

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>COLD SPRING HARBOR LABORATORY TAX DEFERRED ANNUITY PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1989</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>COLD SPRING HARBOR LABORATORY</u> <u>ONE BUNGTOWN ROAD</u> <u>COLD SPRING HARBOR, NY 11724-2209</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>11-2013303</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>516-367-8499</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541700</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>11-2013303</u>	2c Plan Sponsor's telephone number <u>516-367-8499</u>	2d Business code (see instructions) <u>541700</u>	
2b Employer Identification Number (EIN) <u>11-2013303</u>					
2c Plan Sponsor's telephone number <u>516-367-8499</u>					
2d Business code (see instructions) <u>541700</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	KATHERINE G. RAFTERY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	JOHN TUKE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number 	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1446
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) 6a(2) 6b 6c 6d 6e 6f 6g 6h	907 887 2 559 1448 3 1451 1117
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L 2M 2G 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COLD SPRING HARBOR LABORATORY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COLD SPRING HARBOR LABORATORY	D Employer Identification Number (EIN) 11-2013303	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	100461	294	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	8522280
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	16473733

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	9292543
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c	Additions: (1) Contributions deposited during the year	7c(1)	0	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	271496	
	(4) Transferred from separate account.....	7c(4)	7783	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	279279
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	9571822
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	386668	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)	283960	
	(4) Other (specify below)	7e(4)	378914	

▶ MISC DEDUCTIONS

(5) Total deductions	7e(5)	1049542
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	8522280
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COLD SPRING HARBOR LABORATORY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COLD SPRING HARBOR LABORATORY	D Employer Identification Number (EIN) 11-2013303	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA80000	120	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 6505052**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 9278465**c** Additions: (1) Contributions deposited during the year **7c(1)** 253146
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 153167
(4) Transferred from separate account..... **7c(4)** 766006
(5) Other (specify below)..... **7c(5)** 29438

▶ MISC ADDITIONS

(6) Total additions **7c(6)** 1201757**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 10480222**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 389442(2) Administration charge made by carrier..... **7e(2)**(3) Transferred to separate account..... **7e(3)** 3571632(4) Other (specify below)..... **7e(4)** 14096

▶ MISC DEDUCTIONS

(5) Total deductions **7e(5)** 3975170**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 6505052

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COLD SPRING HARBOR LABORATORY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COLD SPRING HARBOR LABORATORY	D Employer Identification Number (EIN) 11-2013303	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS	333 SOUTH HOPE STREET LOS ANGELES, CA 90017

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMUNDI ASSET MANAGEMENT US, INC.	60 STATE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BAMCO, INC.	
43-1581814	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLACKROCK ADVISORS LLC	PO BOX 9793 PROVIDENCE, RI 02940

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

COHEN & STEERS CAPITAL MANAGEMENT

PO BOX 8480
BOSTON, MA 02266

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DELTARE MANAGEMENT COMPANY

2005 MARKET ST
PHILADELPHIA, PA 19103

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DOUBLELINE CAPITAL LP

30-0596331

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRED ALGER MANAGEMENT, LLC

360 PARK AVENUE SOUTH
NEW YORK, NY 10010

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO ADVISERS, INC.

11 GREENWAY PLAZA
SUITE 100
HOUSTON, TX 77046

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

J.P MORGAN

270 PARK AVENUE
NEW YORK, NY 10017

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MASSACHUSETTS FINANCIAL SERVICES

111 HUNTINGTON AVENUE
BOSTON, MA 02199

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEW YORK LIFE STABLE VALUE

13-5582869

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TIAA

13-1624203

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY CAPITAL MANAGEMENT

13-2700161

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 50	NONE	31208	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	8639	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON GROWTH INST.-DST SYSTEMS, INC 43-1581814	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE CORE FI I - U.S. BANCORP 615 EAST MICHIGAN STREET MILWAUKEE, WI 53201	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COHEN & STEERS REALTY-DST ASSET MGR 430 W 7TH STREET KANSAS CITY, MO 64105	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NY LIFE STABLE VALUE 30 HUDSON STREET JERSEY CITY, NJ 07302	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COLD SPRING HARBOR LABORATORY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 COLD SPRING HARBOR LABORATORY	D Employer Identification Number (EIN) 11-2013303	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)	145508	164063
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1879	2101
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	429839	456736
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1052541	1370988
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	72330695	86528602
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	18571008	15027332
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	92531470 103549822
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	92531470 103549822

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	4177645
	(C) Others (including rollovers).....	2a(1)(C)	741624
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	4919269
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	22971
	(F) Other	2b(1)(F)	424663
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	447634
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3622399
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	3622399
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		194765
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		7444683
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16628750
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5570551	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		5570551
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	31208	
(3) Investment advisory and management fees.....	2i(3)	8639	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		39847
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5610398
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		11018352
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan COLD SPRING HARBOR LABORATORY TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 COLD SPRING HARBOR LABORATORY	D Employer Identification Number (EIN) 11-2013303

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-1624203 04-2647786		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	15

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Financial Statements and Supplemental Schedule together with
Report of Independent Certified Public Accountants

**COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN**

For years ended December 31, 2021 and 2020

COLD SPRING HARBOR LABORATORY TAX-DEFERRED ANNUITY PLAN

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* Schedules required for Form 5500 which are not applicable have not been included.

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Plan Administrator
Cold Spring Harbor Laboratory Tax-Deferred Annuity Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit for the 2021 financial statements

We were engaged to perform an audit of the financial statements of Cold Spring Harbor Laboratory Tax-Deferred Annuity Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of opinion on the 2021 financial statements

We do not express an opinion on the accompanying 2021 financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2021 financial statements.

