Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SIMPLE LABORATORIES LLC RETIREMENT TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/2010

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SIMPLE LABORATORIES LLC

5960 N MILWAUKEE AVE
CHICAGO, IL 60646

2b Employer Identification Number (EIN)
46-5462796

2c Plan Sponsor's telephone number
773-775-6671

2d Business code (see instructions)
621510

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2020	SAM TSAMOULOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	132
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	112
a(2) Total number of active participants at the end of the plan year	**6a(2)**	168
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	21
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	189
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	189
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	58
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **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)** [X] **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_____

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
SIMPLE LABORATORIES LLC RETIREMENT TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SIMPLE LABORATORIES LLC

D Employer Identification Number (EIN)
46-5462796

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4	71
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1801	11218
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	581846	883928
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	583651	895217
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	583651	895217

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
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	55854	
	(B) Participants	2a(1)(B)	107703	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		163557
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	229	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		229
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	21549	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		21549
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		135172
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		320507
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4325	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4325
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	4616	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4616
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8941
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		311566
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: GORFINE, SCHILLER & GARDYN, P.A. **(2)** EIN: 52-1231901

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:

		Yes	No	Amount
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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
SIMPLE LABORATORIES LLC RETIREMENT TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SIMPLE LABORATORIES LLC

D Employer Identification Number (EIN)
46-5462796

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____



SIMPLE LABORATORIES LLC
RETIREMENT TRUST

FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

SIMPLE LABORATORIES LLC RETIREMENT TRUST
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December 31, 2019 and 2018

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*Refers to part and item numbers in Schedule H of the Form 5500 (Annual Return/Report of Employee Benefit Plan) as of December 31, 2019.

GSG Gorfine Schiller Gardyn
Certified Public Accountants and Consultants

INDEPENDENT AUDITORS' REPORT

Sponsor and Plan Administrator
Simple Laboratories LLC Retirement Trust
Chicago, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Simple Laboratories LLC Retirement Trust (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditors' 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 summarized in Note C, which was certified by Matrix Trust Company, LLC, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian of the Plan as of December 31, 2019 and for the year then ended, that the information provided to the plan administrator by the custodian 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 of assets (held at end of year) and schedule of delinquent participant contributions as of and for the year ended December 31, 2019 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and are not a required part of the financial statements. 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.

Other Matter – 2018 Financial Statements

The 2018 statement of net assets available for benefits was compiled by us and we did not audit or review those financial statements and, accordingly, do not express an opinion or provide any assurance about whether they are in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance with DOL 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 the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



October 14, 2020
Owings Mills, Maryland

FINANCIAL STATEMENTS

SIMPLE LABORATORIES LLC RETIREMENT TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2019 and 2018

	2019 (Audited)	2018 (Compiled)
ASSETS		
INVESTMENTS AT FAIR VALUE		
Mutual funds	$ 883,928	$ 581,846
Money market	71	4
Total investments at fair value	883,999	581,850
RECEIVABLES		
Participant contributions	44,196	43,338
Employer contributions	26,262	24,423
Notes receivable from participants	11,218	1,801
Total receivables	81,676	69,562
TOTAL ASSETS	965,675	651,412
NET ASSETS AVAILABLE FOR BENEFITS	$ 965,675	$ 651,412

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

SIMPLE LABORATORIES LLC RETIREMENT TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2019

ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$	135,172
Dividends		21,549
Total investment income		156,721
Interest income - notes receivable from participants		229
Contributions		
Participants		108,561
Employer		57,693
Total contributions		166,254
Total additions		323,204
DEDUCTIONS		
Benefits paid to participants		4,325
Administrative expenses		4,616
Total deductions		8,941
NET INCREASE		314,263
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year		651,412
NET ASSETS AVAILABLE FOR BENEFITS - End of year	$	965,675

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

NOTE A – DESCRIPTION OF THE PLAN

The following description of the Simple Laboratories LLC Retirement Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution retirement Plan established effective October 1, 2010, which provides a system of pre-tax savings for the benefit of employees of Simple Laboratories LLC (the Sponsor). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan administrator is responsible for the oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

2. Eligibility

Each employee is eligible to make contributions to the Plan on the first day of employment.

3. Contributions

Each year, participants may contribute pretax annual compensation as defined by the Plan, subject to certain Internal Revenue Service (IRS) limits. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Sponsor makes 401(k) safe harbor contributions each pay period equal to the sum of 100% of each participant's elective deferrals that do not exceed 4% of the participant's compensation. Safe harbor contributions for the year ended December 31, 2019 totaled $57,693. The Sponsor's contributions are invested in the same investment options and allocation percentages as the participant-directed contributions.

