541.	268,489.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 THOMAS GINGERAS SCIENTIST	(i)	294,238.	0.	3,214.	37,381.	1,738.	336,571.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 TERI WILEY VP, BUSINESS DEV/TECH TRANSFER	(i)	333,300.	0.	12,056.	43,240.	7,870.	396,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 CHARLES V. PRIZZI TRUSTEE	(i)	299,586.	0.	0.	39,604.	19,690.	358,880.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 DR. JAMES D. WATSON CHANCELLOR EMERITUS	(i)	373,062.	0.	0.	49,495.	137,689.	560,246.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 MICHAEL WIGLER SCIENTIST	(i)	340,892.	0.	5,414.	44,379.	18,750.	409,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to 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.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

THE FOLLOWING INDIVIDUALS PARTICIPATED IN SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLANS:

NAME OF PARTICIPANT	AMOUNT
BRUCE STILLMAN	44,969
DR JAMES D. WATSON	16,500
DAVID SPECTOR	15,330
WALTER GOLDSCHMIDTS	2,747
THOMAS GINGERAS	4,386
MIKE WIGLER	11,384
CHARLES V. PRIZZI	6,609
TERI WILEY	10,245
LARI C. RUSSO	765

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

**Part III Supplemental Information**

Complete this part to 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.

SUBSTANTIAL SERVICE REQUIREMENTS AND RISK OF FORFEITURE UPON EARLY  
TERMINATION.

SCHEDULE J, PART I, LINE 7

A BONUS OF \$10,000 WAS PAID TO WALTER GOLDSCHMIDTS, THE EXECUTIVE  
DIRECTOR OF SPONSORED PROGRAMS FOR PERFORMANCE.

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.

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 FOR THE CONVENIENCE OF THE LABORATORY. THE

**Part III Supplemental Information**

Complete this part to 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.

VALUE OF THE NON-TAXABLE PERSONAL USE OF THE HOMES ALONG WITH OTHER  
EXPENSES ARE INCLUDED IN COLUMN D.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COLD SPRING HARBOR LABORATORY

Employer identification number

11-2013303

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NASSAU COUNTY IDA	11-2559657	631657JS3	06/27/2006	55,000,000.	CONSTRUCTION OF RESEARCH BUILDINGS		X		X		X
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	55,000,000.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	739,727.							
8 Credit enhancement from proceeds	1,003,854.							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	52,709,095.							
11 Other spent proceeds	547,324.							
12 Other unspent proceeds								
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							

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

Part III Private Business Use (Continued)

NASSAU COUNTY IDA

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 7 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and hedge details.



**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .	X							
<b>b</b> Name of provider . . . . .	PALLAS CAPITAL							
<b>c</b> Term of GIC . . . . .		1.800						
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	X							
<b>6</b> Were any gross proceeds invested beyond an available temporary period? . . . . .	X							
<b>7</b> 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).

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

## SCHEDULE K DISCLOSURES:

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-REMEDICATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS BUT THE ORGANIZATION DOES COMPLY WITH THE REQUIREMENTS.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 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.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the 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)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶						\$						

**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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2015

**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		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

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.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 . . . . .	X	1 .	32,500 .	INDPDNT APPRAISAL
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	22 .	1,606,642 .	MEAN VALUE
10 Securities - Closely held stock . . . . .	X	1 .	91,045 .	INDPDNT APPRAISAL
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 ▶ ( ATCH 1 ) . . . . .		34 .	1,847,532 .	
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** 1 .

	Yes	No
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? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
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.		

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

Schedule M (Form 990) (2015)

JSA

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**Part II** **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
SCIENTIFIC EQUIPMENT	X	34.	1,847,532.	DONOR COST
TOTALS		<u>34.</u>	<u>1,847,532.</u>	

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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.**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

11-2013303

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.

LINE 4C (CONTINUED):

TOGETHER, THEY 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 THE DISCUSSION OF UNPUBLISHED WORK. CSH ASIA, A CSHL-STYLED MEETINGS PROGRAM, WHICH BEGAN IN 2009,

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THRIVES IN SUZHOU, CHINA. IN 2015, OVER 3000 PARTICIPANTS ATTENDED THOSE MEETINGS.