Basis for disclaimer of opinion on the 2021 financial statements

As described in Note 2 to the financial statements, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient

to determine the extent to which the 2021 financial statements may have been affected by these conditions.

Further, as described in Note 2 to the financial statements, the Plan has excluded from investments in the accompanying statement of net assets available for benefits, certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the financial statements.

Responsibilities of management for the 2021 financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's responsibilities for the audit of the 2021 financial statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits.

Other matters*2021 supplemental schedule required by ERISA*

The supplemental schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section on the 2021 financial statements of our report, it is inappropriate to and we do not express an opinion on the 2021 supplemental schedule referred to above.

Auditor's report on the 2020 financial statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by qualified institutions. In our report dated October 7, 2021, we indicated that because of the significance of the information that we did not audit and because the Plan had not maintained sufficient accounting records and supporting documents relating to certain contracts and custodial accounts issued to current and former employees prior to January 1, 2009 and because the Plan excluded from investments in the statement of net assets available for benefits, certain contracts and custodial accounts issued to current and former employees prior to January 1, 2009 as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans as well as the exclusion of investment income and distributions related to such accounts from the statement of changes in net assets available for benefits, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements.



Melville, New York
October 14, 2022

COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN
Statements of Net Assets Available for Benefits
As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value	\$ 87,901,694	\$ 73,385,118
Investments, at contract value	<u>15,027,329</u>	<u>18,571,005</u>
Total investments	102,929,023	91,956,123
Participant contributions receivable	164,063	145,508
Notes receivable from participants	<u>456,736</u>	<u>429,839</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 103,549,822</u></u>	<u><u>\$ 92,531,470</u></u>

The accompanying notes are an integral part of these financial statements.

COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN
Statements of Changes in Net Assets Available for Benefits
For the years ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 7,910,943	\$ 7,923,942
Dividends and interest	<u>3,775,567</u>	<u>2,025,294</u>
Total net investment income	11,686,510	9,949,236
Participant contributions	4,177,645	3,843,372
Rollovers	741,624	394,077
Interest from participant loans	<u>22,971</u>	<u>23,598</u>
Total additions	16,628,750	14,210,283
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Distributions to participants	<u>5,610,398</u>	<u>3,616,480</u>
Total deductions	<u>5,610,398</u>	<u>3,616,480</u>
Net increase in net assets	11,018,352	10,593,803
Net assets available for benefits, beginning of year	<u>92,531,470</u>	<u>81,937,667</u>
Net assets available for benefits, end of year	<u><u>\$ 103,549,822</u></u>	<u><u>\$ 92,531,470</u></u>

The accompanying notes are an integral part of these financial statements.

COLD SPRING HARBOR LABORATORY TAX-DEFERRED ANNUITY PLAN

Notes to Financial Statements

December 31, 2021 and 2020

1. DESCRIPTION OF THE PLAN AND NATURE OF OPERATIONS

The following description of the Cold Spring Harbor Laboratory Tax-Deferred Annuity Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more detailed description of the Plan’s provisions.

General

The Plan is a defined contribution plan established on January 1, 1989, sponsored by Cold Spring Harbor Laboratory (the “Laboratory” or “Plan Sponsor”) under Section 403(b) of the Internal Revenue Code (“IRC”). The Laboratory’s Employee Benefits Committee is the administrator of the Plan (“Benefits Committee” or “Plan Administrator”) and has designated the Vice President, Human Resources to be responsible for many matters of plan operation. Prior to January 1, 2011, participants were able to direct investment of their contributions in Teachers Insurance and Annuity Association (“TIAA”), College Retirement Equities Fund (“CREF”) (collectively, “TIAA-CREF”), or certain TIAA-CREF mutual funds. Effective January 1, 2011, the Plan Sponsor added Fidelity Workplace Services (“Fidelity”), as an additional record-keeper and Fidelity Management Trust Company (“FMTC”), as the custodian of the Plan. Participants may invest their current contributions only with Fidelity. The Plan Administrator is responsible for enrolling participants, forwarding Plan contributions for each participant to the investment options selected, and performing other duties required for operating the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Contributions and Management of the Funds

Participants elect a whole dollar amount of their salary that they wish to contribute under the Plan. Participants may not elect an amount which exceeds their net take home pay and may terminate their salary reduction agreement at any time. All contributions are invested at the discretion of the participants. Discretionary authority for the purchase and sale of investments and the management of the accounts of the Plan’s participants are currently placed with FMTC, as custodian, and are record kept by Fidelity. Contributions under the Plan are subject to an annual maximum dollar limit of \$19,500 for 2021 and 2020. Participants who are age 50 or older by December 31 are eligible to make an additional pre-tax contribution (catch-up) in excess of the annual maximum dollar limit of \$6,500 for 2021 and 2020. In addition, the total amount of contributions made for any year may not exceed the limit set by Section 415(c) of the IRC, which is \$58,000 for 2021 and \$57,000 for 2020, or 100% of participant’s eligible compensation for their most recent year of service, whichever is less. For purposes of applying this limit, amounts contributed under this plan exclusive of the catch-up amount, must be combined with amounts contributed on a participant’s behalf under the Cold Spring Harbor Laboratory Section 401(a) Retirement Plan.

The Plan accepts participant rollover contributions which are eligible for rollover treatment, from another Section 403(b) plan, a plan described in Section 401(a) or 403(a), an eligible Section 457(b) plan which is maintained by a state, political subdivision of a state, or a state agency, or an individual retirement account or annuity described in Section 408(a) or 408(b).

