

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the <b>2021</b> calendar year, or tax year beginning and ending	
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization COLD SPRING HARBOR LABORATORY  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 100 ONE BUNGTOWN ROAD  City or town, state or province, country, and ZIP or foreign postal code COLD SPRING HARBOR, NY 11724  <b>F</b> Name and address of principal officer: BRUCE STILLMAN SAME AS C ABOVE
<b>D</b> Employer identification number 11-2013303	
<b>E</b> Telephone number (516) 367-8448	
<b>G</b> Gross receipts \$ 262,104,716.	
<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>H(c)</b> Group exemption number ▶	
<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>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

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	32
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	31
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	1195
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	47
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-78,842.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	126,503,073.	146,346,976.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,892,876.	14,464,860.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,641,456.	26,102,790.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,397,303.	15,379,294.
		184,434,708.	202,293,920.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,177,001.	13,828,729.
	<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)	85,432,622.	85,843,716.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	39,875.	2,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,742,126.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,315,152.	70,772,832.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	165,964,650.	170,447,277.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	18,470,058.	31,846,643.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	1,109,130,778.	1,175,223,746.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	210,126,859.	184,642,323.
	899,003,919.	990,581,423.	

### 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		Date	
	SCOTT QUEHL, CHIEF FINANCIAL OFFICER			
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DANIEL ROMANO	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00504182
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		
	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Phone no. (212) 599-0100		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  COLD SPRING HARBOR LABORATORY	Taxpayer identification number (TIN)  11-2013303
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 100 ONE BUNGTOWN ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLD SPRING HARBOR, NY 11724	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

SCOTT QUEHL, CFO

- The books are in the care of ▶ P.O. BOX 100 ONE BUNGTOWN RD - COLD SPRING HARBOR, NY 11724

Telephone No. ▶ 516-367-8446

Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2021 or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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 \$ 118,880,687. including grants of \$ 13,828,729. ) (Revenue \$ 724,600. ) 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 \$ 11,645,998. including grants of \$ 0. ) (Revenue \$ 2,794,945. ) EDUCATIONAL MEETINGS & COURSES PROGRAM: CSHL'S REPUTATION AS ONE OF THE PREMIER HUBS OF ACTIVITY IN BIOLOGY AND GENETICS IS LINKED TO ITS MEETINGS AND COURSES PROGRAM. WITH ROOTS IN THE LEGENDARY ANNUAL SYMPOSIA IN QUANTITATIVE BIOLOGY SERIES, WHICH BEGAN IN 1933, THE PROGRAM ORGANIZES MORE THAN 60 MEETINGS AND COURSES ANNUALLY, COVERING A WIDE RANGE OF TOPICS IN THE BIOLOGICAL SCIENCES. IN 2021, THE PROGRAM CONTINUED TO SUCCESSFULLY HOLD VIRTUAL MEETINGS AND COURSES ATTRACTING CLOSE TO 15,000 PARTICIPANTS. (SEE SCHEDULE O)

4c (Code: ) (Expenses \$ 9,470,636. including grants of \$ 0. ) (Revenue \$ 9,193,214. ) PUBLICATIONS: WITH ORIGINS IN THE 1930'S, 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 2021, THE PRESS PUBLISHED 280 PRINT BOOKS, INCLUDING 5 NEW TITLES. THE PRESS ALSO PRODUCES 3 PRINT/ONLINE JOURNALS, 4 ONLINE ONLY JOURNALS AND 2 NO-CHARGE JOURNALS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,973,007. including grants of \$ 0. ) (Revenue \$ 1,752,101. )

4e Total program service expenses 144,970,328.

**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 Rev. Proc. 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 donor-restricted endowments or in 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
<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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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 on 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 Enter the number of voting members of the governing body at the end of the tax year (32); 1b Enter the number of voting members included on line 1a, above, who are independent (31); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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 (1024 or 1024-A, 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.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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
SCOTT QUEHL, CFO - 516-367-8446
P.O. BOX 100 ONE BUNGTOWN RD, COLD SPRING HARBOR, NY 11724

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) BRUCE STILLMAN, PH.D. CEO AND TRUSTEE	39.00 1.00	X		X				775,721.	0.	223,536.
(2) JOHN TUKE CHIEF OPERATING OFFICER	39.00 1.00			X				533,702.	0.	107,565.
(3) DAVID SPECTOR DIRECTOR OF RESEARCH	40.00 0.00				X			455,437.	0.	87,263.
(4) MICHAEL WIGLER SCIENTIST	40.00 0.00					X		399,761.	0.	63,905.
(5) DAVID TUVESON SCIENTIST	40.00 0.00					X		403,943.	0.	56,313.
(6) WALTER GOLDSCHMIDTS VP, SPONSORED PROGRAMS	39.00 1.00				X			379,082.	0.	66,136.
(7) ANTHONY ZADOR SCIENTIST	40.00 0.00					X		374,763.	0.	66,199.
(8) CHARLES V. PRIZZI VP ADVANCEMENT	40.00 0.00					X		373,502.	0.	66,291.
(9) THOMAS GINGERAS SCIENTIST	40.00 0.00					X		362,363.	0.	36,522.
(10) STEPHEN MONEZ, VP, CHIEF FACILITIES OFFICER	40.00 0.00				X			313,711.	0.	64,558.
(11) LARI C. RUSSO CHIEF FINANCIAL OFFICER	39.00 1.00			X				324,473.	0.	36,771.
(12) THOMAS A. SAUNDERS III TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) DOUGLAS SCHLOSS TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) LALIT R. BAHL, PH.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) JOANNE BERGER-SWEENEY, PH.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) DAVID BOIES TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) MICHAEL R. BOTCHAN, PH.D. TRUSTEE	1.00 0.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) CHARLES I. COGUT VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(19) ELAINE FUCHS, PH.D TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) JEAN MOUTOUSSAMY-ASHE TRUSTEE (FROM 11/2021)	1.00 1.00	X						0.	0.	0.
(21) JEFFREY E. KELTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) LAURIE J. LANDEAU, VMD TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) ROBERT D. LINDSAY VICE-CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(24) ROBERT W. LOURIE, PH.D. SECRETARY	1.00 0.00	X		X				0.	0.	0.
(25) ELIZABETH MCCAUL TREASURER	1.00 0.00	X		X				0.	0.	0.
(26) HOWARD L. MORGAN, PH.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								4,696,458.	0.	875,059.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,696,458.	0.	875,059.

**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 142

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
CENTERBROOK ARCHITECTS P.O. BOX 955, CENTERBROOK, CT 06409-0955	ARCHITECTURAL	4,601,514.
AKF ENGINEERS LLP, P.O. BOX 786906, PHILADELPHIA, PA 19178-6906	ENGINEERING	2,456,703.
GRANT THORNTON LLP P.O. BOX 71223, CHICAGO, IL 60694-1223	ACCOUNTING	350,994.
COOPER & DUNHAM LLP, 30 ROCKEFELLER PLAZA, 20TH FLOOR, NEW YORK, NY 10112	LEGAL	291,071.
WOLF, GREENFIELD & SACKS, P.C. 600 ATLANTIC AVENUE, BOSTON, MA 02210	LEGAL	246,684.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position (checkboxes for trustee, officer, etc.), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like JAMIE C. NICHOLLS, BRUCE RATNER, etc.