LINE 4D:

OTHER PROGRAMS WATSON SCHOOL OF BIOLOGICAL SCIENCES: THE WATSON SCHOOL OF BIOLOGICAL SCIENCES (WSBS) TRAINS THE NEXT GENERATION OF BIOLOGISTS, OFFERING THE 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 15 YEARS SINCE THE SCHOOLS'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. THESE ARE RECOGNIZED INTERNATIONALLY AS BEING AMONG THE BEST DISCUSSION WORKSHOPS FOR TOPICS IN MOLECULAR BIOLOGY, MOLECULAR GENETICS, HUMAN GENETICS, NEUROSCIENCE AND SCIENCE POLICY.

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



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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.

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 KPMG, LLP WHO REVIEWS THE DRAFT RETURN AND SUPPORTING INFORMATION AND PREPARES THE RETURN FOR ELECTRONIC FILING TO THE IRS. COPIES OF THE RETURN ARE REVIEWED BY THE AUDIT COMMITTEE AND PROVIDED TO MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY

THE ORGANIZATION REQUIRES ALL SENIOR STAFF TO FILE AN ANNUAL

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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 FOR MEMBERS OF THE BOARD OF TRUSTEES AND THE OFFICE OF THE VP TECHNOLOGY TRANSFER AND IN-HOUSE LEGAL COUNSEL FOR SENIOR STAFF.

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 HUMAN RESOURCES.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS

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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 BUNGTOWN ROAD, COLD SPRING HARBOR, NEW YORK 11724. IN ADDITION MANY OF THESE DOCUMENTS ARE AVAILABLE ONLINE AT WWW.CSHL.EDU.

PART XI, LINE 9

RECONCILIATION OF NET ASSETS

OTHER CHANGES IN NET ASSETS CONSIST OF:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP (428,579).

SCHEDULES F AND I, PARTS I, LINE 2

SUBAWARD/SUBRECIPIENT MONITORING PROCEDURES.

A. INTRODUCTION

1. PURPOSE

THE PURPOSE OF THIS PROCEDURE IS TO ASSIST PRINCIPAL INVESTIGATORS, RESEARCH ADMINISTRATORS AND OFFICE OF SPONSORED PROGRAMS (OSP) STAFF OF COLD SPRING HARBOR LABORATORY IN MONITORING AND OVERSEEING SUBRECIPIENTS, OR COLLABORATING INSTITUTIONS, AND ENSURING THAT THEIR RESEARCH PROJECTS ARE CONDUCTED IN COMPLIANCE WITH APPLICABLE LAWS AND THE TERMS AND CONDITIONS OF BOTH THE PRIME AWARD AND THE SUBAWARD AGREEMENT.

2. SCOPE

APPLIES WHEN COLD SPRING HARBOR LABORATORY (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

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SUBRECIPIENT OR COLLABORATING INSTITUTION.

B. POLICY

1. GENERAL SUBRECIPIENT MONITORING ENCOMPASSES THE FOLLOWING:

- ADVISING SUBRECIPIENTS OF APPLICABLE FEDERAL LAWS AND REGULATIONS, AND ALL APPROPRIATE FLOW-DOWN PROVISIONS OF THE PRIME AGREEMENT
- THE ROUTINE RECEIPT AND REVIEW OF TECHNICAL PERFORMANCE REPORTS.
- THE ROUTINE REVIEW OF EXPENSES-TO-BUDGET.
- THE PERIODIC PERFORMANCE OF ON-SITE VISITS, OR REGULAR CONTACT, IF NECESSARY.
- THE OPTION TO PERFORM "AUDITS" IF NECESSARY.
- REVIEW OF A-133 AUDIT REPORTS FILED BY SUBRECIPIENTS AND ANY AUDIT FINDINGS.
- REVIEW OF CORRECTIVE ACTIONS CITED BY SUBRECIPIENTS IN RESPONSE TO THEIR AUDIT FINDINGS CONSIDERATION OF SANCTIONS ON SUBRECIPIENTS IN CASES OF CONTINUED INABILITY OR UNWILLINGNESS TO HAVE REQUIRED AUDITS OR TO CORRECT NON-COMPLIANT ACTIONS.
- CSHL ALSO REQUESTS THAT SUBRECIPIENTS ANNUALLY PROVIDE UPDATED EVIDENCE OF COMPLIANCE WITH SPECIAL MANDATED REQUIREMENTS, SUCH AS ASSURANCES RELATED TO LAB ANIMALS, HUMAN SUBJECTS AND BIOHAZARDS, FOR EXAMPLE.