Upon enrollment in the Plan, a participant may direct contributions in any of the available investment options at Fidelity.

COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN
Notes to Financial Statements
December 31, 2021 and 2020

1. DESCRIPTION OF THE PLAN AND NATURE OF OPERATIONS (CONTINUED)

Participant Accounts

Each participant's account is credited (or debited) with the participant's contribution and allocations of the plan earnings (or losses). The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participation

All employees of the Laboratory can become participants in the Plan immediately upon employment if they qualify as a common law employee. Graduate students do not qualify as common law employees and will generally not be eligible to participate. Participation in the Plan is voluntary and upon election an employee must complete a salary reduction agreement and return it to the Laboratory. Participants continue to be eligible to contribute to the Plan until they cease to be an eligible employee, or the Plan is frozen or terminated, whichever occurs first.

Vesting

All participant benefits are 100% vested from the first day of enrollment in the Plan.

Payment of Benefits

Participants may elect to receive benefits under any of the forms of benefit permitted by the Plan. The options available will depend upon the participant's election and may include: single life annuity, survivor annuity, minimum distribution option ("MDO"), or lump sum distribution. Distributions attributable to amounts accrued in an annuity contract and amounts accrued in a mutual fund custodial account regardless of date may be paid only when a participant attains age 59½, terminates, dies or becomes disabled. Participants may also withdraw their accumulation if they encounter hardship. Unless the participant elects otherwise, distribution of benefits will begin no later than the 60th day after the latest of the close of the Plan year in which; the participant attains age 65, the 10th anniversary of the year in which the participant commenced participation in the Plan, or the participant terminates service with the Laboratory.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was signed into law. As part of the CARES Act, the Plan adopted the Waiver of 2020 Required Minimum Distributions.

Notes Receivable from Participants

The Plan offers a loan feature whereby a participant (borrower) enrolled in the Plan may borrow a minimum amount of \$1,000 up to a maximum of, the lesser of, 50% of their vested account balance or \$50,000. The maximum number of loans per participant that may be outstanding at any time is two. The loans are secured by the participant's account balance and bear interest at the prime rate in effect on the first business day of the month the loan is made, plus 1%. The notes receivable from participants bore interest from 4.25% to 6.50% at December 31, 2021 and 2020, with maturity dates through October 24, 2029. The repayment of loans must be made in equal monthly installments for a period up to five years for general-purpose loans or up to 15 years for residential loans. If a participant defaults, any unpaid balance will convert into a taxable distribution which may be subjected to a penalty tax if under the age of 59½. Participant loans are

COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN
Notes to Financial Statements
December 31, 2021 and 2020

1. DESCRIPTION OF THE PLAN AND NATURE OF OPERATIONS (CONTINUED)

reported at unpaid principal plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Loans with TIAA-CREF

Prior to January 1, 2011, the Plan offered a loan feature whereby a participant (borrower) enrolled in the Plan may borrow a minimum amount of \$1,000 up to a maximum of, the lesser of, 50% of their TIAA vested account balance or \$50,000. The loans were issued directly from funds owned by TIAA-CREF and not directly from a participant's account. An amount equal to 110% of the loan was set aside in the TIAA Group Supplemental Retirement Annuity Traditional Annuity Account accumulation as collateral. The collateral will continue to earn guaranteed interest as well as dividends. Principal and interest are paid by the participant directly to TIAA-CREF. Loans used to purchase a primary residence may be repaid over ten years. Loans for all other purposes must be repaid within five years. The participant loans are not considered assets of the Plan. At December 31, 2021 and 2020, participants had plan loan balances due to TIAA of \$61,957 and \$53,384, respectively. Interest rates on loans ranged from 5.05% to 6.84% at December 31, 2021 and 2020.

Plan Expenses

Administrative expenses of the Plan including accounting, legal, tax and advisory are paid by the Laboratory. The Plan pays for any expenses to the extent not paid by the Laboratory.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND PRACTICES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

The Plan was established in 1989 and was historically viewed as an amalgamation of individual annuity and custodial accounts. The Plan and its service providers did not maintain financial information at a Plan level. As of December 31, 2008, the Plan's record-keeper began to provide the Plan Administrator with annual certified statements summarizing the Plan's activities and holdings. Because these historical records were not maintained or are not available at the Plan level, the Plan may have excluded investments in the accompanying statements of net assets available for benefits, certain annuity and custodial accounts and related activity issued to current and former employees prior to January 1, 2009. In recognition of these recordkeeping matters, the Department of Labor ("DOL") released Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans* ("FAB 2009-02"), as transitional relief to address situations where the Plan's management is not able to obtain historical records. The DOL has indicated that they will not reject Form 5500 where contracts are excluded as long as certain conditions, as outlined in FAB 2009-02, were met. Further, FAB 2009-02 suggests that plan administrators make good faith efforts to include known contracts. While plan management has, in good faith, included all known contracts, because of certain incomplete records there is uncertainty that all contracts have been included. The Plan Administrator believes that excluded annuities or custodial accounts, if any, would meet the conditions of FAB 2009-02.

COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN
Notes to Financial Statements
December 31, 2021 and 2020

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND PRACTICES (CONTINUED)

Plan Record Management

In November 2007, the DOL issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting and disclosure requirements under Part 1 of Subtitle B of Title I of the ERISA, as amended. Prior to the amended regulations, the Plan (established in 1989) was not viewed as a separate reporting entity. Consistent with not for profit industry practices, recordkeeping of the Laboratory's Plan has been maintained by TIAA since inception of the respective individual service contracts and for all years since the Plan's inception. While the service provider provided details of participant accounts to the individual Plan participants, they did not provide sufficient records at the Plan level and as a result, Plan management did not have the necessary records when preparing the financial statements (the effect, if any, on the completeness or accuracy of the Plan's financial statements cannot be determined).