Total to Part VII, Section A, line 1c .....

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	5,547,143.				
	<b>d</b> Related organizations	<b>1d</b>	5,441,312.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	59,100,574.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	76,257,947.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 910,590.				
	<b>h Total.</b> Add lines 1a-1f			146,346,976.			
	Program Service Revenue	<b>2 a</b> PUBLICATIONS	<b>Business Code</b>	713110	9,193,214.	8,954,837.	238,377.
<b>b</b> MEETINGS AND COURSES			611600	4,259,186.	4,259,186.		
<b>c</b> CO-PARTICIPANT PROJECT			541700	724,600.	724,600.		
<b>d</b> DINING			611710	192,777.	192,777.		
<b>e</b> HOUSING			611710	95,083.	95,083.		
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				14,464,860.			
Other Revenue		<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,722,702.		-317,219.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			14,066,754.			14,066,754.
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	1,691,639.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		670,396.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		1,021,243.			
	<b>d</b> Net rental income or (loss)			1,021,243.			1,021,243.
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	83,216,222.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		58,836,134.			
	<b>c</b> Gain or (loss)	<b>7c</b>		24,380,088.			
	<b>d</b> Net gain or (loss)			24,380,088.			24,380,088.
<b>8 a</b> Gross income from fundraising events (not including \$ 5,547,143. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		254,715.				
			304,266.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			-49,551.			-49,551.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> EMPLOYEE DINING	<b>Business Code</b>	611710	223,284.		223,284.	
	<b>b</b> MISCELLANEOUS		541900	117,564.		117,564.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			340,848.			
<b>12 Total revenue.</b> See instructions			202,293,920.	14,226,483.	-78,842.	41,799,303.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	13,022,510.	13,022,510.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	806,219.	806,219.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,489,843.	1,778,113.	1,604,909.	106,821.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	63,943,314.	53,591,421.	9,261,178.	1,090,715.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,809,501.	4,003,666.	717,340.	88,495.
<b>9</b> Other employee benefits .....	9,347,563.	7,998,109.	1,236,164.	113,290.
<b>10</b> Payroll taxes .....	4,253,495.	3,503,942.	686,923.	62,630.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	2,155,877.	1,362,290.	791,846.	1,741.
<b>b</b> Legal .....	439,868.	222,629.	217,239.	
<b>c</b> Accounting .....	350,994.		350,994.	
<b>d</b> Lobbying .....	48,000.			48,000.
<b>e</b> Professional fundraising services. See Part IV, line 17	2,000.			2,000.
<b>f</b> Investment management fees .....	2,654,511.		2,654,511.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	427,881.	417,412.	10,469.	
<b>13</b> Office expenses .....	22,406,446.	21,480,263.	889,911.	36,272.
<b>14</b> Information technology .....	2,404,561.	2,119,827.	284,734.	
<b>15</b> Royalties .....	720,807.	720,807.		
<b>16</b> Occupancy .....	7,017,502.	6,326,784.	690,718.	
<b>17</b> Travel .....	172,629.	161,420.	9,861.	1,348.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,593,044.	1,588,352.	4,592.	100.
<b>20</b> Interest .....	4,057,092.	3,321,543.	735,549.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	16,063,456.	14,135,877.	1,927,579.	
<b>23</b> Insurance .....	1,174,458.	28,964.	1,145,494.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PRINTING & PUBLICATIONS	4,230,275.	4,092,216.	111,710.	26,349.
<b>b</b> SVC CONTRACTS & REPAIRS	4,006,565.	3,742,676.	263,780.	109.
<b>c</b> MISCELLANEOUS	848,866.	545,288.	139,322.	164,256.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	170,447,277.	144,970,328.	23,734,823.	1,742,126.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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 .....	8,110.	<b>1</b>	8,111.
	<b>2</b> Savings and temporary cash investments .....	106,970,232.	<b>2</b>	107,707,062.
	<b>3</b> Pledges and grants receivable, net .....	121,017,697.	<b>3</b>	120,247,405.
	<b>4</b> Accounts receivable, net .....	2,283,845.	<b>4</b>	2,527,049.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	326,640.	<b>5</b>	272,625.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....	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 .....	239,573.	<b>8</b>	212,306.
	<b>9</b> Prepaid expenses and deferred charges .....	1,792,229.	<b>9</b>	2,294,951.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 500,845,429.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 215,905,576.		
	<b>11</b> Investments - publicly traded securities .....	266,250,473.	<b>10c</b>	284,939,853.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	153,874,676.	<b>11</b>	147,707,960.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	444,938,049.	<b>12</b>	498,375,760.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	11,429,254.	<b>14</b>	10,930,664.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,109,130,778.	<b>15</b>	1,175,223,746.	
<b>17</b> Accounts payable and accrued expenses .....	17,292,201.	<b>16</b>	10,827,985.	
<b>18</b> Grants payable .....		<b>17</b>		
<b>19</b> Deferred revenue .....	54,826,194.	<b>18</b>	43,125,253.	
<b>20</b> Tax-exempt bond liabilities .....	95,940,233.	<b>19</b>	96,006,502.	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<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 .....	42,068,231.	<b>24</b>	34,682,583.	
<b>26 Total liabilities.</b> Add lines 17 through 25 .....	210,126,859.	<b>25</b>	184,642,323.	
<b>27</b> Net assets without donor restrictions .....		<b>26</b>		
<b>28</b> Net assets with donor restrictions .....				
<b>29</b> Capital stock or trust principal, or current funds .....				
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....				
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....				
<b>32</b> Total net assets or fund balances .....	899,003,919.		990,581,423.	
<b>33</b> Total liabilities and net assets/fund balances .....	1,109,130,778.		1,175,223,746.	

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**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>	202,293,920.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	170,447,277.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	31,846,643.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	899,003,919.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	52,449,092.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	7,281,769.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	990,581,423.

**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 on 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 on 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 on 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** (2021)



**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**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	156,616,693.	149,370,270.	246,028,075.	126,503,073.	146,346,976.	824,865,087.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	156,616,693.	149,370,270.	246,028,075.	126,503,073.	146,346,976.	824,865,087.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						174,668,013.
<b>6 Public support.</b> Subtract line 5 from line 4.						650,197,074.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	156,616,693.	149,370,270.	246,028,075.	126,503,073.	146,346,976.	824,865,087.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	20,030,193.	24,910,670.	23,813,847.	19,829,724.	16,810,699.	105,395,133.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	695,670.	710,200.	784,334.	260,537.	595,563.	3,046,304.
<b>11 Total support.</b> Add lines 7 through 10						933,306,524.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	99,830,564.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	69.67 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	71.51 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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 governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 on line 2, above, 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). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2017 AMOUNT: \$ 61,559.

