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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                          |                                                                                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                          |                                                                                                                                                                                                                                             |  |
| For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u> |                                                                                                          |                                                                                                                                                                                                                                             |  |
| <b>A</b>                                                                                                 | This return/report is for:                                                                               | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)               |  |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |                                                                                                                                                                                                                                             |  |
| <b>B</b>                                                                                                 | This return/report is:                                                                                   | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |  |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>             |                                                                                                                                                                                                                                             |  |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                               | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                      |  |

|                |                                                                                                                                                                                                                                                                                                                                                                        |           |                                                           |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                         |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>APTOS 401(K) SAVINGS PLAN</u>                                                                                                                                                                                                                                                                                                                       | <b>1b</b> | Three-digit plan number (PN) ▶ <u>001</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                                        | <b>1c</b> | Effective date of plan<br><u>10/01/2015</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br><u>APTOS, INC.</u><br><br><u>945 EAST PACES FERRY ROAD</u><br><u>SUITE 2500</u><br><u>ATLANTA, GA 30326</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>14-1624962</u> |
|                |                                                                                                                                                                                                                                                                                                                                                                        | <b>2c</b> | Plan Sponsor's telephone number<br><u>512-278-5295</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                                        | <b>2d</b> | Business code (see instructions)<br><u>541990</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/20/2020 | MEGAN SWAN                                                   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 409                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 210<br><b>6a(2)</b> 208<br><b>6b</b> 1<br><b>6c</b> 154<br><b>6d</b> 363<br><b>6e</b> 1<br><b>6f</b> 364<br><b>6g</b> 357<br><b>6h</b> 0            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                         |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D 3F

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> 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)** ☐ **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2019</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019 |                                                             |     |
| <b>A</b> Name of plan<br>APTOS 401(K) SAVINGS PLAN                                         | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>APTOS, INC.               | <b>D</b> Employer Identification Number (EIN)<br>14-1624962 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</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

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**(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

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**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)

RBC WEALTH MGMT A DIV OF RBC CAP

41-1416330

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 70915                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | -12209                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(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. |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BLKRK EQUITY DIV I - BNY MELLON IN P.O. BOX 9793<br>PROVIDENCE, RI 02940 | 0.25%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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. |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CB MID CAP I - BNY MELLON INVESTME P.O. BOX 9793<br>PROVIDENCE, RI 02940 | 0.15%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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. |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COL ACORN INTL I2 - COLUMBIA MGT I PO BOX 219104<br>KANSAS CITY, MO 64121-9104 | 0.10%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HEARTLAND VAL PLS IS - ALPS FUND S<br><br>20-3247785                | 0.25%                                                                                                                                                                    |

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

| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I O DEVELOP MKT Y - INVESCO INVEST      11 GREENWAY PLAZA, SUITE 100<br>HOUSTON, TX 77046 | 0.25%                                                                                                                                                                    |

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

| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INVS BAL-RSK ALLOC Y - INVESCO CAN      5140 YONGE STREET, SUITE 900<br>TORONTO, ON M2N 6 CA | 0.25%                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INVS CHARTER Y - INVESCO INVESTMEN 11 GREENWAY PLAZA, SUITE 100<br>HOUSTON, TX 77046 | 0.25%                                                                                                                                                                    |

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

| (d) Enter name and EIN (address) of source of indirect compensation                    | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INVS SELECT CO Y - INVESCO CANADA 5140 YONGE STREET, SUITE 900<br>TORONTO, ON M2N 6 CA | 0.25%                                                                                                                                                                    |

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

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J H VENTURE I - JANUS SERVICES LLC<br><br>43-1804048                | 0.10%                                                                                                                                                                    |

**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<br>(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. |                                           |
| JPM CORE BOND I - DST ASSET MANAGE 430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(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. |                                           |
| JPM GOVT BOND I - DST ASSET MANAGE 430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(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. |                                           |
| JPM MIDCAP VALUE L - DST ASSET MAN 430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PGIM J NAT RSRCS Z - PRUDENTIAL MU<br><br>22-3703799                | 0.25%                                                                                                                                                                    |

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

| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIONEER FDMTL GRTH Y - DST ASSET M      430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.35%                                                                                                                                                                    |

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

| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PNR SEL MD CP GR Y - DST ASSET MAN      430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.35%                                                                                                                                                                    |

**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<br>(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. |                                           |
| THORNBURG INT VAL R5 - DST ASSET M      430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(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. |                                           |
| TRP REAL ESTATE ADV - T. ROWE PRIC<br><br>52-2269240                                         | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                               |                                                                                                                                                                                                                              | <b>2019</b>                                    |
|                                                                                                                                                                               |                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

|                                                                                            |                                                                    |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>APTOS 401(K) SAVINGS PLAN</u>                                  | <b>B</b> Three-digit plan number (PN) <u>001</u>                   |
|                                                                                            |                                                                    |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>APTOS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>14-1624962</u> |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                            |                               |                                                                                                                    |
|--------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FA STABLE VALUE I</u>                    |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>04-3022712-026</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1147979</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                             |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                          |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                            | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                             |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                          |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                            | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                             |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                          |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                            | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                             |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                          |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                            | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                             |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                          |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                            | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                             |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                          |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                            | <b>d</b> Entity code          | <b>e</b> 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  
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)

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>APTOS 401(K) SAVINGS PLAN</b>                                                                                                                                                                                                                | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>APTOS, INC.</b>                                                                                                                                                                                      | <b>D</b> Employer Identification Number (EIN)<br><b>14-1624962</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 36345                 | 61994           |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 0                     | 74475           |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 9312                  | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 0                     | 19190           |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 227852                | 266668          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 1009736               | 1147979         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 24201919              | 32278876        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 25485164              | 33849182        |

**Liabilities**

|                                                                           |           |      |   |
|---------------------------------------------------------------------------|-----------|------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0    | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0    | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0    | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 2916 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 2916 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 25482248 | 33849182 |
|-----------------------------------------------------------|-----------|----------|----------|

**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.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 563797     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 2188869    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 616063     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          | 3368729   |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 279        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 12860      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 13139     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1747062    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1747062   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 22300     |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 5005581   |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 10156811  |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 1732352 |         |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) | 0       |         |
| (3) Other .....                                                                      | 2e(3) | 0       |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4) |         | 1732352 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         | -1143   |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         | -38     |
| h Interest expense .....                                                             | 2h    |         | 0       |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) | 0       |         |
| (2) Contract administrator fees .....                                                | 2i(2) | 0       |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 0       |         |
| (4) Other .....                                                                      | 2i(4) | 58706   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 58706   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 1789877 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 8366934 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  | 0       |
| (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** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **HANCOCK ASKEW & CO LLP**

(2) EIN: **58-0662558**

**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.) .....

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 569150 |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> 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.) .....                                          |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>d</b> 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.).....                                |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>g</b> 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?.....                                                     |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>h</b> 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?.....                                           |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>j</b> 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.) ..... |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>n</b> 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. ....                                      |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |         |

**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** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_. (See instructions.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

|                                                                                     |                                                                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>APTOS 401(K) SAVINGS PLAN</u>                           | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>APTOS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>14-1624962</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> |  |
| <b>2</b> 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):<br><br>EIN(s): <u>04-6568107</u> |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |  |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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 ..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2019  
v. 190130

**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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

**a** The current year .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

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

**15a****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 .....

**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 .....

**16a****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 \_\_\_\_\_

# **APTOS 401(K) SAVINGS PLAN**

## **Financial Statements and Independent Auditor's Report**

As of December 31, 2019 and 2018  
And for the Year ended December 31, 2019

# Aptos 401(k) Savings Plan

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## Aptos 401(k) Savings Plan

### Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | <b>2019</b>          | <b>2018</b>          |
|------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                            |                      |                      |
| <b>Investments, at fair value</b>        | <b>\$ 33,446,045</b> | <b>\$ 25,211,655</b> |
| <b>Receivables</b>                       |                      |                      |
| Participant contributions                | 74,475               | -                    |
| Employer contributions                   | 61,994               | 45,657               |
| Notes receivable from participants       | 266,668              | 227,852              |
| <b>Total receivables</b>                 | <b>403,137</b>       | <b>273,509</b>       |
| <b>Total assets</b>                      | <b>33,849,182</b>    | <b>25,485,164</b>    |
| <b>LIABILITIES</b>                       |                      |                      |
| <b>Accrued liabilities</b>               | -                    | 2,916                |
| <b>Net assets available for benefits</b> | <b>\$ 33,849,182</b> | <b>\$ 25,482,248</b> |

*See accompanying notes to the financial statements.*

## Aptos 401(k) Savings Plan

### Statement of Changes in Net Assets Available for Benefits

| <i>Year ended December 31,</i>                               | <i>2019</i>                        |
|--------------------------------------------------------------|------------------------------------|
| <b>ADDITIONS TO NET ASSETS</b>                               |                                    |
| <b>Contributions</b>                                         |                                    |
| Participant                                                  | \$ 2,188,869                       |
| Employer                                                     | 563,797                            |
| Rollovers                                                    | <u>616,063</u>                     |
| <b>Total contributions</b>                                   | <b>3,368,729</b>                   |
| <b>Investment income</b>                                     |                                    |
| Interest and dividends                                       | 1,747,341                          |
| Net appreciation in fair value of investments                | <u>5,027,881</u>                   |
| <b>Total investment income</b>                               | <b>6,775,222</b>                   |
| <b>Interest income on notes receivable from participants</b> | <u><b>12,860</b></u>               |
| <b>Total additions</b>                                       | <b>10,156,811</b>                  |
| <b>DEDUCTIONS FROM NET ASSETS</b>                            |                                    |
| Benefits paid directly to participants                       | 1,731,171                          |
| Administrative expenses                                      | <u>58,706</u>                      |
| <b>Total deductions</b>                                      | <u><b>1,789,877</b></u>            |
| <b>Net increase in net assets available for benefits</b>     | <b>8,366,934</b>                   |
| <b>Net assets available for benefits, beginning of year</b>  | <u><b>25,482,248</b></u>           |
| <b>Net assets available for benefits, end of year</b>        | <u><u><b>\$ 33,849,182</b></u></u> |

*See accompanying notes to the financial statements.*



## Independent Auditor's Report

Plan Administrator and Participants  
Aptos 401(k) Savings Plan  
Atlanta, Georgia

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Aptos 401(k) Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3, which was certified by Fidelity Management Trust Company (Fidelity), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Fidelity holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Fidelity as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the Plan administrator by Fidelity is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### ***Other Matter - Supplemental Schedules***

The supplemental schedules, Schedule H, Line 4a - schedule of delinquent participant contributions for the year ended December 31, 2019, and Schedule H, Line 4i - schedule of assets (held at end of year) as of December 31, 2019, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph we do not express an opinion on the supplemental schedules referred to above.

### **Report on Form and Content in Compliance with DOL's Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Fidelity, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Hancock Askew & Co., LLP*

Peachtree Corners, Georgia  
June 19, 2020

# Aptos 401(k) Savings Plan

## Notes to Financial Statements

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### 1. Description of the Plan

The following brief description of the Aptos 401(k) Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### *General*

The Plan was adopted by Aptos, Inc. (the Company) effective October 1, 2015, amended and restated effective March 1, 2019. The Plan is a defined contribution plan under Section 401(k) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### *Eligibility*

All active employees of the Company, excluding union, leased and temporary employees, and non-resident aliens, are eligible to participate upon hire. There is no service or age requirement for participation.

#### *Contributions*

Eligible employees may elect to contribute, on a pretax basis, up to 90% of their eligible compensation to the Plan, not to exceed the limit under the IRC. In addition, eligible participants are permitted to make catch-up contributions.

The Company will withhold an initial 3% of compensation for all newly-eligible employees unless the participant affirmatively elects a different percentage or elects to not have any compensation withheld. Those participants with a deferral rate greater than zero (who are not suspended from making deferral contributions) will have that deferral increased annually by 1% (not to exceed 3%) as a pre-tax deferral contribution. During the period ended December 31, 2019, the Company match was 50% up to 5% of the participant's deferrals. In addition, the Company may make additional discretionary non-elective contributions. These contributions are allocated based on participant earnings (losses), as defined by the Plan. There were no discretionary non-elective contributions in 2019.

#### *Participant Accounts*

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's non-elective contributions and Plan earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings (losses), account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### *Vesting*

Participants are vested immediately in their contributions and all of the Company's contributions, plus actual earnings (losses) thereon.

#### *Forfeitures*

At December 31, 2019 and 2018, forfeited balances totaled \$6,901 and \$13,522, respectively. Forfeited balances of terminated participants' accounts are used to reduce future Company contributions and to offset Plan expenses. During the year ended December 31, 2019, \$8,420 of forfeited funds were used to offset contributions.

## Notes to Financial Statements

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### 1. Description of the Plan (cont.)

#### *Payment of Benefits*

Participant accounts may be withdrawn upon retirement, death, disability, or termination of employment. Account balances less than \$5,000 are distributed as a lump-sum payment. For account balances in excess of \$5,000, the participant may elect to receive their balance in a single lump-sum payment or annual installments of amounts not less than the required minimum distribution or may remain in the Plan until the participant reaches age 70½. The Plan also allows for in-service withdrawals at age 59½ along with withdrawals in the event of a financial hardship.

#### *Notes Receivable from Participants*

A participant may borrow the lesser of \$50,000 or 50% of his or her vested account balance. Loans are repayable through semi-monthly payroll deductions and are secured by the participant's account balance. The interest rate is determined by the Plan administrator based on prevailing market conditions and is fixed over the life of the note. Loans are repaid over a period not to exceed five years with exceptions for the purchase of a primary residence.

### 2. Summary of Significant Accounting Policies

#### *Basis of Accounting*

The accompanying financial statements are prepared on the accrual basis of accounting. The Plan follows accounting standards set by the Financial Accounting Standards Board (FASB). The FASB sets accounting principles generally accepted in the United States of America (GAAP).

#### *Accounting Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) require the Plan's management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### *Investment Valuation and Income (Loss) Recognition*

The investments of the Plan are reported at fair value, including the common collective trust, which holds indirect investments in fully benefit-responsive investment contracts.

Fair value is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 4 for discussion of the fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest is recorded when earned and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### *Plan Expenses*

Certain administrative expenses of the Plan are paid by the Plan as provided in the Plan agreement. Certain other administrative expenses of the Plan are paid by the Company. Investment fees are paid by the Plan in the form of reductions of net investment income (loss) earned by Plan participants.

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### 2. Summary of Significant Accounting Policies (cont.)

#### *Notes Receivable*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

#### *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

#### *Subsequent Events*

Management has evaluated subsequent events through June 19, 2020, the date these financial statements were available to be issued.

The 2019 novel coronavirus (or COVID-19) has affected, and may continue to affect, economic activity globally, nationally and locally. Following the COVID-19 outbreak, the values of investment securities have been subject to significant volatility. Economic and market conditions and other effects of the COVID-19 outbreak may continue to affect the Plan. The extent of the impact of the COVID-19 outbreak on the Plan's investments and the amounts reported in the 2019 statement of net assets cannot be predicted at this time.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted on March 27, 2020. Plan management is in the process of reviewing the CARES Act and any resulting changes to the Plan.