Investments Valuation and Income Recognition

The Plan's investments are stated at fair value (see Note 4 for discussion of fair value measurement) except for the TIAA Traditional Annuity – fully-benefit responsive (Note 5) and the Guaranteed Interest Account (Note 6), which are reported at contract value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Benefit Payments

Benefit payments are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles ("U.S. GAAP") requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates and assumptions.

Risks and Uncertainties

The Plan invests in various types of investment securities. Investment securities are exposed to various risks such as interest rate risk, overall market volatility, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

The Plan may invest in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations, and commercial mortgage-backed securities, including securities backed by sub prime mortgage loans. The value, liquidity, and related income of these securities are sensitive to change in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN
Notes to Financial Statements
December 31, 2021 and 2020

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND PRACTICES (CONTINUED)

The TIAA Traditional Annuity is benefit responsive and represents approximately 8% and 10% of the Plan's net assets as of December 31, 2021 and 2020, respectively, and represents an obligation from TIAA to repay as amounts come due. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value are probable.

3. INFORMATION CERTIFIED

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, (1) TIAA-CREF, as insurance companies, (2) TIAA, the Plan's record-keeper, on behalf of TIAA, FSB (formerly known as TIAA-CREF Trust Company, FSB), a federal saving association, and (3) FMTC, a custodian for the Plan, have certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

- Investments and participant contributions receivable, as shown in the statements of net assets available for benefits as of December 31, 2021 and 2020;
- Investment income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020; and
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2021.

The Plan's independent accountants did not perform auditing procedures with respect to this information.

4. FAIR VALUE

U.S. GAAP establishes a framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

COLD SPRING HARBOR LABORATORY

TAX-DEFERRED ANNUITY PLAN

Notes to Financial Statements

December 31, 2021 and 2020

4. FAIR VALUE (CONTINUED)

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. The Plan did not possess any Level 2 assets at December 31, 2021 or 2020.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2021 and 2020:

Registered investment companies: The Plan's investments in registered investment company mutual funds represent the Plan's participation in certain mutual funds whose value is determined by the performance of the underlying investments held by the fund. The net asset value ("NAV") of the mutual funds is determined daily. The Plan's investments in these funds are not guaranteed as to principal or interest, and their values vary with the performance of the funds. These assets are classified as Level 1. The fair value of accumulation units held by the Plan in CREF accounts are valued at quoted market prices at the close of the last business day of the year. Data for the NAV in CREF accounts are available to plan administrators and client investors on the NASDAQ's website, and provide sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices from independent pricing sources.

Pooled separate account: The fair value of the Plan's interest in the pooled separate account is based on the fund's daily NAV. In accordance with Accounting Standards Codification ("ASC") Subtopic 820-10, certain investments that are measured at fair value using NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The unit value of the fund is calculated daily and available to plan administrators and client investors on the NASDAQ's website. Underlying holdings are primarily valued using independent appraisals or independent pricing sources. Although the underlying assets of the fund cannot be sold and converted to liquid assets, the TIAA general account provides the fund with a liquidity guarantee whereby TIAA ensures there are funds available to meet participant redemption, transfer or cash withdrawal requests. Redemption of pooled separate accounts is generally permitted daily, and there are no unfunded commitments. Under certain circumstances, withdrawals from the pooled separate account may be subject to a 12 month hold or market value adjustment.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2021 and 2020, and there were no transfers between levels for the years ended December 31, 2021 and 2020. The Benefits Committee performs ongoing due diligence reviews of the Plan's investments.

COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN
Notes to Financial Statements
December 31, 2021 and 2020

4. FAIR VALUE (CONTINUED)

The following tables present the Plan's fair value hierarchy for those investments measured at fair value as of December 31, 2021 and 2020:

Financial Assets	2021			
	Fair Value	Level 1	Level 2	Level 3
Registered investment companies:				
Money market funds	\$ 7,412,648	\$ 7,412,648	\$ -	\$ -
Equities				
Large-cap funds	9,945,727	9,945,727	-	-
Domestic funds	13,483,388	13,483,388	-	-
International funds	7,718,821	7,718,821	-	-
Mid-cap funds	12,225,765	12,225,765	-	-
Small-cap funds	2,573,653	2,573,653	-	-
Target date funds	31,186,032	31,186,032	-	-
Fixed income funds	1,984,672	1,984,672	-	-
Subtotal	86,530,706	86,533,703	-	-
Investments at NAV:				
Pooled separate account	1,370,988	-	-	-
Total investments at fair value	\$ 87,901,694	\$ 86,534,703	\$ -	\$ -

Financial Assets	2020			
	Fair Value	Level 1	Level 2	Level 3
Registered investment companies:				
Money market funds	\$ 1,841,727	\$ 1,841,727	\$ -	\$ -
Equities				
Large-cap funds	7,661,738	7,661,738	-	-
Domestic funds	9,696,146	9,696,146	-	-
International funds	6,744,509	6,744,509	-	-
Mid-cap funds	11,091,582	11,091,582	-	-
Small-cap funds	2,275,725	2,275,725	-	-
Target date funds	24,933,000	24,933,000	-	-
Fixed income funds	8,088,150	8,088,150	-	-
Subtotal	72,332,577	72,332,574	-	-
Investments at NAV:				
Pooled separate account	1,052,541	-	-	-
Total investments at fair value	\$ 73,385,118	\$ 72,332,574	\$ -	\$ -