2018 AMOUNT: \$ 78,126.

2019 AMOUNT: \$ 98,723.

2020 AMOUNT: \$ 81,364.

2021 AMOUNT: \$ 117,564.

EMPLOYEE DINING

2017 AMOUNT: \$ 336,971.

2018 AMOUNT: \$ 356,902.

2019 AMOUNT: \$ 384,779.

2020 AMOUNT: \$ 166,513.

2021 AMOUNT: \$ 223,284.

SPECIAL EVENTS

2017 AMOUNT: \$ 297,140.

2018 AMOUNT: \$ 275,172.

2019 AMOUNT: \$ 300,832.

2020 AMOUNT: \$ 12,660.

2021 AMOUNT: \$ 254,715.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

COLD SPRING HARBOR LABORATORY

Employer identification number

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  COLD SPRING HARBOR LABORATORY	Employer identification number  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	 <hr/> <hr/> <hr/>	\$ 48,385,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 5,054,817.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 5,426,719.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 14,686,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 8,877,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 10,000,000.	Person <input checked="" 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
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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	<hr/> <hr/> <hr/>	\$ <u>9,527,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	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
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**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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  COLD SPRING HARBOR LABORATORY	Employer identification number  11-2013303
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**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 info. once.) ▶ \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 <p style="text-align: center;">COLD SPRING HARBOR LABORATORY</p>	Employer identification number <p style="text-align: center;">11-2013303</p>
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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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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-.

**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 (grassroots 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%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) 2018	(b) 2019	(c) 2020	(d) 2021	(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)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		48,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			48,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**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.

PART II-B, AFFILIATED GROUP RETURN STATEMENT:

CSHL CONTRACTS WITH ONE FIRM TO REPRESENT THEM IN FRONT OF THE NYS

LEGISLATURE FOR CAPITAL DEVELOPMENT PROJECTS.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** COLD SPRING HARBOR LABORATORY **Employer identification number** 11-2013303

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

	(a) Donor advised funds	(b) Funds and other accounts
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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	3
b Total acreage restricted by conservation easements .....	125.00
c Number of conservation easements on a certified historic structure included in (a) .....	1
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	1

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 ▶ 100

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	589,158,140.	545,182,919.	427,614,703.	411,317,208.	365,428,604.
b Contributions	8,845,940.	5,701,836.	66,086,909.	53,579,680.	11,591,636.
c Net investment earnings, gains, and losses	74,093,666.	61,596,613.	74,216,987.	-18,331,605.	50,674,566.
d Grants or scholarships					
e Other expenditures for facilities and programs	22,999,600.	20,960,131.	20,375,537.	16,066,216.	14,858,267.
f Administrative expenses	2,654,511.	2,363,097.	2,360,143.	2,884,364.	1,519,331.
g End of year balance	646,443,635.	589,158,140.	545,182,919.	427,614,703.	411,317,208.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  70.0000 %
  - b Permanent endowment  17.0000 %
  - c Term endowment  13.0000 %
- 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:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,746,249.		18,746,249.
b Buildings		332,865,501.	129,863,654.	203,001,847.
c Leasehold improvements		18,196,863.	1,123,005.	17,073,858.
d Equipment		109,656,509.	84,553,289.	25,103,220.
e Other		21,380,307.	365,628.	21,014,679.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				284,939,853.



**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) MULTI-STRATEGY	112,428,230.	END-OF-YEAR MARKET VALUE
(B) LONG/SHORT EQUITY	267,630,650.	END-OF-YEAR MARKET VALUE
(C) INTERNATIONAL EQUITY	89,565,862.	END-OF-YEAR MARKET VALUE
(D) EMERGING MARKETS	23,453,044.	END-OF-YEAR MARKET VALUE
(E) PRIVATE EQUITY	5,297,974.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	498,375,760.	

**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> (Col. (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) INTEREST RATE SWAP	33,914,521.
(3) OTHER NOTES PAYABLE	768,062.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,682,583.

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 FASB 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.

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.

PART V, LINE 4:

ENDOWMENT FUNDS

THE LABORATORY'S ENDOWMENT CONSISTS OF APPROXIMATELY 165 INDIVIDUAL FUNDS

ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING PRIMARY PROGRAM SERVICES

FOR BOTH RESEARCH AND EDUCATION, OPERATIONS AND FACILITIES COST. ITS

**Part XIII** Supplemental Information (continued)

ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS

DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS.

PART X, LINE 2:

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

RECEIVES INCOME FROM UNRELATED ACTIVITIES, INCLUDING ADVERTISING INCOME ON

ITS JOURNALS AND VARIOUS ALTERNATIVE INVESTMENT VEHICLES. 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 2021 AND 2020 CONSOLIDATED

BALANCE SHEETS. THE LABORATORY ESTIMATES UNRELATED BUSINESS INCOME TAX

EXPENSE OF \$29,000 IN 2021 AND PAID \$3,900 IN 2020.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

**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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		220,300,561.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SCIENTIFIC CONFERENCE	963,915.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		88,602,574.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		549,119.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		257,100.
<b>3 a Subtotal</b> .....	0	0			\$10,673,269.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			\$10,673,269.

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH	23,258.	WIRE	0.		
		EUROPE	RESEARCH	117,501.	WIRE	0.		
		EUROPE	RESEARCH	148,883.	WIRE	0.		
		EUROPE	RESEARCH	7,225.	WIRE	0.		
		EUROPE	RESEARCH	252,252.	WIRE	0.		
		EAST ASIA/PACIFIC	RESEARCH	257,100.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ► \_\_\_\_\_ 6

3 Enter total number of other organizations or entities ..... ► \_\_\_\_\_



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

PART I, LINE 2:

SUBAWARD/SUBRECIPIENT MONITORING PROCEDURES

A. INTRODUCTION

1. PURPOSE

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

2. SCOPE

APPLIES WHEN COLD SPRING HARBOR LABORATORY (CSHL) IS THE PRIME INSTITUTION, OR THE DIRECT RECIPIENT OF FUNDING FROM A SPONSOR, AND IS ENTERING INTO OR HAS ALREADY ENTERED INTO A SUBAWARD AGREEMENT WITH A SUBRECIPIENT OR COLLABORATING INSTITUTION.

B. POLICY

1. GENERAL SUBRECIPIENT MONITORING ENCOMPASSES THE FOLLOWING:

- ADVISING SUBRECIPIENTS OF APPLICABLE FEDERAL LAWS AND REGULATIONS, AND ALL APPROPRIATE FLOW-DOWN PROVISIONS OF THE PRIME AGREEMENT
- THE ROUTINE REVIEW OF EXPENSES-TO-BUDGET.
- THE PERIODIC PERFORMANCE OF ON-SITE VISITS, OR REGULAR CONTACT, IF NECESSARY.
- THE OPTION TO PERFORM "AUDITS" IF NECESSARY.
- REVIEW OF SINGLE AUDIT REPORTS FILED BY SUBRECIPIENTS AND ANY AUDIT



**Part V Supplemental Information**

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

## FINDINGS.

- REVIEW OF CORRECTIVE ACTIONS CITED BY SUBRECIPIENTS IN RESPONSE TO THEIR AUDIT FINDINGS. CONSIDERATION OF SANCTIONS ON SUBRECIPIENTS IN CASES OF CONTINUED INABILITY OR UNWILLINGNESS TO HAVE REQUIRED AUDITS OR TO CORRECT NON-COMPLIANT ACTIONS.

- CSHL ALSO REQUEST THAT SUBRECIPIENTS ANNUALLY PROVIDE UPDATED EVIDENCE OF COMPLIANCE WITH SPECIAL MANDATED REQUIREMENTS, SUCH AS ASSURANCES RELATED TO LAB ANIMALS, HUMAN SUBJECTS AND BIOHAZARDS, FOR EXAMPLE.