### 3. Certified Information

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company (Fidelity), certified that the financial information included in the financial statements and supplemental schedule as of December 31, 2019 and 2018, and for the year ended December 31, 2019 provided to the Plan is complete and accurate. The information as to investment assets and transactions therein, and investment income (loss) included in the accompanying financial statements and supplemental schedule as of December 31, 2019 and 2018, and for the year ended December 31, 2019 are covered by such certifications.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

### 4. Fair Value Measurements

The framework for measuring fair value 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 measurements) and the lowest priority to unobservable inputs in which little or no market data exists (Level 3 measurements).

# Aptos 401(k) Savings Plan

## Notes to Financial Statements

### 4. Fair Value Measurements (cont.)

#### *Basis of Fair Value Measurement*

*Level 1* - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

*Level 2* - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

*Level 3* - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual Funds* - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common Collective Trust* - Valued at the net asset value using NAV as the practical expedient based on the last reported sales price of the underlying investments held. The Plan's interest in the collective trust fund was based on information reported using the audited financial statements of the collective trust fund at year-end. The investment income (loss) was allocated to participants based on their proportionate share of the net assets of the funds.

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 management 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018.

| <i>December 31, 2019</i>                            | <b>Level 1</b> |            | <b>Level 2</b> |   | <b>Level 3</b> |   | <b>Total</b>      |
|-----------------------------------------------------|----------------|------------|----------------|---|----------------|---|-------------------|
| <b>Mutual funds</b>                                 | \$             | 32,298,066 | \$             | - | \$             | - | \$ 32,298,066     |
|                                                     | \$             | 32,298,066 | \$             | - | \$             | - | 32,298,066        |
| <b>Common collective trust<br/>measured at NAV*</b> |                |            |                |   |                |   | 1,147,979         |
| <b>Total investments at fair value</b>              |                |            |                |   | \$             |   | <u>33,446,045</u> |

# Aptos 401(k) Savings Plan

## Notes to Financial Statements

### 4. Fair Value Measurements (cont.)

| <i>December 31, 2018</i>                    | Level 1              | Level 2     | Level 3     | Total             |
|---------------------------------------------|----------------------|-------------|-------------|-------------------|
| Mutual funds                                | \$ 24,201,919        | \$ -        | \$ -        | \$ 24,201,919     |
|                                             | <u>\$ 24,201,919</u> | <u>\$ -</u> | <u>\$ -</u> | <u>24,201,919</u> |
| Common collective trust<br>measured at NAV* |                      |             |             | <u>1,009,736</u>  |
| Total investments at fair value             |                      |             | \$          | <u>25,211,655</u> |

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value to the amounts presented in the statements of net assets available for benefits.

Fair value of investments in certain entities that calculate NAV per share (or its equivalent) follows:

| Investment       | Fair value at<br>December 31, 2019 | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|------------------|------------------------------------|-------------------------|-------------------------|-----------------------------|
| Collective trust | \$ 1,147,979                       | N/A                     | Immediate               | 90 days                     |

  

| Investment       | Fair value at<br>December 31, 2018 | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|------------------|------------------------------------|-------------------------|-------------------------|-----------------------------|
| Collective trust | \$ 1,009,736                       | N/A                     | Immediate               | 90 days                     |

### 5. Tax Status

The Plan is based on the Fidelity Volume Submitter Profit Sharing Plan with CODA (Volume Submitter Plan) which received an opinion letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Volume Submitter Plan is in compliance with the applicable requirements of the IRC. Although the Plan has been amended since the date of the opinion letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified, and the related trust is tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not 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, 2019, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 6. Party-In-Interest Transactions

Fidelity performs services, sells products and maintains certain investments of the Plan for which fees are charged to the Plan. Party-in-interest transactions also include notes receivables from participants. Such transactions, while considered party-in-interest transactions under ERISA, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions.

### **7. Plan Termination**

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will remain 100% vested in their accounts.

### **8. Delinquent Participant Contribution**

During 2016, employee withholdings of \$569,150, which represents various payrolls, were not remitted within the appropriate time period by the Company. The Company remitted the delinquent contributions of \$569,150 in 2016. Plan management remitted the lost earnings for these delinquent contributions in 2019. These transactions constituted prohibited transactions as defined by ERISA.

# **SUPPLEMENTAL SCHEDULES**

**Aptos 401(k) Savings Plan**  
**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions**  
**EIN: 14-1624962**  
**Plan # 001**

*Year Ended December 31, 2019*

| Plan Year | Participant Contributions<br>Transferred Late to the<br>Plan                                          | Total that Constitutes Nonexempt Prohibited Transactions |                                            |                                             | Total Fully<br>Corrected Under<br>VFCP and PIE<br>2002-51 |
|-----------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------|-----------------------------------------------------------|
|           | <input checked="" type="checkbox"/> Check here if Late<br>Participant Loan<br>Repayments are Included | Contributions Not<br>Corrected                           | Contributions<br>Corrected<br>Outside VFCP | Contributions Pending<br>Correction in VFCP |                                                           |
| 2016      | \$ 569,150                                                                                            | \$ -                                                     | \$ 569,150                                 | \$ -                                        | \$ -                                                      |

During 2016, employee withholdings of \$569,150, representing various payroll periods, were not remitted within the appropriate time period by the Company. The Company remitted the delinquent contributions of \$569,150 in 2016 and has remitted the lost earnings to the Plan during 2019.