4. Participant Accounts

Each participants' account is credited with the participant's contributions and allocation of (a) the Sponsor's contribution and (b) Plan earnings, and are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

5. Vesting

Participants are immediately vested in their contributions and the Sponsor contributions plus actual earnings thereon.

NOTE A – DECSRIPTION OF THE PLAN – Continued

6. Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $500 and up to 50% of their vested account balance, not to exceed a maximum of $50,000. The number of loans outstanding per participant may not exceed one at any time. Interest rates range from 6.75%-7.50%, which is commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest are paid through payroll deductions.

7. Payment of Benefits

Upon termination of service due to death, disability, retirement or termination of service due to other reasons, a participant or the participant's estate or beneficiary will receive a lump-sum amount equal to the value of the participant's vested interest in the participant's account. Participants may also elect to withdraw funds while still employed once they reach the age of 59 ½. Hardship withdrawals are not permitted by the Plan.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting

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

2. Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

3. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price 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 Plan's administrators determine the Plan's valuation policies utilizing information provided by investment advisors and the custodian. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

4. Notes Receivable from Participants

Notes receivable from participants are measured at unpaid principal balances 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 and 2018.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

5. Payment of Benefits

Benefits are recorded when paid.

6. Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan, unless otherwise paid by the Sponsor. Expenses that are paid by the Sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefits paid to participants are charged directly to the participants' accounts and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

7. Subsequent Events

The Plan has evaluated events through October 14, 2020, the date the financial statements were available to be issued.

NOTE C – INFORMATION CERTIFIED BY CUSTODIAN

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments and notes receivable from participants held at December 31, 2019, and net appreciation in fair value of investments, interest and dividends for the year then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Matrix Trust Company, LLC, the custodian of the Plan.

NOTE D – FAIR VALUE OF FINANCIAL INSTRUMENTS

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 market prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are as follows:

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

Level 2 Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

NOTE D – FAIR VALUE OF FINANCIAL INSTRUMENTS – Continued

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

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. 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.

Money Market Funds: Valued at the net asset value, which is based on the values of the underlying investments as determined by quoted market prices, less any liabilities.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019 and 2018:

	Assets at Fair Value as of December 31, 2019			
Description	Level 1	Level 2	Level 3	Total
Mutual funds	$ 883,928	$ -	$ -	$ 883,928
Money market funds	71	-	-	71
Total investments at fair value	$ 883,999	$ -	$ -	$ 883,999

	Assets at Fair Value as of December 31, 2018			
Description	Level 1	Level 2	Level 3	Total
Mutual funds	$ 581,846	$ -	$ -	$ 581,846
Money market funds	4	-	-	4
Total investments at fair value	$ 581,850	$ -	$ -	$ 581,850

NOTE E – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Ubiquity is the record keeper for the Plan, therefore transactions with the Plan and Ubiquity qualify as party-in-interest transactions. During the year ended December 31, 2019, the Plan paid $4,616 to Ubiquity for plan administration.

NOTE F – PLAN TERMINATION

Although it has not expressed any intent to do so, the Sponsor 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 become 100% vested in their accounts. At termination, each participant's account may be distributed.

NOTE G – TAX STATUS

The IRS issued a non-standardized prototype profit sharing opinion letter to Decimal, Inc D/B/A Ubiquity dated March 31, 2014, stating that its prototype plan document was designed in accordance with applicable Internal Revenue Code (IRC) requirements as of that date. Although the Sponsor has not applied for a determination letter for the Plan and although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently 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.

Accounting principles generally accepted in the United States of America require 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE H – RISKS AND UNCERTAINTIES

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

NOTE I – DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2019, the Sponsor failed to remit in a timely manner certain deferrals to the Plan aggregating $57,214. The Sponsor computed lost earnings on these deposits and subsequently remitted the lost earnings to the Plan on these deposits.

NOTE J – RECONCILATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Schedule H of Form 5500.

	2019 (Audited)	2018 (Compiled)
Net assets available for benefits per the financial statements	$ 965,675	$ 651,412
Contributions receivable	(70,458)	(67,761)
Net assets available for benefits per Schedule H of Form 5500	$ 895,217	$ 583,651

The following is a reconciliation of net income per the financial statements for the year ended December 31, 2019 to the Schedule H of Form 5500.

Net increase per the financial statements	$ 314,263
Add contributions receivable 2018	67,761
Less contributions receivable 2019	(70,458)
Net increase per Schedule H of Form 5500	$ 311,566

NOTE K – COVID-19 IMPACT

Subsequent to year ending December 31, 2019, the Plan is operating in an environment in which a global pandemic exists in relations to the novel coronavirus, COVID-19. As a result of the pandemic, the Plan's investments are subject to impact from volatile market conditions, which have been significant as a result of the pandemic. Plan management does not anticipate impact from the pandemic beyond volatility of market conditions, however Congress passed legislation that offers certain relief for participants related to employee benefit plans.