## 2. RESPONSIBILITIES

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

## TERMS AND CONDITIONS

- REVIEW AND EVALUATE THE SUBRECIPIENT'S PROGRESS THROUGH TECHNICAL PROGRESS REPORTS AND OTHER PERIODIC COMMUNICATIONS, AS APPROPRIATE. ASSESS THE SUBRECIPIENT'S CONTRIBUTION TO OVERALL PROJECT AIMS.

- REVIEW, QUESTION AS NECESSARY AND APPROVE THE COST CHARGED BY SUBRECIPIENTS FOR THE WORK PERFORMED UNDER THE SUBAWARD. EXPENSES CHARGED ON INVOICES SHOULD BE CONSISTENT WITH THE ESTABLISHED SCOPE OF WORK. OSP ADMINISTRATOR (POST AWARD SENIOR GRANTS MANAGER AND ACCOUNTING ASSISTANT).

- MONITOR WITH THE ASSISTANCE OF PLS, SUBRECIPIENTS TO ENSURE COMPLIANCE WITH FEDERAL REGULATIONS AND BOTH PRIME AND SUBRECIPIENT AWARD TERMS AND CONDITIONS.

**Part V Supplemental Information**

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

- THROUGH THE USE OF STANDARD SUBRECIPIENT AGREEMENTS, ENSURE ALL  
 AGREEMENTS INCLUDE THE CFDA TITLE AND NUMBER, AWARD NAME AND NUMBER,  
 AWARD YEAR FOR FEDERAL AWARDS; ADVISE SUBRECIPIENTS OF REQUIREMENTS  
 IMPOSED ON THEM BY FEDERAL LAWS, REGULATIONS AND THE PROVISIONS OF  
 CONTRACTS OR GRANT AGREEMENTS, AS WELL AS SUPPLEMENTAL REQUIREMENTS;  
 INCLUDE PRIME AWARD AS PART OF AGREEMENT; REQUIRE SUBRECIPIENT TO CERTIFY  
 INVOICES AND REQUIRE SUBRECIPIENT TO REPORT PROMPTLY TO CSHL ANY ADVERSE  
 FINDINGS RELATED TO CSHL SUBAWARDS IDENTIFIED IN THEIR ANNUAL SINGLE  
 AUDITS.

- ACTIVELY ENGAGE AND RECEIVE CONSULTATION FROM THE CSHL OFFICE OF  
 TECHNOLOGY TRANSFER REGARDING INTELLECTUAL PROPERTY ISSUES AS NEEDED.

- AT THE SIGNING OF THE SUBAWARD AGREEMENT AND ANNUALLY THEREAFTER  
 REQUEST SUBRECIPIENT PROVIDE UPDATED ASSURANCES RELATED TO LAB ANIMALS  
 AND HUMAN STUDIES, AS NECESSARY.

- ON AN ONGOING BASIS MONITOR THE INVOICES OF SUBRECIPIENTS.

- PERIODICALLY COMPARE CUMULATIVE COSTS TO PREVIOUSLY ESTABLISHED BUDGETS  
 AND ENSURE THAT EXPENSES INVOICED ARE FOR THE APPROPRIATE BUDGET PERIOD.

- MAKE SURE THAT INVOICED COSTS ARE NOT IN EXCESS OF BUDGETED AMOUNTS AND  
 ARE NOT DUPLICATES OF PREVIOUSLY INVOICED COSTS.

- UPON REVIEW OF INVOICE, FORWARD TO PRINCIPAL INVESTIGATOR FOR FURTHER  
 REVIEW AND ACCEPTANCE.

- AT LEAST ANNUALLY, REQUEST EVIDENCE THAT SUBRECIPIENTS EXPENDING  
 \$500,000 OR MORE IN AWARDS DURING THEIR FISCAL YEAR HAVE MET SINGLE AUDIT  
 REQUIREMENTS FOR THAT FISCAL YEAR. IDENTIFY ANY MATERIAL WEAKNESSES OR  
 REPORTABLE CONDITIONS THAT RESULT FROM THE SINGLE AUDIT OF NONCOMPLIANCE  
 OR REPORTED FINDINGS TO DETERMINE WHETHER ADJUSTMENTS TO CSHL'S RECORDS  
 ARE NEEDED.

**Part V Supplemental Information**

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

- FOR SUBRECIPIENTS THAT HAVE REPORTED MATERIAL WEAKNESSES OR REPORTABLE

CONDITIONS FROM THE SINGLE AUDIT, FOLLOW UP TO MAKE SURE THAT

SUBRECIPIENT TAKES APPROPRIATE AND TIMELY CORRECTIVE ACTION.

- AT CLOSEOUT OF THE SUBAWARD ENSURE THAT THE FINAL INVOICE HAVE BEEN

RECEIVED AND REVIEWED.

Multiple horizontal lines for supplemental information input.



**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 (add col. (a) through col. (c))
		AWARD DINNER (event type)	GOLF OUTING (event type)	1 (total number)	
Revenue	<b>1</b> Gross receipts .....	5,264,868.	262,593.	274,397.	5,801,858.
	<b>2</b> Less: Contributions .....	5,157,768.	173,278.	216,097.	5,547,143.
	<b>3</b> Gross income (line 1 minus line 2) .....	107,100.	89,315.	58,300.	254,715.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	44,625.	54,868.		99,493.
	<b>7</b> Food and beverages .....	122,055.	27,600.	49,318.	198,973.
	<b>8</b> Entertainment .....	5,800.			5,800.
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				304,266.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-49,551.	

**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	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **COLD SPRING HARBOR LABORATORY** Employer identification number **11-2013303**