**Aptos 401(k) Savings Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN: 14-1624962**  
**Plan # 001**

December 31, 2019

| (a)                                    | (b)<br>Identity of Issuer         | (c)<br>Description of Investment: Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|----------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Common collective trust</b>         |                                   |                                                                                                                      |             |                      |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Stable Value Portfolio I                                                                            | **          | \$ 1,147,979         |
| <b>Registered investment companies</b> |                                   |                                                                                                                      |             |                      |
|                                        | Prudential                        | Prudential Jennison Natural Resources Fund Z                                                                         | **          | 124,281              |
|                                        | Invesco                           | Invesco Select Companies Fund Y                                                                                      | **          | 909,637              |
|                                        | Columbia                          | Columbia Acorn International Fund R5                                                                                 | **          | 287,486              |
|                                        | Legg Mason                        | ClearBridge Mid Cap Fund Class I                                                                                     | **          | 535,422              |
|                                        | Thornburg                         | Thornburg International Value Fund R5                                                                                | **          | 1,249,410            |
|                                        | Oppenheimer Funds                 | Oppenheimer Developing Markets Fund Y                                                                                | **          | 751,304              |
|                                        | Blackrock                         | Blackrock Equity Dividend Fund Inst Shares                                                                           | **          | 2,848,596            |
|                                        | Heartland                         | Heartland Value Plus Fund Inst Shares                                                                                | **          | 718,533              |
|                                        | T. Rowe Price                     | T. Rowe Price Real Estate Fund Advisor                                                                               | **          | 73,829               |
|                                        | JP Morgan                         | JPMorgan Core Bond Fund Select Class                                                                                 | **          | 724,861              |
|                                        | JP Morgan                         | JPMorgan Government Bond Fund Select                                                                                 | **          | 554,358              |
|                                        | JP Morgan                         | JPMorgan Mid Cap Value Fund Inst Shares                                                                              | **          | 567,136              |
|                                        | Pioneer Investments               | Pioneer Select Mid Cap Growth Fund Y                                                                                 | **          | 1,066,895            |
|                                        | American Funds                    | AF Fundamental Inv R6                                                                                                | **          | 172,597              |
|                                        | Pioneer Investments               | Pioneer Fundamental Growth Fund Class Y                                                                              | **          | 3,547,987            |
|                                        | Invesco                           | Invesco Balanced-Risk Allocation Fund Y                                                                              | **          | 406,415              |
|                                        | Janus                             | Janus Venture Fund I                                                                                                 | **          | 461,508              |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom Income Fund I                                                                               | **          | 113,813              |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Technology Fund I                                                                                   | **          | 1,329,556            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Growth Opportunities Fund I                                                                         | **          | 1,222,004            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2005 Fund                                                                                   | **          | 11,682               |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2010 Fund                                                                                   | **          | 1,397                |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2015 Fund                                                                                   | **          | 54,121               |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2020 Fund                                                                                   | **          | 659,042              |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2025 Fund                                                                                   | **          | 1,288,289            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2030 Fund                                                                                   | **          | 2,030,176            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2035 Fund                                                                                   | **          | 1,317,855            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2040 Fund                                                                                   | **          | 1,282,245            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2045 Fund                                                                                   | **          | 1,365,059            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2050 Fund                                                                                   | **          | 1,275,303            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2055 Fund                                                                                   | **          | 713,980              |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2060 Fund                                                                                   | **          | 38,695               |
| *                                      | Fidelity Management Trust Company | Fidelity US Bond Index Fund                                                                                          | **          | 619,183              |
| *                                      | Fidelity Management Trust Company | Fidelity 500 Index Fund                                                                                              | **          | 3,956,221            |
| *                                      | Fidelity Management Trust Company | Fidelity Gov't Money Market K6                                                                                       | **          | 19,190               |
|                                        |                                   |                                                                                                                      |             | 32,298,066           |
| <b>Notes receivable</b>                |                                   |                                                                                                                      |             |                      |
| *                                      | Participants                      | Notes receivable with variable maturities and interest rates ranging from 4.25% to 6.5%                              | -           | 266,668              |
| <b>Total</b>                           |                                   |                                                                                                                      |             | <u>\$ 33,712,713</u> |

\* Party-in-interest transactions.

\*\*The cost of participant-directed accounts is not required to be disclosed.

# **APTOS 401(K) SAVINGS PLAN**

## **Financial Statements and Independent Auditor's Report**

As of December 31, 2019 and 2018  
And for the Year ended December 31, 2019

# Aptos 401(k) Savings Plan

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## Aptos 401(k) Savings Plan

### Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | <b>2019</b>          | <b>2018</b>          |
|------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                            |                      |                      |
| <b>Investments, at fair value</b>        | <b>\$ 33,446,045</b> | <b>\$ 25,211,655</b> |
| <b>Receivables</b>                       |                      |                      |
| Participant contributions                | 74,475               | -                    |
| Employer contributions                   | 61,994               | 45,657               |
| Notes receivable from participants       | 266,668              | 227,852              |
| <b>Total receivables</b>                 | <b>403,137</b>       | <b>273,509</b>       |
| <b>Total assets</b>                      | <b>33,849,182</b>    | <b>25,485,164</b>    |
| <b>LIABILITIES</b>                       |                      |                      |
| <b>Accrued liabilities</b>               | -                    | 2,916                |
| <b>Net assets available for benefits</b> | <b>\$ 33,849,182</b> | <b>\$ 25,482,248</b> |

*See accompanying notes to the financial statements.*

## Aptos 401(k) Savings Plan

### Statement of Changes in Net Assets Available for Benefits

| <i>Year ended December 31,</i>                               |           | <b>2019</b>                     |
|--------------------------------------------------------------|-----------|---------------------------------|
| <b>ADDITIONS TO NET ASSETS</b>                               |           |                                 |
| <b>Contributions</b>                                         |           |                                 |
| Participant                                                  | \$        | 2,188,869                       |
| Employer                                                     |           | 563,797                         |
| Rollovers                                                    |           | <u>616,063</u>                  |
| <b>Total contributions</b>                                   |           | <b>3,368,729</b>                |
| <b>Investment income</b>                                     |           |                                 |
| Interest and dividends                                       |           | 1,747,341                       |
| Net appreciation in fair value of investments                |           | <u>5,027,881</u>                |
| <b>Total investment income</b>                               |           | <b>6,775,222</b>                |
| <b>Interest income on notes receivable from participants</b> |           | <u><b>12,860</b></u>            |
| <b>Total additions</b>                                       |           | <b>10,156,811</b>               |
| <b>DEDUCTIONS FROM NET ASSETS</b>                            |           |                                 |
| Benefits paid directly to participants                       |           | 1,731,171                       |
| Administrative expenses                                      |           | <u>58,706</u>                   |
| <b>Total deductions</b>                                      |           | <u><b>1,789,877</b></u>         |
| <b>Net increase in net assets available for benefits</b>     |           | <b>8,366,934</b>                |
| <b>Net assets available for benefits, beginning of year</b>  |           | <u><b>25,482,248</b></u>        |
| <b>Net assets available for benefits, end of year</b>        | <b>\$</b> | <u><u><b>33,849,182</b></u></u> |

*See accompanying notes to the financial statements.*



## Independent Auditor's Report

Plan Administrator and Participants  
Aptos 401(k) Savings Plan  
Atlanta, Georgia

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Aptos 401(k) Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3, which was certified by Fidelity Management Trust Company (Fidelity), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Fidelity holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Fidelity as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the Plan administrator by Fidelity is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### ***Other Matter - Supplemental Schedules***

The supplemental schedules, Schedule H, Line 4a - schedule of delinquent participant contributions for the year ended December 31, 2019, and Schedule H, Line 4i - schedule of assets (held at end of year) as of December 31, 2019, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph we do not express an opinion on the supplemental schedules referred to above.

### **Report on Form and Content in Compliance with DOL's Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Fidelity, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Hancock Askew & Co., LLP*

Peachtree Corners, Georgia  
June 19, 2020

# Aptos 401(k) Savings Plan

## Notes to Financial Statements

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### 1. Description of the Plan

The following brief description of the Aptos 401(k) Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### *General*

The Plan was adopted by Aptos, Inc. (the Company) effective October 1, 2015, amended and restated effective March 1, 2019. The Plan is a defined contribution plan under Section 401(k) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### *Eligibility*

All active employees of the Company, excluding union, leased and temporary employees, and non-resident aliens, are eligible to participate upon hire. There is no service or age requirement for participation.

#### *Contributions*

Eligible employees may elect to contribute, on a pretax basis, up to 90% of their eligible compensation to the Plan, not to exceed the limit under the IRC. In addition, eligible participants are permitted to make catch-up contributions.

The Company will withhold an initial 3% of compensation for all newly-eligible employees unless the participant affirmatively elects a different percentage or elects to not have any compensation withheld. Those participants with a deferral rate greater than zero (who are not suspended from making deferral contributions) will have that deferral increased annually by 1% (not to exceed 3%) as a pre-tax deferral contribution. During the period ended December 31, 2019, the Company match was 50% up to 5% of the participant's deferrals. In addition, the Company may make additional discretionary non-elective contributions. These contributions are allocated based on participant earnings (losses), as defined by the Plan. There were no discretionary non-elective contributions in 2019.

#### *Participant Accounts*

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's non-elective contributions and Plan earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings (losses), account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### *Vesting*

Participants are vested immediately in their contributions and all of the Company's contributions, plus actual earnings (losses) thereon.