COLD SPRING HARBOR LABORATORY

TAX-DEFERRED ANNUITY PLAN

Notes to Financial Statements

December 31, 2021 and 2020

5. TIAA TRADITIONAL ANNUITY

The TIAA Traditional Annuity represents insurance contracts issued by TIAA, which guarantee principal and a contractually specified interest rate to account participants. The contract value of the TIAA Traditional Annuity equals the accumulated cash contributions and interest credited to the Plan's contracts, plus transfers, less any withdrawals. The TIAA Traditional Annuity is not available for sale or transfer on any securities exchange. Accordingly, transactions in similar investment instruments are not observable. There are no unfunded commitments and redemptions may occur daily. The guaranteed annual interest rate is 3% for all premiums remitted since 1979 under the TIAA Traditional Annuity's accumulating contracts, plus additional amounts established by TIAA on a year-to-year basis. The average yield and crediting interest rates were approximately 3.70% and 3.00% for 2021 and 2020, respectively, for the TIAA Traditional Annuity. The yield credited to participants for 2021 and 2020 are net of annual investment fees. For 2021 and 2020, the Plan's annual fees were 0.375% and 0.425%, respectively. The crediting interest rate is calculated on a daily basis. The TIAA Traditional Annuity is reported at contract value and is fully-benefit responsive.

The fully-benefit responsive accounts are reported at contract value and are held within liquid contracts. The benefit responsive accounts available for this Plan are the Supplemental Retirement Annuity ("SRA") and Group Supplemental Retirement Annuity ("GSRA") contracts, which do not have restrictions on withdrawals except that transfers cannot be made to competing funds. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable. The Plan has recorded the TIAA Traditional Annuity benefit responsive account at contract value in its financial statements at \$8,522,277 and \$9,292,540 at December 31, 2021 and 2020, respectively.

6. NEW YORK LIFE GUARANTEED INTEREST ACCOUNT

The New York Life Insurance Company Guaranteed Interest Account ("GIA") is a benefit responsive group annuity contract issued by the New York Life Insurance Company general account. Contributions are currently invested in a broadly diversified fixed income portfolio within New York Life's general account managed by New York Life Investments' Fixed Income Investors Group. The investments in the general account are intended to provide a stable interest crediting rate consistent with preservation of principal. The interest crediting rate is reset on January 1 and July 1 and is guaranteed for a six-month period. The minimum crediting rate for the GIA contract will always fall within a range between 1.00% and 3.00%.

The annualized net crediting rate was 2.00% during the first six months and 1.95% for the last six months of 2021 (after deducting 0.35% expense). The annualized net crediting rate was 2.20% during the first six months and 2.05% for the last six months of 2020 (after deducting 0.35% expense). The Plan has recorded the GIA at contract value in its financial statements at \$6,505,052 and \$9,278,465 at December 31, 2021 and 2020, respectively.

Because the group annuity contract is fully-benefit responsive, contract value is the relevant measurement attribute for that portion of net assets available for benefits attributable to the group annuity contract. The group annuity contract is presented on the face of the statements of net assets available for benefits at contract value in arriving at net assets available for benefits. Participants may transfer balances into the GIA at any time at contract value.

COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN
Notes to Financial Statements
December 31, 2021 and 2020

6. NEW YORK LIFE GUARANTEED INTEREST ACCOUNT (CONTINUED)

Participants may elect to withdraw their balance in the contract as an annuity using the annuity purchase rates guaranteed in the contract or the daily liquidity amount at full contract value. Restrictions or fees may apply to exchanges or withdrawals. The contract provides for the payment of certain withdrawals and exchanges at contract value during the term of the contract. In order to maintain the contract issuers' promise to pay such withdrawals and exchanges at contract value, the contract subjects the fund and its participants to certain restrictions. For example, withdrawals prompted by certain events (e.g., layoffs, early retirement windows, spin-offs, sale of a division, facility closings, plan terminations, partial plan terminations, changes in laws or regulations) may be paid at the market value of the fund's securities, which may be less than the contract value or may restrict withdrawals in these events. In the instance the withdrawal amount available is less than contract value, an adjustment would be presented on the face of the statements of net assets available for benefits.

Certain investment options offered by the Plan may be deemed by the contract issuer to "compete" with this fund. Competing funds may include money market funds, short-term bond funds and self-directed brokerage options. The terms of the contract prohibit participants from making a direct exchange from this fund to such competing funds. Instead, participants must first exchange to a non-competing fund for ninety days. While these requirements may seem restrictive, they are imposed by the contract issuer as a condition for the issuer's promise to pay certain withdrawals and exchanges at contract value. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Laboratory has the right under the Plan to discontinue contributions at any time and to terminate the Plan by resolution of its Board of Trustees, subject to the provisions of ERISA. Upon such termination, the Laboratory may direct benefits to be distributed in lump sum payments as soon as practicable.

8. TAX STATUS

The Plan is intended to comply with the applicable requirements of Section 403(b) of the IRC. A tax determination letter program for individually designed plans is not available for IRC Section 403(b) plans through the Internal Revenue Service ("IRS"). The Plan Administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC and as such is exempt from federal income taxes.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN
Notes to Financial Statements
December 31, 2021 and 2020

9. RELATED PARTY TRANSACTIONS

Certain plan investments are managed by Fidelity Investments and TIAA-CREF. Fidelity Investments and Fidelity are both affiliates of FMTC. Fidelity and TIAA-CREF are the record-keepers as defined by the Plan. Therefore any transactions with these parties qualify as party in interest transactions. Fees paid by the Plan for investment management services are included in net appreciation in fair value of investments.