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

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

**Part II Grants and Other Assistance to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE - BRONX, NY 10461	13-1624225	501(C)(3)	90,393.	0.	BOOK VALUE		RESEARCH
ALLEN INSTITUTE FOR BRAIN 551 N. 34TH STREET SEATTLE, WA 98103	91-2155317	501(C)(3)	274,313.	0.	BOOK VALUE		RESEARCH
AMERICAN SOCIETY FOR PLANT BIOLOGISTS - 15501 MONONA DRIVE - ROCKVILLE, MD 20855	53-0258999	501(C)(3)	7,201.	0.	BOOK VALUE		RESEARCH
BOYCE THOMPSON INSTITUTE 533 TOWER ROAD ITHACA, NY 14853	13-1739923	501(C)(3)	195,520.	0.	BOOK VALUE		RESEARCH
CALIFORNIA INST. OF TECHNOLOGY 1200 E. CALIFORNIA BLVD, M/C 359-86 PASADENA, CA 91125	95-1643307	501(C)(3)	85,643.	0.	BOOK VALUE		RESEARCH
COLUMBIA UNIVERSITY P.O. BOX 29789 NEW YORK, NY 10087	13-5598093	501(C)(3)	6,352.	0.	BOOK VALUE		RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 36.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY 2138 CAMPUS DRIVE DURHAM, NC 27708	56-0532129	501(C)(3)	485,671.	0.	BOOK VALUE		RESEARCH
FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 350 COMMUNITY DRIVE - MANHASSET, NY 11030	11-2673595	501(C)(3)	1,389,503.	0.	BOOK VALUE		RESEARCH
HARVARD UNIVERSITY 16 DIVINITY AVENUE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	2,291,210.	0.	BOOK VALUE		RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 1 GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)(3)	52,237.	0.	BOOK VALUE		RESEARCH
JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)(3)	501,928.	0.	BOOK VALUE		RESEARCH
JOHN HOPKINS UNIVERSITY 1101 E. 33RD STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	305,399.	0.	BOOK VALUE		RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - P.O. BOX 3972 - BOSTON, MA 02241	04-2103594	501(C)(3)	724,535.	0.	BOOK VALUE		RESEARCH
MEMORIAL SLOAN-KETTERING P.O. BOX 26338 NEW YORK, NY 10087	91-2154267	501(C)(3)	542,546.	0.	BOOK VALUE		RESEARCH
NEW YORK GENOME CENTER INC 101 AVENUE OF THE AMERICAS 7TH FL NEW YORK, NY 10013	80-0631734	501(C)(3)	306,624.	0.	BOOK VALUE		RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK UNIVERSITY P.O. BOX 5166 NEW YORK, NY 10087	13-5562308	501(C)(3)	67,532.	0.	BOOK VALUE		RESEARCH
NORTHWELL HEALTH 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	45-1004103	501(C)(3)	515,040.	0.	BOOK VALUE		RESEARCH
OREGON STATE UNIVERSITY P.O. BOX 1086 CORVALLIS, OR 97339-1086	93-6022772	501(C)(3)	15,419.	0.	BOOK VALUE		RESEARCH
PRINCETON UNIVERSITY P.O. BOX 5292 PRINCETON, NJ 08544	21-0634501	501(C)(3)	145,487.	0.	BOOK VALUE		RESEARCH
PURDUE UNIVERSITY 22612 NETWORK PLACE CHICAGO, IL 60673-1226	35-6002041	501(C)(3)	65,318.	0.	BOOK VALUE		RESEARCH
THE STATE UNIVERSITY OF NJ, RUTGERS - 102 RYDER'S LANE - NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	148,919.	0.	BOOK VALUE		RESEARCH
SUNY AT STONY BROOK 310 ADMINISTRATION BUILDING STONY BROOK, NY 11794	11-6077945	501(C)(3)	73,087.	0.	BOOK VALUE		RESEARCH
THE BROAD INSTITUTE, INC. 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	2,979,940.	0.	BOOK VALUE		RESEARCH
RESEARCH FOUNDATION OF SUNY W-5510 MELVILLE LIBRARY STONY BROOK, NY 11794-3366	14-1368361	501(C)(3)	5,707.	0.	BOOK VALUE		RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, BERKELEY 481 UNIVERSITY HALL BERKELEY, CA 94720	19-4600212	501(C)(3)	75,269.	0.	BOOK VALUE		RESEARCH
UNIVERSITY OF CALIFORNIA, DAVIS 1 SHIELDS AVENUE DAVIS, CA 95616	94-6036494	501(C)(3)	210,696.	0.	BOOK VALUE		RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0009 - LA JOLLA, CA 92093	95-6006144	501(C)(3)	334,507.	0.	BOOK VALUE		RESEARCH
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 220 WESTWOOD PLAZA - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	504,221.	0.	BOOK VALUE		RESEARCH
UNIVERSITY OF GEORGIA RESEARCH FDN 200 D.W. BROOKS DRIVE ATHENS, GA 30602	58-6001998	501(C)(3)	61,209.	0.	BOOK VALUE		RESEARCH
UNIVERSITY OF NORTH CAROLINA 103 SOUTH BUILDING CAMPUS, BOX 9100 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	203,094.	0.	BOOK VALUE		RESEARCH
UNIVERSITY OF DELAWARE P.O. BOX 7449 WILKES-BARRE, PA 18773	51-6000297	501(C)(3)	10,197.	0.	BOOK VALUE		RESEARCH
UNIVERSITY OF PENNSYLVANIA 5TH FLOOR, FRANKLIN BUILDING, 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	31,033.	0.	BOOK VALUE		RESEARCH
UNIVERSITY OF MASSACHUSETTS-AMHERST - 100 VENTURE WAY, STE 201 - HADLEY, MA 01035	54-2084125	501(C)(3)	170,804.	0.	BOOK VALUE		RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSOURI 4011 DISCOVERY DRIVE COLUMBIA, MO 65201	43-6003859	501(C)(3)	131,144.	0.	BOOK VALUE		RESEARCH
WEILL CORNELL MEDICAL COLLEGE 100 BROADWAY, 8TH FLOOR NEW YORK, NY 10005	13-3376695	501(C)(3)	14,094.	0.	BOOK VALUE		RESEARCH

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

SUBAWARD/SUBRECIPIENT MONITORING PROCEDURES

A. INTRODUCTION

1. PURPOSE

THE PURPOSE OF THIS PROCEDURE IS TO ASSIST PRINCIPAL INVESTIGATORS,  
RESEARCH ADMINISTRATORS AND THE OFFICE OF SPONSORED PROGRAMS (OSP) STAFF OF  
COLD SPRING HARBOR LABORATORY IN MONITORING AND OVERSEEING SUBRECIPIENTS,  
OR COLLABORATING INSTITUTIONS, AND ENSURING THAT THEIR RESEARCH PROJECTS

**Part IV Supplemental Information**

ARE CONDUCTED IN COMPLIANCE WITH APPLICABLE LAWS AND THE TERMS AND  
CONDITIONS OF BOTH THE PRIME AWARD AND THE SUBAWARD AGREEMENT.

2. SCOPE

APPLIES WHEN COLD SPRING HARBOR LABORATORY (CSHL) IS THE PRIME INSTITUTION,  
OR THE DIRECT RECIPIENT OF FUNDING FROM A SPONSOR, AND IS ENTERING INTO OR  
HAS ALREADY ENTERED INTO A SUBAWARD AGREEMENT WITH A SUBRECIPIENT OR  
COLLABORATING INSTITUTION.

B. POLICY

1. GENERAL SUBRECIPIENT MONITORING ENCOMPASSES THE FOLLOWING:

- ADVISING SUBRECIPIENTS OF APPLICABLE FEDERAL LAWS AND REGULATIONS, AND

ALL APPROPRIATE FLOW-DOWN PROVISIONS OF THE PRIME AGREEMENT

- THE ROUTINE RECEIPT AND REVIEW OF TECHNICAL PERFORMANCE REPORTS.

- THE ROUTINE REVIEW OF EXPENSES-TO-BUDGET.

- THE PERIODIC PERFORMANCE OF ON-SITE VISITS, OR REGULAR CONTACT, IF

NECESSARY.

- THE OPTION TO PERFORM "AUDITS" IF NECESSARY.

- REVIEW OF A-133 AUDIT REPORTS FILED BY SUBRECIPIENTS AND ANY AUDIT

FINDINGS.

- REVIEW OF CORRECTIVE ACTIONS CITED BY SUBRECIPIENTS IN RESPONSE TO THEIR

AUDIT FINDINGS, CONSIDERATION OF SANCTIONS ON SUBRECIPIENTS IN CASES OF

CONTINUED INABILITY OR UNWILLINGNESS TO HAVE REQUIRED AUDITS OR TO CORRECT

NON-COMPLIANT ACTIONS.

