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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DISCOPYLABS 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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)
DISCOPYLABS

48641 MILMONT DR
FREMONT, CA 94538-7354

2b Employer Identification Number (EIN)
94-2820965

2c Plan Sponsor's telephone number
510-651-5100

2d Business code (see instructions)
541511

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.	10/15/2021	DAVE TU
	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**	177
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)**	147
a(2) Total number of active participants at the end of the plan year	**6a(2)**	185
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	38
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	223
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	223
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	173
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 2G 2J 2K 2F 3D 2T

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

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[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)	[X]	1	**A** (Insurance Information)
(4)	[X]		**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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
DISCOPYLABS 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DISCOPYLABS

D Employer Identification Number (EIN)
94-2820965

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	860045	173	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	23499
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	17398
c	Additions: (1) Contributions deposited during the year	7c(1)	10744		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	227		
	(4) Transferred from separate account	7c(4)	373265		
	(5) Other (specify below)	7c(5)	484		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	384720
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	402118
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	378551		
	(2) Administration charge made by carrier	7e(2)	68		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	378619
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	23499

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
DISCOPYLABS 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DISCOPYLABS

D Employer Identification Number (EIN)
94-2820965

Part I Service Provider Information (see instructions)

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).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

VOYA

PO BOX 990067
HARTFORD, CT 06199

71-0294708

(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

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)

THREE BELL CAPITAL LLC

43-3567626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	15202	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THREE BELL CAPITAL,LLC	99	15202

(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.
VOYA RETIREMENT INSURANCE AND ANNUI PO BOX 990067 HARTFORD, CT 06199 71-0294708	OTHER FEES

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: SHEA LABAGH DOBBERSTEIN
b EIN: 94-2290202
c Position: ACCOUNTING FIRM
d Address: 44 MONTGOMERY ST., STE. 3200
SAN FRANCISCO, CA 94104
e Telephone: 415-397-4444

Explanation: SHEA LABAGH DOBBERSTEIN WAS ACQUIRED BY MHM DURING 2021 AND REPORT WILL BE ISSUED UNDER MHM

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
DISCOPYLABS 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DISCOPYLABS

D Employer Identification Number (EIN)
94-2820965

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)	14550	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	19339	11751
(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)	4931065	5900369
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	17398	23499
(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	4982352	5935619
	Liabilities			
g	Benefit claims payable	1g	2258	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2258	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4980094	5935619

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)		
	(B) Participants	2a(1)(B)	487048	
	(C) Others (including rollovers)	2a(1)(C)	54897	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		541945
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)	944	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		944
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		944490
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1487379
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	526529	
(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)		526529
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)	5325	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5325
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		531854
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		955525
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MAYER HOFFMAN MCCANN PC **(2)** EIN: 43-1947695

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		6647

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
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**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
DISCOPYLABS 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DISCOPYLABS

D Employer Identification Number (EIN)
94-2820965

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 94-2820965

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

DISCOPYLABS 401(k) PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES

Year Ended December 31, 2020

DISCOPYLABS 401(k) PLAN

Year Ended December 31, 2020

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Mayer Hoffman McCann P.C.
44 Montgomery Street, Suite 3200 ■ San Francisco, CA 94104
Main: 415.397.4444 ■ Fax: 415.981.0898 ■ www.mhmcpa.com

INDEPENDENT AUDITORS' REPORT

TO THE RETIREMENT PLAN COMMITTEE AND PARTICIPANTS
OF DISCOPYLABS 401(k) PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of DISCOPYLABS 401(k) PLAN (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020, 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 the 2020 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, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Voya Institutional Trust Company, the trustee of the Plan, and Voya Retirement Insurance and Annuity Company, the insurance company, except for comparing the information with the related information included in the 2020 financial statements. We have been informed by the plan administrator that the trustee and the insurance company hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and the insurance company as of December 31, 2020 and for the year then ended that the information provided to the Plan administrator by the trustee and the insurance company 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 the 2020 financial statements.

Other Matter – Supplemental Schedules

The supplemental Schedule H – Line 4a: Schedule of Delinquent Participant Contributions for the year ended December 31, 2020 and Schedule H – Line 4i: Schedule of Assets (Held at End of Year) as of December 31, 2020 are required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA and are 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 these supplemental schedules referred above.

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 insurance companies, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter – 2019 Financial Statement

The financial statement of the Plan as of December 31, 2019, was audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Voya Retirement Insurance and Annuity Company, the insurance company of the Plan. Their report, dated October 9, 2020, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the insurance company, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mayer Hoffman McCann P.C.