#### *Forfeitures*

At December 31, 2019 and 2018, forfeited balances totaled \$6,901 and \$13,522, respectively. Forfeited balances of terminated participants' accounts are used to reduce future Company contributions and to offset Plan expenses. During the year ended December 31, 2019, \$8,420 of forfeited funds were used to offset contributions.

## Notes to Financial Statements

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### 1. Description of the Plan (cont.)

#### *Payment of Benefits*

Participant accounts may be withdrawn upon retirement, death, disability, or termination of employment. Account balances less than \$5,000 are distributed as a lump-sum payment. For account balances in excess of \$5,000, the participant may elect to receive their balance in a single lump-sum payment or annual installments of amounts not less than the required minimum distribution or may remain in the Plan until the participant reaches age 70½. The Plan also allows for in-service withdrawals at age 59½ along with withdrawals in the event of a financial hardship.

#### *Notes Receivable from Participants*

A participant may borrow the lesser of \$50,000 or 50% of his or her vested account balance. Loans are repayable through semi-monthly payroll deductions and are secured by the participant's account balance. The interest rate is determined by the Plan administrator based on prevailing market conditions and is fixed over the life of the note. Loans are repaid over a period not to exceed five years with exceptions for the purchase of a primary residence.

### 2. Summary of Significant Accounting Policies

#### *Basis of Accounting*

The accompanying financial statements are prepared on the accrual basis of accounting. The Plan follows accounting standards set by the Financial Accounting Standards Board (FASB). The FASB sets accounting principles generally accepted in the United States of America (GAAP).

#### *Accounting Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) require the Plan's management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### *Investment Valuation and Income (Loss) Recognition*

The investments of the Plan are reported at fair value, including the common collective trust, which holds indirect investments in fully benefit-responsive investment contracts.

Fair value is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 4 for discussion of the fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest is recorded when earned and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### *Plan Expenses*

Certain administrative expenses of the Plan are paid by the Plan as provided in the Plan agreement. Certain other administrative expenses of the Plan are paid by the Company. Investment fees are paid by the Plan in the form of reductions of net investment income (loss) earned by Plan participants.

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### 2. Summary of Significant Accounting Policies (cont.)

#### *Notes Receivable*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

#### *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

#### *Subsequent Events*

Management has evaluated subsequent events through June 19, 2020, the date these financial statements were available to be issued.

The 2019 novel coronavirus (or COVID-19) has affected, and may continue to affect, economic activity globally, nationally and locally. Following the COVID-19 outbreak, the values of investment securities have been subject to significant volatility. Economic and market conditions and other effects of the COVID-19 outbreak may continue to affect the Plan. The extent of the impact of the COVID-19 outbreak on the Plan's investments and the amounts reported in the 2019 statement of net assets cannot be predicted at this time.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted on March 27, 2020. Plan management is in the process of reviewing the CARES Act and any resulting changes to the Plan.

### 3. Certified Information

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company (Fidelity), certified that the financial information included in the financial statements and supplemental schedule as of December 31, 2019 and 2018, and for the year ended December 31, 2019 provided to the Plan is complete and accurate. The information as to investment assets and transactions therein, and investment income (loss) included in the accompanying financial statements and supplemental schedule as of December 31, 2019 and 2018, and for the year ended December 31, 2019 are covered by such certifications.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

### 4. Fair Value Measurements

The framework for measuring fair value 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 measurements) and the lowest priority to unobservable inputs in which little or no market data exists (Level 3 measurements).

# Aptos 401(k) Savings Plan

## Notes to Financial Statements

### 4. Fair Value Measurements (cont.)

#### *Basis of Fair Value Measurement*

*Level 1* - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

*Level 2* - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

*Level 3* - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual Funds* - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common Collective Trust* - Valued at the net asset value using NAV as the practical expedient based on the last reported sales price of the underlying investments held. The Plan's interest in the collective trust fund was based on information reported using the audited financial statements of the collective trust fund at year-end. The investment income (loss) was allocated to participants based on their proportionate share of the net assets of the funds.

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 management 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018.

| <i>December 31, 2019</i>                            | <b>Level 1</b> |            | <b>Level 2</b> |   | <b>Level 3</b> | <b>Total</b>  |
|-----------------------------------------------------|----------------|------------|----------------|---|----------------|---------------|
| <b>Mutual funds</b>                                 | \$             | 32,298,066 | \$             | - | \$ -           | \$ 32,298,066 |
|                                                     | \$             | 32,298,066 | \$             | - | \$ -           | 32,298,066    |
| <b>Common collective trust<br/>measured at NAV*</b> |                |            |                |   |                | 1,147,979     |
| <b>Total investments at fair value</b>              |                |            |                |   | \$             | 33,446,045    |

# Aptos 401(k) Savings Plan

## Notes to Financial Statements

### 4. Fair Value Measurements (cont.)

| <i>December 31, 2018</i>                    | Level 1              | Level 2     | Level 3     | Total             |
|---------------------------------------------|----------------------|-------------|-------------|-------------------|
| Mutual funds                                | \$ 24,201,919        | \$ -        | \$ -        | \$ 24,201,919     |
|                                             | <u>\$ 24,201,919</u> | <u>\$ -</u> | <u>\$ -</u> | <u>24,201,919</u> |
| Common collective trust<br>measured at NAV* |                      |             |             | <u>1,009,736</u>  |
| Total investments at fair value             |                      |             | <u>\$</u>   | <u>25,211,655</u> |

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value to the amounts presented in the statements of net assets available for benefits.

Fair value of investments in certain entities that calculate NAV per share (or its equivalent) follows:

| Investment       | Fair value at<br>December 31, 2019 | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|------------------|------------------------------------|-------------------------|-------------------------|-----------------------------|
| Collective trust | \$ 1,147,979                       | N/A                     | Immediate               | 90 days                     |

  

| Investment       | Fair value at<br>December 31, 2018 | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|------------------|------------------------------------|-------------------------|-------------------------|-----------------------------|
| Collective trust | \$ 1,009,736                       | N/A                     | Immediate               | 90 days                     |

### 5. Tax Status

The Plan is based on the Fidelity Volume Submitter Profit Sharing Plan with CODA (Volume Submitter Plan) which received an opinion letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Volume Submitter Plan is in compliance with the applicable requirements of the IRC. Although the Plan has been amended since the date of the opinion letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified, and the related trust is tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not 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, 2019, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 6. Party-In-Interest Transactions

Fidelity performs services, sells products and maintains certain investments of the Plan for which fees are charged to the Plan. Party-in-interest transactions also include notes receivables from participants. Such transactions, while considered party-in-interest transactions under ERISA, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions.

# **Aptos 401(k) Savings Plan**

## **Notes to Financial Statements**

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### **7. Plan Termination**

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will remain 100% vested in their accounts.

### **8. Delinquent Participant Contribution**

During 2016, employee withholdings of \$569,150, which represents various payrolls, were not remitted within the appropriate time period by the Company. The Company remitted the delinquent contributions of \$569,150 in 2016. Plan management remitted the lost earnings for these delinquent contributions in 2019. These transactions constituted prohibited transactions as defined by ERISA.

# **SUPPLEMENTAL SCHEDULES**

**Aptos 401(k) Savings Plan**  
**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions**  
**EIN: 14-1624962**  
**Plan # 001**

*Year Ended December 31, 2019*

| Plan Year | Participant Contributions<br>Transferred Late to the<br>Plan                                          | Total that Constitutes Nonexempt Prohibited Transactions |                                            |                                             | Total Fully<br>Corrected Under<br>VFCP and PIE<br>2002-51 |
|-----------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------|-----------------------------------------------------------|
|           | <input checked="" type="checkbox"/> Check here if Late<br>Participant Loan<br>Repayments are Included | Contributions Not<br>Corrected                           | Contributions<br>Corrected<br>Outside VFCP | Contributions Pending<br>Correction in VFCP |                                                           |
| 2016      | \$ 569,150                                                                                            | \$ -                                                     | \$ 569,150                                 | \$ -                                        | \$ -                                                      |

During 2016, employee withholdings of \$569,150, representing various payroll periods, were not remitted within the appropriate time period by the Company. The Company remitted the delinquent contributions of \$569,150 in 2016 and has remitted the lost earnings to the Plan during 2019.