- CSHL ALSO REQUEST THAT SUBRECIPIENTS ANNUALLY PROVIDE UPDATED EVIDENCE OF

COMPLIANCE WITH SPECIAL MANDATED REQUIREMENTS, SUCH AS ASSURANCES RELATED

TO LAB ANIMALS, HUMAN SUBJECTS AND BIOHAZARDS, FOR EXAMPLE.

**Part IV Supplemental Information**

2. RESPONSIBILITIES

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

TERMS AND CONDITIONS

- REVIEW AND EVALUATE THE SUBRECIPIENT'S PROGRESS THROUGH TECHNICAL PROGRESS REPORTS AND OTHER PERIODIC COMMUNICATIONS, AS APPROPRIATE. ASSESS THE SUBRECIPIENT'S CONTRIBUTION TO OVERALL PROJECT AIMS.
- REVIEW, QUESTION AS NECESSARY AND APPROVE THE COSTS CHARGED BY SUBRECIPIENTS FOR THE WORK PERFORMED UNDER THE SUBAWARD. EXPENSES CHARGED ON INVOICES SHOULD BE CONSISTENT WITH THE ESTABLISHED SCOPE OF WORK. OSP ADMINISTRATOR (POST AWARD SENIOR GRANTS MANAGER AND ACCOUNTING ASSISTANT).
- MONITOR WITH THE ASSISTANCE OF PLS, SUBRECIPIENTS TO ENSURE COMPLIANCE WITH FEDERAL REGULATIONS AND BOTH PRIME AND SUBRECIPIENT AWARD TERMS AND CONDITIONS.
- THROUGH THE USE OF STANDARD SUBRECIPIENT AGREEMENTS, ENSURE ALL AGREEMENTS INCLUDE THE CFDA TITLE AND NUMBER, AWARD NAME AND NUMBER, AWARD YEAR FOR FEDERAL AWARDS; ADVISE SUBRECIPIENTS OF REQUIREMENTS IMPOSED ON THEM BY FEDERAL LAWS, REGULATIONS AND THE PROVISIONS OF CONTRACTS OR GRANT AGREEMENTS, AS WELL AS SUPPLEMENTAL REQUIREMENTS; INCLUDE PRIME AWARD AS PART OF AGREEMENT; REQUIRE SUBRECIPIENT TO CERTIFY INVOICES AND REQUIRE SUBRECIPIENT TO REPORT PROMPTLY TO CSHL ANY ADVERSE FINDINGS RELATED TO CSHL SUBAWARDS IDENTIFIED IN THEIR ANNUAL A-133 AUDITS.
- ACTIVELY ENGAGE AND RECEIVE CONSULTATION FROM THE CSHL OFFICE OF TECHNOLOGY TRANSFER REGARDING INTELLECTUAL PROPERTY ISSUES AS NEEDED.
- AT THE SIGNING OF THE SUBAWARD AGREEMENT AND ANNUALLY THEREAFTER REQUEST

**Part IV Supplemental Information**

SUBRECIPIENT PROVIDE UPDATED ASSURANCES RELATED TO LAB ANIMALS AND HUMAN

STUDIES, AS NECESSARY.

- ON AN ONGOING BASIS MONITOR THE INVOICES OF SUBRECIPIENTS.

- PERIODICALLY COMPARE CUMULATIVE COSTS TO PREVIOUSLY ESTABLISHED BUDGETS

AND ENSURE THAT EXPENSES INVOICED ARE FOR THE APPROPRIATE BUDGET PERIOD.

- MAKE SURE THAT INVOICED COSTS ARE NOT IN EXCESS OF BUDGETED AMOUNTS AND

ARE NOT DUPLICATES OF PREVIOUSLY INVOICED COSTS.

- UPON REVIEW OF INVOICE, FORWARD TO PRINCIPAL INVESTIGATOR FOR FURTHER

REVIEW AND ACCEPTANCE.

- AT LEAST ANNUALLY, REQUEST EVIDENCE THAT SUBRECIPIENTS EXPENDING \$XXX OR

MORE IN AWARDS DURING THEIR FISCAL YEAR HAVE MET A-133 AUDIT REQUIREMENTS

FOR THAT FISCAL YEAR. IDENTIFY ANY MATERIAL WEAKNESSES OR REPORTABLE

CONDITIONS THAT RESULT FROM THE A-133 AUDIT OF NONCOMPLIANCE OR REPORTED

FINDINGS TO DETERMINE WHETHER ADJUSTMENTS ARE NEEDED TO CSHL'S RECORDS.

- FOR SUBRECIPIENTS THAT HAVE REPORTED MATERIAL WEAKNESSES OR REPORTABLE

CONDITIONS FROM THE A-133 AUDIT, FOLLOW UP TO MAKE SURE THAT SUBRECIPIENT

TAKES APPROPRIATE AND TIMELY CORRECTIVE ACTION.

- AT CLOSEOUT OF THE SUBAWARD ENSURE THAT THE FINAL INVOICE HAVE BEEN

RECEIVED AND REVIEWED.

Multiple horizontal lines for supplemental information input.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COLD SPRING HARBOR LABORATORY

Employer identification number  
11-2013303

**Part I Questions Regarding Compensation**

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

- |  |   |
|--|---|
| <input checked="" 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 (such as 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 on line 1a? .....

**3** Indicate which, if any, of the following the 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 checked="" 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" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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" on 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>		

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

Schedule J (Form 990) 2021

**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 aren't 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 and/or 1099-NEC 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)	749,700.	0.	26,021.	104,315.	119,221.	999,257.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN TUKE CHIEF OPERATING OFFICER	(i)	489,600.	0.	44,102.	65,300.	42,265.	641,267.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID SPECTOR DIRECTOR OF RESEARCH	(i)	442,750.	0.	12,687.	58,273.	28,990.	542,700.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL WIGLER SCIENTIST	(i)	395,085.	0.	4,676.	35,360.	28,545.	463,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID TUVESON SCIENTIST	(i)	403,943.	0.	0.	35,360.	20,953.	460,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) WALTER GOLDSCHMIDTS VP, SPONSORED PROGRAMS	(i)	310,682.	15,000.	53,400.	35,360.	30,776.	445,218.	40,786.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANTHONY ZADOR SCIENTIST	(i)	336,600.	0.	38,163.	35,360.	30,839.	440,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHARLES V. PRIZZI VP ADVANCEMENT	(i)	373,502.	0.	0.	35,360.	30,931.	439,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) THOMAS GINGERAS SCIENTIST	(i)	332,895.	0.	29,468.	35,360.	1,162.	398,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STEPHEN MONEZ, VP, CHIEF FACILITIES OFFICER	(i)	280,500.	0.	33,211.	35,285.	29,273.	378,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LARI C. RUSSO CHIEF FINANCIAL OFFICER	(i)	319,800.	0.	4,673.	35,360.	1,411.	361,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 4B:

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

THE LABORATORY PROVIDES SENIOR STAFF MEETING CERTAIN REQUIREMENTS

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS. AMOUNTS REPORTED REPRESENT

PAYMENTS TO THESE PLANS WHICH ARE NOT VESTED AND REMAIN SUBJECT TO

SUBSTANTIAL SERVICE REQUIREMENTS AND RISK OF FORFEITURE UPON EARLY

TERMINATION. THE FOLLOWING PAYMENTS WERE MADE IN 2021:

BRUCE STILLMAN \$68,955

JOHN TUKE \$29,940

DAVID SPECTOR \$22,913

PART I, LINE 7:

A BONUS OF \$15,000 WAS PAID TO WALTER GOLDSCHMIDTS, THE EXECUTIVE DIRECTOR

OF SPONSORED PROGRAMS FOR OUTSTANDING PERFORMANCE.