10. SUBSEQUENT EVENTS

The Plan Sponsor has evaluated subsequent events through October 14, 2022, the date the financial statements were authorized to be issued, and noted no matters that would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
*	Registered investment companies: Fidelity Investments	Contrafund K6, 365,319.33 units at a current value of \$23.34 per unit	\$ 8,526,553
	American Funds	2030 Target Date Retirement Fund R6, 374,723.16 units at a current value of \$17.87 per unit	6,696,303
	American Funds	2020 Target Date Retirement Fund R6, 396,138.73 units at a current value of \$14.32 per unit	5,672,707
	Pioneer	Intermediate Core-Plus Bond , 572,625.92 units at a current value of \$9.71 per unit	5,560,198
*	College Retirement Equities Fund	Stock R2 Account, 6,569.54 units at a current value of \$784.75 per unit	5,155,469
*	Fidelity 500 Index	Large Blend, 31,163.21 units at a current value of \$165.32 per unit	5,151,901
	BlackRock	Equity Dividend Account, 203,156.72 units at a current value of \$21.66 per unit	4,400,375
	American Funds	2035 Target Date Retirement Fund R6, 197,194.76 units at a current value of \$19.62 per unit	3,868,961
*	College Retirement Equities Fund	Equity Index R2 Account, 8,479.98 units at a current value of \$410.48 per unit	3,480,856
	American Funds	2025 Target Date Retirement Fund R6, 205,445.00 units at a current value of \$16.17 per unit	3,322,046
*	College Retirement Equities Fund	Growth R2 Account, 6,993.86 units at a current value of \$402.77 per unit	2,816,899
	American Funds	2040 Target Date Retirement Fund R6, 131,969.59 units at a current value of \$20.72 per unit	2,734,410
*	Fidelity Investments	Small Cap Index Account, 87,073.24 units at a current value of \$27.56 per unit	2,399,739
	American Funds	2050 Target Date Retirement Fund R6, 109,380.20 units at a current value of \$21.09 per unit	2,306,829
	Ivy	Mid Cap Growth, 50,904.07 units at a current value of \$42.79 per unit	2,178,185
	MFS	Mid Cap Value Account, 63,952.79 units at a current value of \$32.43 per unit	2,073,989
	American Funds	2045 Target Date Retirement Fund R6, 92,044.00 units at a current value of \$21.34 per unit	1,964,219
	MFS	Foreign Large Blend, 66,591.37 units at a current value of \$25.07 per unit	1,669,446
	Invesco Oppenheimer	Developing Market Account, 32,736.23 units at a current value of \$47.00 per unit	1,538,603
*	College Retirement Equities Fund	Global Equities R2 Account, 5,331.40 units at a current value of \$288.31 per unit	1,537,115
	Cohen & Steers	Real Estate Account, 16,831.04 units at a current value of \$83.48 per unit	1,405,055
	Baron	Mid Cap Growth Account, 11,266.62 units at a current value of \$121.65 per unit	1,370,584
	Alger	Small Cap Focus Fund, 39,479.25 units at a current value of \$26.56 per unit	1,048,569
	American Funds	2055 Target Date Retirement Fund R6, 37,651.95 units at a current value of \$26.59 per unit	1,001,166
	American Funds	2015 Target Date Retirement Fund R6, 62,404.66 units at a current value of \$13.10 per unit	817,501
*	Fidelity International Index	Foreign Large Blend, 14,081.00 units at a current value of \$49.29 per unit	694,052

The accompanying notes are an integral part of these financial statements.

**COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - continued
As of December 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
*	College Retirement Equities Fund	Social Choice R2 Account, 1,933.89 units at a current value of \$348.06 per unit	\$ 673,102
	American Funds	2010 Target Date Retirement Fund R6, 50,577.38 units at a current value of \$12.37 per unit	625,642
*	Teachers Insurance and Annuity Association – College Retirement Equities Fund	Lifecycle 2010 Retirement Account, 44,687.04 units at a current value of \$13.98 per unit	624,725
*	College Retirement Equities Fund	Bond Market R2 Account, 4,185.85 units at a current value of \$141.88 per unit	593,885
	Blackrock	Strategic Global Bond Fund, 92,243.02 units at a current value of \$6.19 per unit	570,984
*	College Retirement Equities Fund	Inflation - Linked R2 Bond Account, 6,403.96 units at a current value of \$83.34 per unit	533,676
	American Funds	2060 Target Date Retirement Fund R6, 25,725.98 units at a current value of \$17.88 per unit	459,981
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Large-Cap Value Index Retirement Account, 15,700.36 units at a current value of \$25.06 per unit	393,451
*	College Retirement Equities Fund	Money Market R2 Account, 11,717.21 units at a current value of \$26.61 per unit	311,743
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Lifecycle 2040 Retirement Account, 17,195.00 units at a current value of \$17.35 per unit	298,333
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	International Equity Index Retirement Account, 12,599.52 units at a current value of \$23.46 per unit	295,585
*	Fidelity Investments	Inflation-Protected Bond Index Fund, 25,638.58 units at a current value of \$11.16 per unit	286,127
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Lifecycle 2030 Retirement Account, 18,087.87 units at a current value of \$15.75 per unit	284,884
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Lifecycle 2035 Retirement Account, 15,147.03 units at a current value of \$16.62 per unit	251,744
	JP Morgan	Undiscovered Managers Behavioral Small Value Fund, 5,021.73 units at a current value of \$83.47 per unit	206,108
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Small-Cap Blend Index Retirement Account, 6,748.71 units at a current value of \$25.77 per unit	173,914
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Mid-Cap Value Retirement Account, 7,173.08 units at a current value of \$19.19 per unit	137,651
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Lifecycle 2025 Retirement Account, 8,779.85 units at a current value of \$15.02 per unit	131,873
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Lifecycle 2020 Retirement Account, 8,426.67 units at a current value of \$14.15 per unit	119,237

The accompanying notes are an integral part of these financial statements.