San Francisco, California
October 14, 2021

DISCOPYLABS 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2020	December 31, 2019
ASSETS		
INVESTMENTS, AT FAIR VALUE	$ 5,900,369	$ 4,931,065
INVESTMENT, AT CONTRACT VALUE	23,499	17,398
RECEIVABLES		
Participant Contributions	-	14,550
Notes Receivable from Participants	11,751	19,339
TOTAL RECEIVABLES	11,751	33,889
TOTAL ASSETS	5,935,619	4,982,352
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	-	2,258
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,935,619	$ 4,980,094

See accompanying notes to the financial statements.

DISCOPYLABS 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2020

ADDITIONS

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
INVESTMENT INCOME	
Net Appreciation in Fair Value of Investments	$ 944,264
Interest Income	226
TOTAL INVESTMENT INCOME	944,490
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	944
CONTRIBUTIONS	
Employee	487,048
Rollover	54,897
TOTAL CONTRIBUTIONS	541,945
TOTAL ADDITIONS	1,487,379

DEDUCTIONS

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
BENEFITS PAID TO PARTICIPANTS	526,529
ADMINISTRATIVE EXPENSES	5,325
TOTAL DEDUCTIONS	531,854
NET INCREASE IN NET ASSETS	955,525
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	4,980,094
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 5,935,619

See accompanying notes to the financial statements.

DISCOPYLABS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2020

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the DISCOPYLABS 401(k) PLAN (the "Plan") provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

General – The Plan was established as a defined contribution plan, to provide retirement benefits to eligible employees of DISCOPYLABS (the "Company"). Employees are eligible to participate on the first of the month following their hire date. Employees who are members of a collective bargaining arrangement or leased employees are ineligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), and certain provisions of the Internal Revenue Code ("IRC"). The Company's Retirement Plan Committee is responsible for oversight of the Plan, which includes determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

In April 2020, the Plan implemented certain provisions of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act that was signed into law on March 27, 2020, which increases a qualified participant loan amount to lesser of his or her account balance or $100,000 for a loan issued through September 29, 2020, allows qualified Plan participants who have Plan loan repayments in 2020 to defer such repayments until December 31, 2020, allows the Plan's qualified participants to take a COVID-19 related distribution up to $100,000 through December 31, 2020, and waiver of 2020 required minimum distributions. In addition, the Plan implemented certain provision of the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE Act") to delay the commencement date for required minimum distributions. The Plan's trustee will incorporate the provisions under which the Plan is currently operating, that were adopted to comply with new laws or regulations, including the adopted provisions of CARES Act and SECURE Act as necessary prior to the December 31, 2022 deadline.

The Plan provides for a Plan administrator who is responsible for keeping accurate and complete records with regard to the Plan's operations, informing participants of changes or amendments to the Plan, ensuring that the Plan conforms to the law and government regulations, and providing participants with any reports and documents required by law.

Participant Contributions – Participants may voluntarily contribute up to 100% of compensation, as defined by the Plan, with maximum contributions of $19,500 for 2020. Participant may designate all or any portion of their elective deferrals as Roth election deferrals. The Plan provides for an automatic contribution arrangement where all newly hired employees will be automatically enrolled at a contribution rate of 4% of eligible compensation on the first day of the month after 90 days of employment, unless the employee makes a different election. Additionally, participants, who have attained fifty years of age before the end of the Plan year, are eligible to make catch up contributions up to $6,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Employer Contributions – The Company may make discretionary matching contributions and discretionary profit sharing contributions, subject to the limitations imposed by the IRC. There were no employer contributions for the year ended December 31, 2020.

Participant Accounts – The Plan maintains an account for each participant which is credited with the participant's contributions and the Company's discretionary matching contributions, if any, as well as allocations of the Company's discretionary profit sharing contributions, if any, and the Plan's investment earnings or losses, and 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 by the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their voluntary contributions and rollover contributions plus actual earnings thereon. Participants vest in the Company's contributions based on years of service in accordance with the following schedule:

Years of Service	Vesting Percentage
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Notwithstanding the foregoing, a participant will become fully (100%) vested upon attainment of normal retirement age, death or disability while employed by the Company.

Notes Receivable from Participants – Participants may borrow from their vested accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. All loans shall bear a reasonable rate of interest and shall be commensurate with rates charged by creditors in similar circumstances. Interest rates shall remain fixed throughout the life of the loan. The duration of the loan is not to exceed five years, except for loans used to finance the purchase of a primary residence, which could be for a longer period. Principal and interest are paid through payroll deductions.