PART II, COLUMN B (III)

OTHER REPORTABLE COMPENSATION OF 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

**Part III Supplemental Information**

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

OF BUSINESS RELATIONSHIPS AND MEETINGS.

PART II, COLUMN D

ADDITIONAL DISCLOSURE

COLD SPRING HARBOR LABORATORY PROVIDES DR. STILLMAN WITH A HOME ON ITS CAMPUS AND REQUIRES IT TO BE USED AS A CONDITION OF HIS EMPLOYMENT. THE PRESIDENT NEEDS TO BE AVAILABLE TO RESPOND 24/7 TO ANY LABORATORY EMERGENCY. THE PRESIDENT'S HOME IS AVAILABLE FOR VISITING SCIENTISTS AND SPECIAL EVENTS. THE NON-TAXABLE VALUE OF THE HOME ALONG WITH OTHER EXPENSES ARE INCLUDED IN COLUMN D.

**Supplemental Information on Tax-Exempt Bonds**

▶ **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.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **COLD SPRING HARBOR LABORATORY** Employer identification number **11-2013303**

<b>Part I Bond Issues</b>											
(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
<b>A</b> NASSAU COUNTY IDA	11-2559657	631657JS3	06/27/06	55,000,000.	CONSTRUCTION OF RESEARCH BLDG		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired .....										
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	55,000,000.									
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....	739,727.									
<b>8</b> Credit enhancement from proceeds .....	1,003,854.									
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....	52,709,095.									
<b>11</b> Other spent proceeds .....	547,324.									
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....	2009									
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X								
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X								
<b>16</b> Has the final allocation of proceeds been made? .....	X									
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X									

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

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X							
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...		X						
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....	X							
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....								
<b>b</b> Exception to rebate? .....								
<b>c</b> No rebate due? .....								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X							

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	X							
<b>b</b> Name of provider .....	JP MORGAN							
<b>c</b> Term of hedge .....	35.0000000							
<b>d</b> Was the hedge superintegrated? .....		X						
<b>e</b> Was the hedge terminated? .....		X						
<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 .....	1.8000000							
<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						

	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 isn't available under applicable regulations? .....		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

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

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

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2021**

**Open To Public Inspection**

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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **COLD SPRING HARBOR LABORATORY** Employer identification number **11-2013303**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by 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
CHARLES PRIZZI	VP, DEV.	MORTGAGE		X	400,000.	272,625.		X	X		X	
<b>Total</b> .....						▶ \$	272,625.					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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



**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information.**

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

PART IV, COLUMN(B)

**BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS**

- IN 1996, THE LABORATORY JOINTLY INVESTED IN THE PURCHASE OF A

PERSONAL RESIDENCE FOR DAVID SPECTOR (A THEN NON-KEY EMPLOYEE). IN

2007, MR. SPECTOR WAS PROMOTED TO DIRECTOR OF RESEARCH, A KEY POSITION.

- IN 2018, THE LABORATORY JOINTLY INVESTED IN THE PURCHASE OF A

PERSONAL RESIDENCE FOR JOHN TUKE, CHIEF OPERATING OFFICER, A KEY

POSITION.

PART IV, COLUMN(B)

- JOINT INVESTMENT IN RESIDENCE

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **COLD SPRING HARBOR LABORATORY** Employer identification number: **11-2013303**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	910,590.	MEAN VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	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 isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

COLD SPRING HARBOR LABORATORY

Employer identification number

11-2013303

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED FROM PART III)

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 AND HARVARD. 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. THE LABORATORY HAS BEEN A NATIONAL CANCER  
INSTITUTE-DESIGNATED CANCER CENTER WITH AN NCI "OUTSTANDING" RATING. IT  
HAS BEEN HOME TO EIGHT NOBEL LAUREATES, INCLUDING BARBARA MCCLINTOCK,  
DISCOVERER OF THE "JUMPING GENES". THE LABORATORY OFFERS AN ADVANCED  
DRUG TESTING FACILITY DELIVERING WELL-VALIDATED DRUG CANDIDATES TO BOTH  
THE BIOTECH AND PHARMACEUTICAL INDUSTRY. SINCE 2015, CSHL HAS HAD AN  
AFFILIATION WITH NORTHWELL HEALTH, THE AFFILIATION HAS LAUNCHED NEW  
EDUCATION INITIATIVES, EXPANDED ACCESS TO CLINICAL TRIALS, AND PROVIDED  
FUNDING FOR NEW INVESTIGATIONS THAT WILL HAVE A RAPID IMPACT IN THE  
CLINIC. TOGETHER, CSHL AND NORTHWELL HEALTH ARE COMMITTED TO BRINGING  
OUR DISCOVERIES OUT OF THE LAB AND TO THE PATIENTS. AS A TEAM, WE ARE  
POISED TO IDENTIFY NEW CANCER DIAGNOSTICS AND THERAPEUTICS THAT WILL  
MORE EFFECTIVELY AND RAPIDLY TREAT CANCER THAN EVER BEFORE.

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

Schedule O (Form 990) 2021

Name of the organization COLD SPRING HARBOR LABORATORY	Employer identification number 11-2013303
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## FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED FROM PART III)

PARTICIPANTS RANGE FROM THE MOST ACCOMPLISHED SENIOR INVESTIGATORS TO GRADUATE STUDENTS AND POSTDOCS. PROGRAMS ARE PUT TOGETHER ON THE BASIS OF OPENLY SUBMITTED ABSTRACTS AND INCLUDE DISCUSSIONS OF UNPUBLISHED WORK. CSH ASIA, A CSHL-STYLED MEETING PROGRAM, WHICH BEGAN IN 2009, THRIVES IN SUZHOU, CHINA.

## FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS

SCHOOL OF BIOLOGICAL SCIENCES: THE CSHL SCHOOL OF BIOLOGICAL SCIENCES (SBS) TRAINS THE NEXT GENERATION OF BIOLOGISTS, OFFERING A PH.D. IN BIOLOGY IN AS LITTLE AS 4 YEARS TO A LIMITED NUMBER OF ACCOMPLISHED STUDENTS (APPROXIMATELY 50) DRAWN FROM AROUND THE WORLD. THE CURRICULUM IS DESIGNED TO TRAIN SELF-CONFIDENT, SELF-RELIANT YOUNG SCIENTISTS TO BECOME SCHOLARS AND TO ACQUIRE THE KNOWLEDGE THAT THEIR RESEARCH AND FUTURE CAREERS DEMAND. OUR GRADUATES ARE WELL PREPARED TO ENTER A WIDE ARRAY OF CAREERS THAT INCLUDE ACADEMIC RESEARCH, BIOTECH, PHARMA, CONSULTING, AND PUBLISHING. STUDENTS AT CSHL EXPLORE CAREER OPTIONS AND ACQUIRE PROFESSIONAL SKILLS THROUGH SEVERAL MEANS, SUCH AS THE CAREER AND SKILLS DEVELOPMENT COURSE, THE CAREER DIRECTIONS SERIES AND THE BIOSCIENCE ENTERPRISE CLUB. THE SCHOOL OF BIOLOGICAL SCIENCES PROVIDES STUDENTS WITH OPPORTUNITIES FOR EXPERIENTIAL LEARNING AND INTERNSHIPS.