**Aptos 401(k) Savings Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN: 14-1624962**  
**Plan # 001**

December 31, 2019

| (a)                                    | (b)<br>Identity of Issuer         | (c)<br>Description of Investment: Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|----------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Common collective trust</b>         |                                   |                                                                                                                      |             |                      |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Stable Value Portfolio I                                                                            | **          | \$ 1,147,979         |
| <b>Registered investment companies</b> |                                   |                                                                                                                      |             |                      |
|                                        | Prudential                        | Prudential Jennison Natural Resources Fund Z                                                                         | **          | 124,281              |
|                                        | Invesco                           | Invesco Select Companies Fund Y                                                                                      | **          | 909,637              |
|                                        | Columbia                          | Columbia Acorn International Fund R5                                                                                 | **          | 287,486              |
|                                        | Legg Mason                        | ClearBridge Mid Cap Fund Class I                                                                                     | **          | 535,422              |
|                                        | Thornburg                         | Thornburg International Value Fund R5                                                                                | **          | 1,249,410            |
|                                        | Oppenheimer Funds                 | Oppenheimer Developing Markets Fund Y                                                                                | **          | 751,304              |
|                                        | Blackrock                         | Blackrock Equity Dividend Fund Inst Shares                                                                           | **          | 2,848,596            |
|                                        | Heartland                         | Heartland Value Plus Fund Inst Shares                                                                                | **          | 718,533              |
|                                        | T. Rowe Price                     | T. Rowe Price Real Estate Fund Advisor                                                                               | **          | 73,829               |
|                                        | JP Morgan                         | JPMorgan Core Bond Fund Select Class                                                                                 | **          | 724,861              |
|                                        | JP Morgan                         | JPMorgan Government Bond Fund Select                                                                                 | **          | 554,358              |
|                                        | JP Morgan                         | JPMorgan Mid Cap Value Fund Inst Shares                                                                              | **          | 567,136              |
|                                        | Pioneer Investments               | Pioneer Select Mid Cap Growth Fund Y                                                                                 | **          | 1,066,895            |
|                                        | American Funds                    | AF Fundamental Inv R6                                                                                                | **          | 172,597              |
|                                        | Pioneer Investments               | Pioneer Fundamental Growth Fund Class Y                                                                              | **          | 3,547,987            |
|                                        | Invesco                           | Invesco Balanced-Risk Allocation Fund Y                                                                              | **          | 406,415              |
|                                        | Janus                             | Janus Venture Fund I                                                                                                 | **          | 461,508              |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom Income Fund I                                                                               | **          | 113,813              |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Technology Fund I                                                                                   | **          | 1,329,556            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Growth Opportunities Fund I                                                                         | **          | 1,222,004            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2005 Fund                                                                                   | **          | 11,682               |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2010 Fund                                                                                   | **          | 1,397                |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2015 Fund                                                                                   | **          | 54,121               |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2020 Fund                                                                                   | **          | 659,042              |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2025 Fund                                                                                   | **          | 1,288,289            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2030 Fund                                                                                   | **          | 2,030,176            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2035 Fund                                                                                   | **          | 1,317,855            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2040 Fund                                                                                   | **          | 1,282,245            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2045 Fund                                                                                   | **          | 1,365,059            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2050 Fund                                                                                   | **          | 1,275,303            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2055 Fund                                                                                   | **          | 713,980              |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2060 Fund                                                                                   | **          | 38,695               |
| *                                      | Fidelity Management Trust Company | Fidelity US Bond Index Fund                                                                                          | **          | 619,183              |
| *                                      | Fidelity Management Trust Company | Fidelity 500 Index Fund                                                                                              | **          | 3,956,221            |
| *                                      | Fidelity Management Trust Company | Fidelity Gov't Money Market K6                                                                                       | **          | 19,190               |
|                                        |                                   |                                                                                                                      |             | 32,298,066           |
| <b>Notes receivable</b>                |                                   |                                                                                                                      |             |                      |
| *                                      | Participants                      | Notes receivable with variable maturities and interest rates ranging from 4.25% to 6.5%                              | -           | 266,668              |
| <b>Total</b>                           |                                   |                                                                                                                      |             | <u>\$ 33,712,713</u> |

\* Party-in-interest transactions.

\*\*The cost of participant-directed accounts is not required to be disclosed.

# **APTOS 401(K) SAVINGS PLAN**

## **Financial Statements and Independent Auditor's Report**

As of December 31, 2019 and 2018  
And for the Year ended December 31, 2019

# Aptos 401(k) Savings Plan

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## Aptos 401(k) Savings Plan

### Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | <b>2019</b>          | <b>2018</b>          |
|------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                            |                      |                      |
| <b>Investments, at fair value</b>        | <b>\$ 33,446,045</b> | <b>\$ 25,211,655</b> |
| <b>Receivables</b>                       |                      |                      |
| Participant contributions                | 74,475               | -                    |
| Employer contributions                   | 61,994               | 45,657               |
| Notes receivable from participants       | 266,668              | 227,852              |
| <b>Total receivables</b>                 | <b>403,137</b>       | <b>273,509</b>       |
| <b>Total assets</b>                      | <b>33,849,182</b>    | <b>25,485,164</b>    |
| <b>LIABILITIES</b>                       |                      |                      |
| <b>Accrued liabilities</b>               | -                    | 2,916                |
| <b>Net assets available for benefits</b> | <b>\$ 33,849,182</b> | <b>\$ 25,482,248</b> |

*See accompanying notes to the financial statements.*

## Aptos 401(k) Savings Plan

### Statement of Changes in Net Assets Available for Benefits

| <i>Year ended December 31,</i>                               |           | <b>2019</b>                     |
|--------------------------------------------------------------|-----------|---------------------------------|
| <b>ADDITIONS TO NET ASSETS</b>                               |           |                                 |
| <b>Contributions</b>                                         |           |                                 |
| Participant                                                  | \$        | 2,188,869                       |
| Employer                                                     |           | 563,797                         |
| Rollovers                                                    |           | <u>616,063</u>                  |
| <b>Total contributions</b>                                   |           | <b>3,368,729</b>                |
| <b>Investment income</b>                                     |           |                                 |
| Interest and dividends                                       |           | 1,747,341                       |
| Net appreciation in fair value of investments                |           | <u>5,027,881</u>                |
| <b>Total investment income</b>                               |           | <b>6,775,222</b>                |
| <b>Interest income on notes receivable from participants</b> |           | <u><b>12,860</b></u>            |
| <b>Total additions</b>                                       |           | <b>10,156,811</b>               |
| <b>DEDUCTIONS FROM NET ASSETS</b>                            |           |                                 |
| Benefits paid directly to participants                       |           | 1,731,171                       |
| Administrative expenses                                      |           | <u>58,706</u>                   |
| <b>Total deductions</b>                                      |           | <u><b>1,789,877</b></u>         |
| <b>Net increase in net assets available for benefits</b>     |           | <b>8,366,934</b>                |
| <b>Net assets available for benefits, beginning of year</b>  |           | <u><b>25,482,248</b></u>        |
| <b>Net assets available for benefits, end of year</b>        | <b>\$</b> | <u><u><b>33,849,182</b></u></u> |

*See accompanying notes to the financial statements.*



## Independent Auditor's Report

Plan Administrator and Participants  
Aptos 401(k) Savings Plan  
Atlanta, Georgia

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Aptos 401(k) Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3, which was certified by Fidelity Management Trust Company (Fidelity), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Fidelity holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Fidelity as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the Plan administrator by Fidelity is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### ***Other Matter - Supplemental Schedules***

The supplemental schedules, Schedule H, Line 4a - schedule of delinquent participant contributions for the year ended December 31, 2019, and Schedule H, Line 4i - schedule of assets (held at end of year) as of December 31, 2019, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph we do not express an opinion on the supplemental schedules referred to above.