SUPPLEMENTAL SCHEDULES

SIMPLE LABORATORIES LLC RETIREMENT TRUST
SCHEDULE OF ASSETS (HELD AT END OF YEAR - FORM 5500, SCHEDULE H, ITEM 4I)
E.I.N. 46-5462796, PLAN 001
December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					(e) Current value
		Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity value or shares	
	Money market funds						
	Vanguard Prime Money Market Investor (VMMXX)	Money Market	N/A	N/A	N/A	71	$ 71
	Mutual funds						
	Arbitrage I (ARBNX)	Mutual Fund	N/A	N/A	N/A	181	2,416
	BlackRock Inflation Protected Bond Instl (BPRIX)	Mutual Fund	N/A	N/A	N/A	135	1,465
	Calamos Global Equity I (CIGEX)	Mutual Fund	N/A	N/A	N/A	393	4,703
	Champlain Mid Cap Institutional (CIPIX)	Mutual Fund	N/A	N/A	N/A	950	19,531
	DoubleLine Total Return Bond I (DBLTX)	Mutual Fund	N/A	N/A	N/A	412	4,377
	Harbor High-Yield Bond Instl (HYFAX)	Mutual Fund	N/A	N/A	N/A	219	2,168
	Harbor International Institutional (HAINX)	Mutual Fund	N/A	N/A	N/A	111	4,435
	PIMCO Commodity Real Ret Strat Instl (PCRIX)	Mutual Fund	N/A	N/A	N/A	234	1,397
	PIMCO Government Money Market Instl (PGYXX)	Mutual Fund	N/A	N/A	N/A	958	958
	PIMCO Total Return Instl (PTTRX)	Mutual Fund	N/A	N/A	N/A	428	4,424
	T. Rowe Price Capital Appreciation (PRWCX)	Mutual Fund	N/A	N/A	N/A	535	16,703
	T. Rowe Price New America Growth (PRWAX)	Mutual Fund	N/A	N/A	N/A	136	7,466
	Templeton Global Bond Adv (TGBAX)	Mutual Fund	N/A	N/A	N/A	218	2,326
	Vanguard 500 Index Admiral (VFIAX)	Mutual Fund	N/A	N/A	N/A	3	960
	Vanguard Balanced Index Adm (VBIAX)	Mutual Fund	N/A	N/A	N/A	17	677
	Vanguard Emerging Mkts Stock Idx Adm (VEMAX)	Mutual Fund	N/A	N/A	N/A	3	120
	Vanguard Growth Index Admiral (VIGAX)	Mutual Fund	N/A	N/A	N/A	11	998
	Vanguard Mid Cap Index Admiral (VIMAX)	Mutual Fund	N/A	N/A	N/A	3	566
	Vanguard Mid-Cap Growth Index Admiral (VMGMX)	Mutual Fund	N/A	N/A	N/A	8	583
	Vanguard Mid-Cap Value Index Admiral (VMVAX)	Mutual Fund	N/A	N/A	N/A	2	139
	Vanguard Short-Term Bond Index Adm (VBIRX)	Mutual Fund	N/A	N/A	N/A	74	785
	Vanguard Small Cap Growth Index Admiral (VSGAX)	Mutual Fund	N/A	N/A	N/A	212	14,816
	Vanguard Small Cap Index Adm (VSMAX)	Mutual Fund	N/A	N/A	N/A	2	142
	Vanguard Small Cap Value Index Admiral (VSIAX)	Mutual Fund	N/A	N/A	N/A	2	135
	Vanguard Target Retirement 2015 Inv (VTXVX)	Mutual Fund	N/A	N/A	N/A	640	9,709
	Vanguard Target Retirement 2020 Inv (VTWNX)	Mutual Fund	N/A	N/A	N/A	15	501
	Vanguard Target Retirement 2025 Inv (VTTVX)	Mutual Fund	N/A	N/A	N/A	5,375	106,649
	Vanguard Target Retirement 2030 Inv (VTHRX)	Mutual Fund	N/A	N/A	N/A	351	12,798
	Vanguard Target Retirement 2035 Inv (VTTHX)	Mutual Fund	N/A	N/A	N/A	1,683	37,891
	Vanguard Target Retirement 2040 Inv (VFORX)	Mutual Fund	N/A	N/A	N/A	759	29,703
	Vanguard Target Retirement 2045 Inv (VTIVX)	Mutual Fund	N/A	N/A	N/A	21,626	534,171
	Vanguard Target Retirement 2050 Inv (VFIFX)	Mutual Fund	N/A	N/A	N/A	255	10,148
	Vanguard Target Retirement 2055 Inv (VFFVX)	Mutual Fund	N/A	N/A	N/A	913	39,442
	Vanguard Target Retirement 2060 Inv (VTTSX)	Mutual Fund	N/A	N/A	N/A	42	1,602
	Vanguard Target Retirement Income Inv (VTINX)	Mutual Fund	N/A	N/A	N/A	66	932
	Vanguard Total Bond Market Index Adm (VBTLX)	Mutual Fund	N/A	N/A	N/A	49	537
	Vanguard Total Intl Bd Idx Admiral™ (VTABX)	Mutual Fund	N/A	N/A	N/A	10	228
	Vanguard Total Intl Stock Index Admiral (VTIAX)	Mutual Fund	N/A	N/A	N/A	24	713
	Vanguard Total Stock Mkt Idx Adm (VTSAX)	Mutual Fund	N/A	N/A	N/A	12	933
	Vanguard Value Index Adm (VVIAX)	Mutual Fund	N/A	N/A	N/A	23	1,055
	Virtus Vontobel Emerging Markets Opps I (HIEMX)	Mutual Fund	N/A	N/A	N/A	215	2,481
	Voya Global Real Estate A (IGLAX)	Mutual Fund	N/A	N/A	N/A	157	2,145
	Total mutual funds						883,928
	Total investments						$ 883,999
*	**Notes receivable from participants**	Loans	N/A	Varies	6.75% - 7.50%	N/A	$ 11,218