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

Name of the organization COLD SPRING HARBOR LABORATORY	Employer identification number 11-2013303
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TWENTY MEETINGS ARE ORGANIZED EACH YEAR, FOR GROUPS BETWEEN 20-30 PARTICIPANTS. THE CONFERENCES ARE RECOGNIZED INTERNATIONALLY AS BEING AMONG THE WORLD'S 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 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.

EXPENSES \$ 4,973,007. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,752,101.

FORM 990, PART VI, SECTION A, LINE 4:

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS  
CSHL AMENDED ITS BYLAWS IN CALENDAR YEAR 2021 TO MODIFY THE COMPOSITION OF ITS BOARD OF TRUSTEES. THE MAX NUMBER OF TRUSTEES INCREASED FROM 35 TO 40.

FORM 990, PART VI, SECTION B, LINE 11B:

990 REVIEW

THE CONSOLIDATED FINANCIAL STATEMENTS AND THE 990 OF THE ORGANIZATION ARE

Name of the organization COLD SPRING HARBOR LABORATORY	Employer identification number 11-2013303
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PREPARED BY THE FINANCE OFFICE OF COLD SPRING HARBOR LABORATORY. THE FINANCE OFFICE USES THE BOOKS AND RECORDS OF THE ORGANIZATION TO PREPARE THE FINANCIAL STATEMENTS AND THE 990. THESE RECORDS ARE LARGELY INCLUDED IN THE AUDITED DOCUMENTS BY AN INDEPENDENT AUDITOR. UPON COMPLETION OF THE AUDITED FINANCIAL STATEMENTS, THE REMAINING DOCUMENTATION NEEDED TO PREPARE THE 990 IS FINALIZED. THE CFO THEN PROCEEDS WITH A DETAILED REVIEW OF THE 990, WITH ADDITIONAL DOCUMENTATION AND SCHEDULES. THESE DOCUMENTS ARE FORWARDED TO GRANT THORNTON, LLP WHO REVIEWS THE DRAFT RETURN AND SUPPORTING INFORMATION AND PREPARES THE RETURN FOR ELECTRONIC FILING TO THE IRS. COPIES OF THE RETURN ARE REVIEWED BY THE AUDIT AND RISK 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 QUESTIONNAIRE DISCLOSING POSSIBLE SOURCES OF CONFLICT OF INTEREST ACCORDING TO THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION. THE ORGANIZATION ALSO REQUIRES ALL OFFICERS, TRUSTEES AND KEY PERSONNEL TO FILE AN ANNUAL QUESTIONNAIRE DISCLOSING POSSIBLE SOURCES OF CONFLICT OF INTEREST ACCORDING TO THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION. THE BOARD OF TRUSTEES IS MADE UP OF A LARGE GROUP OF LEADERS WITHIN THE SCIENTIFIC AND FINANCIAL COMMUNITIES. ANY MEMBER WITH A PERCEIVED OR ACTUAL CONFLICT WITH RESPECT TO A CONTEMPLATED TRANSACTION SHALL RECUSE THEMSELVES FROM ANY DELIBERATION OR DETERMINATION OF THE TRANSACTION CONSIDERED. REPORTING IS MANAGED BY THE OFFICE OF THE CHIEF OPERATING OFFICER AND THE OFFICE OF THE GENERAL COUNSEL FOR OFFICERS, TRUSTEES AND KEY PERSONNEL AND THE CONFLICT OF INTEREST AND COMPLIANCE COORDINATOR AND THE OFFICE OF THE GENERAL COUNSEL FOR SENIOR STAFF.

Name of the organization COLD SPRING HARBOR LABORATORY	Employer identification number 11-2013303
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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 UPON RECOMMENDATION OF THE  
COMPENSATION REVIEW AND ADVISORY SUB-COMMITTEE. THE VP HUMAN RESOURCES  
REPORTS DIRECTLY TO THE COMPENSATION REVIEW AND ADVISORY SUB-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 SUB-COMMITTEE. CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION  
AND DISCUSSION BY THE COMPENSATION REVIEW AND ADVISORY SUB-COMMITTEE AND  
THE EXECUTIVE COMMITTEE IS MAINTAINED BY THE VP OF HUMAN RESOURCES.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS

THE ORGANIZATION MAINTAINS ALL DOCUMENTS INCLUDING GOVERNING DOCUMENTS,  
CONFLICT OF INTEREST POLICIES, ANNUAL REPORTS, FINANCIAL STATEMENTS AND TAX  
RETURNS FOR PUBLIC INSPECTION AT THE FINANCE OFFICE OF COLD SPRING HARBOR  
LABORATORY, LOCATED AT 1 BUNGTOWN ROAD, COLD SPRING HARBOR, NEW YORK 11724.  
IN ADDITION MANY OF THESE DOCUMENTS ARE AVAILABLE ONLINE AT WWW.CSHL.EDU.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	7,281,769.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization: **COLD SPRING HARBOR LABORATORY**  
Employer identification number: **11-2013303**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FAMILY THEATER, LLC - 11-2013303 1 BUNGTOWN ROAD COLD SPRING HARBOR, NY 11724	INVESTMENT	NEW YORK	-317,447.	0.	CSHL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ROBERTSON RESEARCH FUND, INC. - 23-7224244 P.O. BOX 100 COLD SPRING HARBOR, NY 11724	SUPPORT	DELAWARE	501(C)(3)	LINE 11	CSHL	X	
COLD SPRING HARBOR LABORATORY ASSOC. - 11-1631792, P.O. BOX 100, COLD SPRING HARBOR, NY 11724	SUPPORT	NEW YORK	501(C)(3)	LINE 11	N/A		X

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

Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COLD SPRING HARBOR ASIA (SIP) LTD 218 XIN HU ST. SUZHOU, CHINA 215125	SCIENTIFIC CO	CHINA	N/A	C CORP	1,954,272.	3,479,864.	100%	X	
CHARITABLE REMAINDER TRUST(3)	INVESTMENT	NY	CSHL	TRUST	0.	0.	100%	X	
UNITRUST(1)	INVESTMENT	MA	CSHL	TRUST	0.	0.	25.00%		X
CHARITABLE REMAINDER TRUST(1) DEPYMED IND. 800 THIRD AVE, 11TH FLOOR NEW YORK, NY 10022	INVESTMENT	WI	CSHL	TRUST	0.	0.	100%	X	
	SCIENTIFIC CO	NY	N/A	C CORP	0.	0.	32.15%		X

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) 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) .....		X
<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	495,000.	CASH BASIS
(2)			
(3)			
(4)			
(5)			
(6)			