### **Report on Form and Content in Compliance with DOL's Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Fidelity, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Hancock Askew & Co., LLP*

Peachtree Corners, Georgia  
June 19, 2020

# Aptos 401(k) Savings Plan

## Notes to Financial Statements

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### 1. Description of the Plan

The following brief description of the Aptos 401(k) Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### *General*

The Plan was adopted by Aptos, Inc. (the Company) effective October 1, 2015, amended and restated effective March 1, 2019. The Plan is a defined contribution plan under Section 401(k) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### *Eligibility*

All active employees of the Company, excluding union, leased and temporary employees, and non-resident aliens, are eligible to participate upon hire. There is no service or age requirement for participation.

#### *Contributions*

Eligible employees may elect to contribute, on a pretax basis, up to 90% of their eligible compensation to the Plan, not to exceed the limit under the IRC. In addition, eligible participants are permitted to make catch-up contributions.

The Company will withhold an initial 3% of compensation for all newly-eligible employees unless the participant affirmatively elects a different percentage or elects to not have any compensation withheld. Those participants with a deferral rate greater than zero (who are not suspended from making deferral contributions) will have that deferral increased annually by 1% (not to exceed 3%) as a pre-tax deferral contribution. During the period ended December 31, 2019, the Company match was 50% up to 5% of the participant's deferrals. In addition, the Company may make additional discretionary non-elective contributions. These contributions are allocated based on participant earnings (losses), as defined by the Plan. There were no discretionary non-elective contributions in 2019.

#### *Participant Accounts*

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's non-elective contributions and Plan earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings (losses), account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### *Vesting*

Participants are vested immediately in their contributions and all of the Company's contributions, plus actual earnings (losses) thereon.

#### *Forfeitures*

At December 31, 2019 and 2018, forfeited balances totaled \$6,901 and \$13,522, respectively. Forfeited balances of terminated participants' accounts are used to reduce future Company contributions and to offset Plan expenses. During the year ended December 31, 2019, \$8,420 of forfeited funds were used to offset contributions.

## Notes to Financial Statements

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### 1. Description of the Plan (cont.)

#### *Payment of Benefits*

Participant accounts may be withdrawn upon retirement, death, disability, or termination of employment. Account balances less than \$5,000 are distributed as a lump-sum payment. For account balances in excess of \$5,000, the participant may elect to receive their balance in a single lump-sum payment or annual installments of amounts not less than the required minimum distribution or may remain in the Plan until the participant reaches age 70½. The Plan also allows for in-service withdrawals at age 59½ along with withdrawals in the event of a financial hardship.

#### *Notes Receivable from Participants*

A participant may borrow the lesser of \$50,000 or 50% of his or her vested account balance. Loans are repayable through semi-monthly payroll deductions and are secured by the participant's account balance. The interest rate is determined by the Plan administrator based on prevailing market conditions and is fixed over the life of the note. Loans are repaid over a period not to exceed five years with exceptions for the purchase of a primary residence.

### 2. Summary of Significant Accounting Policies

#### *Basis of Accounting*

The accompanying financial statements are prepared on the accrual basis of accounting. The Plan follows accounting standards set by the Financial Accounting Standards Board (FASB). The FASB sets accounting principles generally accepted in the United States of America (GAAP).

#### *Accounting Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) require the Plan's management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### *Investment Valuation and Income (Loss) Recognition*

The investments of the Plan are reported at fair value, including the common collective trust, which holds indirect investments in fully benefit-responsive investment contracts.

Fair value is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 4 for discussion of the fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest is recorded when earned and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### *Plan Expenses*

Certain administrative expenses of the Plan are paid by the Plan as provided in the Plan agreement. Certain other administrative expenses of the Plan are paid by the Company. Investment fees are paid by the Plan in the form of reductions of net investment income (loss) earned by Plan participants.

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### 2. Summary of Significant Accounting Policies (cont.)

#### *Notes Receivable*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

#### *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

#### *Subsequent Events*

Management has evaluated subsequent events through June 19, 2020, the date these financial statements were available to be issued.

The 2019 novel coronavirus (or COVID-19) has affected, and may continue to affect, economic activity globally, nationally and locally. Following the COVID-19 outbreak, the values of investment securities have been subject to significant volatility. Economic and market conditions and other effects of the COVID-19 outbreak may continue to affect the Plan. The extent of the impact of the COVID-19 outbreak on the Plan's investments and the amounts reported in the 2019 statement of net assets cannot be predicted at this time.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted on March 27, 2020. Plan management is in the process of reviewing the CARES Act and any resulting changes to the Plan.

### 3. Certified Information

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company (Fidelity), certified that the financial information included in the financial statements and supplemental schedule as of December 31, 2019 and 2018, and for the year ended December 31, 2019 provided to the Plan is complete and accurate. The information as to investment assets and transactions therein, and investment income (loss) included in the accompanying financial statements and supplemental schedule as of December 31, 2019 and 2018, and for the year ended December 31, 2019 are covered by such certifications.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

### 4. Fair Value Measurements

The framework for measuring fair value 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 measurements) and the lowest priority to unobservable inputs in which little or no market data exists (Level 3 measurements).

# Aptos 401(k) Savings Plan

## Notes to Financial Statements

### 4. Fair Value Measurements (cont.)

#### *Basis of Fair Value Measurement*

*Level 1* - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

*Level 2* - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

*Level 3* - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual Funds* - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common Collective Trust* - Valued at the net asset value using NAV as the practical expedient based on the last reported sales price of the underlying investments held. The Plan's interest in the collective trust fund was based on information reported using the audited financial statements of the collective trust fund at year-end. The investment income (loss) was allocated to participants based on their proportionate share of the net assets of the funds.

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 management 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018.

| <i>December 31, 2019</i>                            | <b>Level 1</b> |                   | <b>Level 2</b> |          | <b>Level 3</b> | <b>Total</b>      |
|-----------------------------------------------------|----------------|-------------------|----------------|----------|----------------|-------------------|
| <b>Mutual funds</b>                                 | <b>\$</b>      | <b>32,298,066</b> | <b>\$</b>      | <b>-</b> | <b>\$</b>      | <b>32,298,066</b> |
|                                                     | <b>\$</b>      | <b>32,298,066</b> | <b>\$</b>      | <b>-</b> | <b>\$</b>      | <b>32,298,066</b> |
| <b>Common collective trust<br/>measured at NAV*</b> |                |                   |                |          |                | <b>1,147,979</b>  |
| <b>Total investments at fair value</b>              |                |                   |                |          | <b>\$</b>      | <b>33,446,045</b> |

# Aptos 401(k) Savings Plan

## Notes to Financial Statements

### 4. Fair Value Measurements (cont.)

| <i>December 31, 2018</i>                    | Level 1              | Level 2     | Level 3     | Total             |
|---------------------------------------------|----------------------|-------------|-------------|-------------------|
| Mutual funds                                | \$ 24,201,919        | \$ -        | \$ -        | \$ 24,201,919     |
|                                             | <u>\$ 24,201,919</u> | <u>\$ -</u> | <u>\$ -</u> | <u>24,201,919</u> |
| Common collective trust<br>measured at NAV* |                      |             |             | <u>1,009,736</u>  |
| Total investments at fair value             |                      |             | \$          | <u>25,211,655</u> |

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value to the amounts presented in the statements of net assets available for benefits.