* Parties-in-interest as defined by ERISA

See independent auditors' report.

SIMPLE LABORATORIES LLC RETIREMENT TRUST
FORM 5500, SCHEDULE H, ITEM 4A SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
E.I.N. 46-5462796, PLAN 001
December 31, 2019

Total That Constitute Nonexempt Prohibited Transactions

Participant contributions transferred late to Plan. Check here if late participant loan repayments are included: ☑	Contributions not corrected	Contributions corrected outside VFCP	Contributions Pending Correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
$ 57,214	$ -	$ 57,214	$ -	$ -

SIMPLE LABORATORIES LLC RETIREMENT TRUST
SCHEDULE OF ASSETS (HELD AT END OF YEAR - FORM 5500, SCHEDULE H, ITEM 4I)
E.I.N. 46-5462796, PLAN 001
December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					(e) Current value
		Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity value or shares	
	Money market funds						
	Vanguard Prime Money Market Investor (VMMXX)	Money Market	N/A	N/A	N/A	71	$ 71
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	Vanguard Mid-Cap Growth Index Admiral (VMGMX)	Mutual Fund	N/A	N/A	N/A	8	583
	Vanguard Mid-Cap Value Index Admiral (VMVAX)	Mutual Fund	N/A	N/A	N/A	2	139
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	Vanguard Target Retirement 2030 Inv (VTHRX)	Mutual Fund	N/A	N/A	N/A	351	12,798
	Vanguard Target Retirement 2035 Inv (VTTHX)	Mutual Fund	N/A	N/A	N/A	1,683	37,891
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	Vanguard Target Retirement 2045 Inv (VTIVX)	Mutual Fund	N/A	N/A	N/A	21,626	534,171
	Vanguard Target Retirement 2050 Inv (VFIFX)	Mutual Fund	N/A	N/A	N/A	255	10,148
	Vanguard Target Retirement 2055 Inv (VFFVX)	Mutual Fund	N/A	N/A	N/A	913	39,442
	Vanguard Target Retirement 2060 Inv (VTTSX)	Mutual Fund	N/A	N/A	N/A	42	1,602
	Vanguard Target Retirement Income Inv (VTINX)	Mutual Fund	N/A	N/A	N/A	66	932
	Vanguard Total Bond Market Index Adm (VBTLX)	Mutual Fund	N/A	N/A	N/A	49	537
	Vanguard Total Intl Bd Idx Admiral™ (VTABX)	Mutual Fund	N/A	N/A	N/A	10	228
	Vanguard Total Intl Stock Index Admiral (VTIAX)	Mutual Fund	N/A	N/A	N/A	24	713
	Vanguard Total Stock Mkt Idx Adm (VTSAX)	Mutual Fund	N/A	N/A	N/A	12	933
	Vanguard Value Index Adm (VVIAX)	Mutual Fund	N/A	N/A	N/A	23	1,055
	Virtus Vontobel Emerging Markets Opps I (HIEMX)	Mutual Fund	N/A	N/A	N/A	215	2,481
	Voya Global Real Estate A (IGLAX)	Mutual Fund	N/A	N/A	N/A	157	2,145
	Total mutual funds						883,928
	Total investments						$ 883,999
*	**Notes receivable from participants**	Loans	N/A	Varies	6.75% - 7.50%	N/A	$ 11,218

* Parties-in-interest as defined by ERISA

See independent auditors' report.