COLD SPRING HARBOR LABORATORY

TAX-DEFERRED ANNUITY PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - continued

As of December 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Mid-Cap Growth Retirement Account, 5,005.89 units at a current value of \$23.37 per unit	\$ 116,988
*	College Retirement Equities Fund	Emerging Market Equities Index Account, 3,328.07 units at a current value of \$12.55 per unit	41,767
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Lifecycle 2045 Retirement Account, 381.34 units at a current value of \$14.35 per unit	5,472
*	Fidelity	Government Money Market Fund, 2,100.83 units at a current value of \$1 per unit	2,104
			<u>86,530,706</u>
Pooled separate account:			
*	Teachers Insurance and Annuity Association	Real Estate Account, 2,663.33 units at a current value of \$514.76 per unit	<u>1,370,988</u>
Total investments at fair value			<u>87,901,694</u>
TIAA Traditional Annuity Accounts:			
*	Teachers Insurance and Annuity Association	Traditional Fully Benefit Responsive Account, 8,522,277.00 units at a current value of \$1 per unit	8,522,277
Guaranteed Interest Account:			
New York Life Insurance			
			<u>6,505,052</u>
Total investments at contract value			<u>15,027,329</u>
*	Plan Participants	Notes receivable from plan participants Interest rates range from 4.25% to 6.50% and maturity dates through October 2029.	<u>456,736</u>
Total assets			<u>\$ 103,385,759</u>

* Indicates a party-in-interest to the Plan.

The accompanying notes are an integral part of these financial statements.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

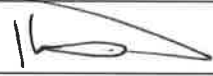
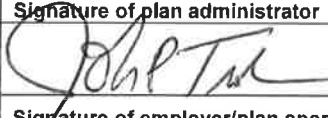
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan COLD SPRING HARBOR LABORATORY TAX DEFERRED ANNUITY PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/1989
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COLD SPRING HARBOR LABORATORY ONE BUNGTOWN ROAD COLD SPRING HARBOR NY 11724-2209	2b Employer Identification Number (EIN) 11-2013303 2c Plan Sponsor's telephone number 516-367-8499 2d Business code (see instructions) 541700

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/14/22	KATHERINE G. RAFTERY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/22	John Tuke
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1,446
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 907 6a(2) 887 6b 2 6c 559 6d 1,448 6e 3 6f 1,451 6g 1,117 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L 2M 2G 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

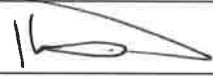
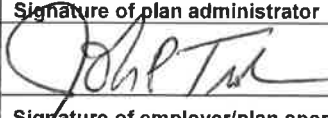
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan COLD SPRING HARBOR LABORATORY TAX DEFERRED ANNUITY PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/1989
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COLD SPRING HARBOR LABORATORY ONE BUNGTOWN ROAD COLD SPRING HARBOR NY 11724-2209	2b Employer Identification Number (EIN) 11-2013303 2c Plan Sponsor's telephone number 516-367-8499 2d Business code (see instructions) 541700

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/14/22	KATHERINE G. RAFTERY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/22	John Tuke
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1,446
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 907 6a(2) 887 6b 2 6c 559 6d 1,448 6e 3 6f 1,451 6g 1,117 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L 2M 2G 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
*	Registered investment companies: Fidelity Investments	Contrafund K6, 365,319.33 units at a current value of \$23.34 per unit	\$ 8,526,553
	American Funds	2030 Target Date Retirement Fund R6, 374,723.16 units at a current value of \$17.87 per unit	6,696,303
	American Funds	2020 Target Date Retirement Fund R6, 396,138.73 units at a current value of \$14.32 per unit	5,672,707
	Pioneer	Intermediate Core-Plus Bond , 572,625.92 units at a current value of \$9.71 per unit	5,560,198
*	College Retirement Equities Fund	Stock R2 Account, 6,569.54 units at a current value of \$784.75 per unit	5,155,469
*	Fidelity 500 Index	Large Blend, 31,163.21 units at a current value of \$165.32 per unit	5,151,901
	BlackRock	Equity Dividend Account, 203,156.72 units at a current value of \$21.66 per unit	4,400,375
	American Funds	2035 Target Date Retirement Fund R6, 197,194.76 units at a current value of \$19.62 per unit	3,868,961
*	College Retirement Equities Fund	Equity Index R2 Account, 8,479.98 units at a current value of \$410.48 per unit	3,480,856
	American Funds	2025 Target Date Retirement Fund R6, 205,445.00 units at a current value of \$16.17 per unit	3,322,046
*	College Retirement Equities Fund	Growth R2 Account, 6,993.86 units at a current value of \$402.77 per unit	2,816,899
	American Funds	2040 Target Date Retirement Fund R6, 131,969.59 units at a current value of \$20.72 per unit	2,734,410
*	Fidelity Investments	Small Cap Index Account, 87,073.24 units at a current value of \$27.56 per unit	2,399,739
	American Funds	2050 Target Date Retirement Fund R6, 109,380.20 units at a current value of \$21.09 per unit	2,306,829
	Ivy	Mid Cap Growth, 50,904.07 units at a current value of \$42.79 per unit	2,178,185
	MFS	Mid Cap Value Account, 63,952.79 units at a current value of \$32.43 per unit	2,073,989
	American Funds	2045 Target Date Retirement Fund R6, 92,044.00 units at a current value of \$21.34 per unit	1,964,219
	MFS	Foreign Large Blend, 66,591.37 units at a current value of \$25.07 per unit	1,669,446
	Invesco Oppenheimer	Developing Market Account, 32,736.23 units at a current value of \$47.00 per unit	1,538,603
*	College Retirement Equities Fund	Global Equities R2 Account, 5,331.40 units at a current value of \$288.31 per unit	1,537,115
	Cohen & Steers	Real Estate Account, 16,831.04 units at a current value of \$83.48 per unit	1,405,055
	Baron	Mid Cap Growth Account, 11,266.62 units at a current value of \$121.65 per unit	1,370,584
	Alger	Small Cap Focus Fund, 39,479.25 units at a current value of \$26.56 per unit	1,048,569
	American Funds	2055 Target Date Retirement Fund R6, 37,651.95 units at a current value of \$26.59 per unit	1,001,166
	American Funds	2015 Target Date Retirement Fund R6, 62,404.66 units at a current value of \$13.10 per unit	817,501
*	Fidelity International Index	Foreign Large Blend, 14,081.00 units at a current value of \$49.29 per unit	694,052