2. RESPONSIBILITIES

OSP IS RESPONSIBLE FOR PREPARING AND EXECUTING SUBAWARD AGREEMENTS, REQUESTING AND OBTAINING ASSURANCES, REVIEWING INVOICES, ASCERTAINING COMPLIANCE WITH AGREEMENTS, REGULATIONS AND AUDIT REQUIREMENTS AND TAKING CORRECTIVE ACTIONS, AS NECESSARY.

TERMS AND CONDITIONS.

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- 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.

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- 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 HAS BEEN RECEIVED AND REVIEWED.

FORM 990, PART VI, LINE 2

BOARD RELATIONSHIPS

MR. GUTHART IS THE FOUNDER AND CEO OF TOPSPIN PARTNERS, A FUND WHICH INVESTS IN BUSINESSES WHICH HAVE THEIR BASIS IN PROVEN SCIENTIFIC RESEARCH. TOPSPIN HAS SUPPORTED AND CONTINUES TO SUPPORT THE FOUNDING OF SEVERAL START-UP BIOTECH COMPANIES IN CONJUNCTION WITH CSHL SCIENTISTS.

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ATTACHMENT 1FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CHINA

CAYMAN ISLANDS

BERMUDA

IRELAND

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
KPMG ROUTE 100 MELVILLE, NY 11375	ACCOUNTING	302,950.
CENTERBROOK ARCHITECTS PO BOX 955 CENTERBROOK, CT 06409	ARCHITECTURAL	265,510.
LONG ISLAND MASON & CONCRETE 100 FAIRFIELD AVENUE MINEOLA, NY 11501	CONSTRUCTION	130,650.
WOLF, GREENFIELD & SACKS, P.C. 600 ATLANTIC AVENUE BOSTON, MA 02210	LEGAL	104,863.
TL ROOFING & SHEET METAL 86 MAGNOLIA AVENUE WESTBURY, NY 11590	CONSTRUCTION	104,537.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

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**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 THEATRE, LLC 1 BUNGTOWN ROAD COLD SPRING HARBOR, NY 117 11-2013303	INVESTMENT	NY	30,307.	0.	CSHL
(2)					
(3)					
(4)					
(5)					
(6)					

**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 P.O. BOX 100, COLD SPRING HARB NEW YORK, NY 11724 23-7224244	SUPPORT	DE	501(C)(3)	11	N/A		X
(2) COLD SPRING HARBOR LABORATORY ASSN PO BOX 100 COLD SPRING HARBOR, NY 117 11-1631792	SUPPORT	NY	501(C)(3)	11	N/A		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015



**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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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 99-9999999 218 XIN HU ST. SUZHOU, CHINA CH 215125	SCIENTIFIC CO	CH	N/A	C CORP	2,667,293.	1,142,365.	100.0000	X	
(2) CHARITABLE REMAINDER TRUST (2)	INVESTMENT	NY	CSHL	TRUST			100.0000	X	
(3) UNITRUST (1)	INVESTMENT	MA	CSHL	TRUST			25.0000		X
(4)									
(5)									
(6)									
(7)									

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	X	
<b>f</b> Dividends from related organization(s) . . . . .		
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	X	

**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	387,430.	CASH BASIS
(2) COLD SPRING HARBOR LABORATORY ASIA (SIP) LP	R	438,512.	CASH BASIS
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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