Fair value of investments in certain entities that calculate NAV per share (or its equivalent) follows:

| Investment       | Fair value at<br>December 31, 2019 | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|------------------|------------------------------------|-------------------------|-------------------------|-----------------------------|
| Collective trust | \$ 1,147,979                       | N/A                     | Immediate               | 90 days                     |

  

| Investment       | Fair value at<br>December 31, 2018 | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|------------------|------------------------------------|-------------------------|-------------------------|-----------------------------|
| Collective trust | \$ 1,009,736                       | N/A                     | Immediate               | 90 days                     |

### 5. Tax Status

The Plan is based on the Fidelity Volume Submitter Profit Sharing Plan with CODA (Volume Submitter Plan) which received an opinion letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Volume Submitter Plan is in compliance with the applicable requirements of the IRC. Although the Plan has been amended since the date of the opinion letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified, and the related trust is tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not 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, 2019, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 6. Party-In-Interest Transactions

Fidelity performs services, sells products and maintains certain investments of the Plan for which fees are charged to the Plan. Party-in-interest transactions also include notes receivables from participants. Such transactions, while considered party-in-interest transactions under ERISA, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions.

# **Aptos 401(k) Savings Plan**

## **Notes to Financial Statements**

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### **7. Plan Termination**

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will remain 100% vested in their accounts.

### **8. Delinquent Participant Contribution**

During 2016, employee withholdings of \$569,150, which represents various payrolls, were not remitted within the appropriate time period by the Company. The Company remitted the delinquent contributions of \$569,150 in 2016. Plan management remitted the lost earnings for these delinquent contributions in 2019. These transactions constituted prohibited transactions as defined by ERISA.

# **SUPPLEMENTAL SCHEDULES**

**Aptos 401(k) Savings Plan**  
**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions**  
**EIN: 14-1624962**  
**Plan # 001**

*Year Ended December 31, 2019*

| Plan Year | Participant Contributions<br>Transferred Late to the<br>Plan                                          | Total that Constitutes Nonexempt Prohibited Transactions |                                            |                                             | Total Fully<br>Corrected Under<br>VFCP and PIE<br>2002-51 |
|-----------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------|-----------------------------------------------------------|
|           | <input checked="" type="checkbox"/> Check here if Late<br>Participant Loan<br>Repayments are Included | Contributions Not<br>Corrected                           | Contributions<br>Corrected<br>Outside VFCP | Contributions Pending<br>Correction in VFCP |                                                           |
| 2016      | \$ 569,150                                                                                            | \$ -                                                     | \$ 569,150                                 | \$ -                                        | \$ -                                                      |

During 2016, employee withholdings of \$569,150, representing various payroll periods, were not remitted within the appropriate time period by the Company. The Company remitted the delinquent contributions of \$569,150 in 2016 and has remitted the lost earnings to the Plan during 2019.

**Aptos 401(k) Savings Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN: 14-1624962**  
**Plan # 001**

December 31, 2019

| (a)                                    | (b)<br>Identity of Issuer         | (c)<br>Description of Investment: Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|----------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Common collective trust</b>         |                                   |                                                                                                                      |             |                      |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Stable Value Portfolio I                                                                            | **          | \$ 1,147,979         |
| <b>Registered investment companies</b> |                                   |                                                                                                                      |             |                      |
|                                        | Prudential                        | Prudential Jennison Natural Resources Fund Z                                                                         | **          | 124,281              |
|                                        | Invesco                           | Invesco Select Companies Fund Y                                                                                      | **          | 909,637              |
|                                        | Columbia                          | Columbia Acorn International Fund R5                                                                                 | **          | 287,486              |
|                                        | Legg Mason                        | ClearBridge Mid Cap Fund Class I                                                                                     | **          | 535,422              |
|                                        | Thornburg                         | Thornburg International Value Fund R5                                                                                | **          | 1,249,410            |
|                                        | Oppenheimer Funds                 | Oppenheimer Developing Markets Fund Y                                                                                | **          | 751,304              |
|                                        | Blackrock                         | Blackrock Equity Dividend Fund Inst Shares                                                                           | **          | 2,848,596            |
|                                        | Heartland                         | Heartland Value Plus Fund Inst Shares                                                                                | **          | 718,533              |
|                                        | T. Rowe Price                     | T. Rowe Price Real Estate Fund Advisor                                                                               | **          | 73,829               |
|                                        | JP Morgan                         | JPMorgan Core Bond Fund Select Class                                                                                 | **          | 724,861              |
|                                        | JP Morgan                         | JPMorgan Government Bond Fund Select                                                                                 | **          | 554,358              |
|                                        | JP Morgan                         | JPMorgan Mid Cap Value Fund Inst Shares                                                                              | **          | 567,136              |
|                                        | Pioneer Investments               | Pioneer Select Mid Cap Growth Fund Y                                                                                 | **          | 1,066,895            |
|                                        | American Funds                    | AF Fundamental Inv R6                                                                                                | **          | 172,597              |
|                                        | Pioneer Investments               | Pioneer Fundamental Growth Fund Class Y                                                                              | **          | 3,547,987            |
|                                        | Invesco                           | Invesco Balanced-Risk Allocation Fund Y                                                                              | **          | 406,415              |
|                                        | Janus                             | Janus Venture Fund I                                                                                                 | **          | 461,508              |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom Income Fund I                                                                               | **          | 113,813              |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Technology Fund I                                                                                   | **          | 1,329,556            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Growth Opportunities Fund I                                                                         | **          | 1,222,004            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2005 Fund                                                                                   | **          | 11,682               |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2010 Fund                                                                                   | **          | 1,397                |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2015 Fund                                                                                   | **          | 54,121               |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2020 Fund                                                                                   | **          | 659,042              |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2025 Fund                                                                                   | **          | 1,288,289            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2030 Fund                                                                                   | **          | 2,030,176            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2035 Fund                                                                                   | **          | 1,317,855            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2040 Fund                                                                                   | **          | 1,282,245            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2045 Fund                                                                                   | **          | 1,365,059            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2050 Fund                                                                                   | **          | 1,275,303            |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2055 Fund                                                                                   | **          | 713,980              |
| *                                      | Fidelity Management Trust Company | Fidelity Advisor Freedom 2060 Fund                                                                                   | **          | 38,695               |
| *                                      | Fidelity Management Trust Company | Fidelity US Bond Index Fund                                                                                          | **          | 619,183              |
| *                                      | Fidelity Management Trust Company | Fidelity 500 Index Fund                                                                                              | **          | 3,956,221            |
| *                                      | Fidelity Management Trust Company | Fidelity Gov't Money Market K6                                                                                       | **          | 19,190               |
|                                        |                                   |                                                                                                                      |             | 32,298,066           |
| <b>Notes receivable</b>                |                                   |                                                                                                                      |             |                      |
| *                                      | Participants                      | Notes receivable with variable maturities and interest rates ranging from 4.25% to 6.5%                              | -           | 266,668              |
| <b>Total</b>                           |                                   |                                                                                                                      |             | <u>\$ 33,712,713</u> |

\* Party-in-interest transactions.

\*\*The cost of participant-directed accounts is not required to be disclosed.