The accompanying notes are an integral part of these financial statements.

**COLD SPRING HARBOR LABORATORY
TAX-DEFERRED ANNUITY PLAN**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - continued
As of December 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
*	College Retirement Equities Fund	Social Choice R2 Account, 1,933.89 units at a current value of \$348.06 per unit	\$ 673,102
	American Funds	2010 Target Date Retirement Fund R6, 50,577.38 units at a current value of \$12.37 per unit	625,642
*	Teachers Insurance and Annuity Association – College Retirement Equities Fund	Lifecycle 2010 Retirement Account, 44,687.04 units at a current value of \$13.98 per unit	624,725
*	College Retirement Equities Fund	Bond Market R2 Account, 4,185.85 units at a current value of \$141.88 per unit	593,885
	Blackrock	Strategic Global Bond Fund, 92,243.02 units at a current value of \$6.19 per unit	570,984
*	College Retirement Equities Fund	Inflation - Linked R2 Bond Account, 6,403.96 units at a current value of \$83.34 per unit	533,676
	American Funds	2060 Target Date Retirement Fund R6, 25,725.98 units at a current value of \$17.88 per unit	459,981
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Large-Cap Value Index Retirement Account, 15,700.36 units at a current value of \$25.06 per unit	393,451
*	College Retirement Equities Fund	Money Market R2 Account, 11,717.21 units at a current value of \$26.61 per unit	311,743
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Lifecycle 2040 Retirement Account, 17,195.00 units at a current value of \$17.35 per unit	298,333
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	International Equity Index Retirement Account, 12,599.52 units at a current value of \$23.46 per unit	295,585
*	Fidelity Investments	Inflation-Protected Bond Index Fund, 25,638.58 units at a current value of \$11.16 per unit	286,127
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Lifecycle 2030 Retirement Account, 18,087.87 units at a current value of \$15.75 per unit	284,884
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Lifecycle 2035 Retirement Account, 15,147.03 units at a current value of \$16.62 per unit	251,744
	JP Morgan	Undiscovered Managers Behavioral Small Value Fund, 5,021.73 units at a current value of \$83.47 per unit	206,108
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Small-Cap Blend Index Retirement Account, 6,748.71 units at a current value of \$25.77 per unit	173,914
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Mid-Cap Value Retirement Account, 7,173.08 units at a current value of \$19.19 per unit	137,651
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Lifecycle 2025 Retirement Account, 8,779.85 units at a current value of \$15.02 per unit	131,873
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Lifecycle 2020 Retirement Account, 8,426.67 units at a current value of \$14.15 per unit	119,237

The accompanying notes are an integral part of these financial statements.

COLD SPRING HARBOR LABORATORY

TAX-DEFERRED ANNUITY PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - continued

As of December 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Mid-Cap Growth Retirement Account, 5,005.89 units at a current value of \$23.37 per unit	\$ 116,988
*	College Retirement Equities Fund	Emerging Market Equities Index Account, 3,328.07 units at a current value of \$12.55 per unit	41,767
*	Teachers Insurance and Annuity Association - College Retirement Equities Fund	Lifecycle 2045 Retirement Account, 381.34 units at a current value of \$14.35 per unit	5,472
*	Fidelity	Government Money Market Fund, 2,100.83 units at a current value of \$1 per unit	2,104
			<u>86,530,706</u>
Pooled separate account:			
*	Teachers Insurance and Annuity Association	Real Estate Account, 2,663.33 units at a current value of \$514.76 per unit	<u>1,370,988</u>
Total investments at fair value			<u>87,901,694</u>
TIAA Traditional Annuity Accounts:			
*	Teachers Insurance and Annuity Association	Traditional Fully Benefit Responsive Account, 8,522,277.00 units at a current value of \$1 per unit	8,522,277
Guaranteed Interest Account:			
New York Life Insurance			
			<u>6,505,052</u>
Total investments at contract value			<u>15,027,329</u>
*	Plan Participants	Notes receivable from plan participants Interest rates range from 4.25% to 6.50% and maturity dates through October 2029.	<u>456,736</u>
Total assets			<u>\$ 103,385,759</u>

* Indicates a party-in-interest to the Plan.

The accompanying notes are an integral part of these financial statements.