As discussed above, pursuant to the CARES Act, the maximum loan amounts for qualified participants was increased for loans issued between March 27, 2020, and September 23, 2020. Additionally, qualified participants could request a delay of loan repayments due between March 27, 2020 and December 31, 2020. If a delay was granted, the participant's note was re-amortized effective January 1, 2021 and included any interest accrued during the period of delay.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits – Upon termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump-sum amount or a direct rollover distribution, equal to the value of the participants' vested interest in his or her account. If a terminated participant's account does not exceed $1,000, it will be distributed in a lump-sum payment. If a terminated participant's account balance is between $1,000 and $5,000 and the Plan does not receive distribution instructions, the account will be rolled over into an individual retirement plan for the benefit of the participant, as determined by the Plan administrator. The Plan allows for in-service distributions for hardship withdrawals or if a participant has obtained 59½ years of age. Mandatory distributions are required to begin no later than April 1st of the calendar year following the later of the end of the year a participant retires or reaches age 70 ½. The age at which required minimum distributions must begin was increased from 70½ to 72 pursuant to the SECURE Act enacted in December 2019. In addition, pursuant to the CARES Act, participants who were currently receiving required minimum distributions were offered the option to waive their 2020 payment and participants who were due to receive the first required distribution in 2020 had their distribution automatically waived. The ability to request special waivers with respect to required minimum distributions under the CARES Act ceased as of December 31, 2020.

Forfeited Accounts – As of December 31, 2020 and 2019, there were no forfeited non-vested accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The Plan's financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

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 the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets. Actual results may differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value, except for the fully benefit-responsive investment contract which is reported at contract 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 trustee determines the Plan's valuation policies utilizing information provided by the investment advisors and the insurance company of the Plan. See Note 3 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. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants – 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, 2020 and 2019.

Excess Contributions Payable – Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with corresponding reduction to contributions. The Plan distributed the 2019 excess contributions to the applicable participants during 2020. There were no excess contributions for plan year 2020.

Payments of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation or depreciation of fair value of investments.

Concentrations – As of December 31, 2020 and 2019, three investments accounted for approximately 58% and 55%, respectively, of total investments.

NOTE 3 – 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 l) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- 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.

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

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

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. The 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.

Pooled Separate Accounts: Valued at the NAV of accumulation units held at year-end. The NAV, as provided by Voya, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the account, dividends and contract account charges. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Participant transactions may occur daily. The pooled separate accounts do not have unfunded commitments and are currently not subject to withdrawal limitations.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Total Assets in the Fair Value Hierarchy:				
Mutual Funds	$ 5,900,369	$ -	$ -	$ 5,900,369

As described above, the fair value of pooled separate accounts is measured using the NAV practical expedient. In accordance with the fair value measurement guidance, investments that are measured at fair value using the NAV practical expedient are not required to be classified in the fair value hierarchy.

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth additional disclosure of the Plan's investments measured at fair value based on NAVs per share (or its equivalent) as of December 31, 2019:

Pooled Separate Accounts	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
December 31, 2019	$4,931,065	N/A	Daily	None*

* The Plan may initiate withdrawals at any time by giving written notice. Upon receipt of notice, a transfer date will be determined.

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE AND THE INSURANCE COMPANY

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The investment information as of December 31, 2020 and for the year then ended, including the investment information presented in the statement of net assets available for benefits as of December 31, 2020, the related investment activity reflected in the statement of changes in net assets available for benefits, and the supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020, were obtained from data that has been certified by Voya Institutional Trust Company ("VITC"), the trustee of the Plan, and Voya Retirement Insurance and Annuity Company ("Voya"), the insurance company, to be complete and accurate. The investment information presented in the statement of net assets available for benefits as of December 31, 2019 was obtained from data that has been certified by Voya, the insurance company, to be complete and accurate.

NOTE 5 – INVESTMENT CONTRACT

The Plan maintains an investment contract as part of the Voya Fixed Account that meets the criteria to be considered fully benefit-responsive and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Voya maintains the contributions in a general account. Contract values, as reported to the Plan by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of Voya or otherwise. The Plan is credited with an annual interest rate of no less than 1.00% for as long as the contract remains in force.

NOTE 5 – INVESTMENT CONTRACT (Continued)

Each calendar year, Voya will set a floor interest rate which will be declared in writing, to the contract holder prior to its effective date. As of December 31, 2020, the current rate was 1.00%.

Voya may terminate the contract after the completion of five contract years by providing the Plan a 90 day written notice to pay out the full value without fees, charges, or Market Value Adjustment ("MVA").

Certain events may limit the ability of the Plan to transact at contract value with Voya. No surrender charge is assessed against contract withdrawals taken for reasons of participant retirement, severance from employment, death, disability, hardship, loan or in-service withdrawals after age 59½. There are restrictions on transfers to and from the Voya Fixed Account and a positive or negative MVA may apply if the contract is terminated by either Voya or the Plan sponsor. The plan administrator does not believe that the occurrence of any such events that would limit the Plan's ability to transact at contract value with participants is probable.

NOTE 6 – TAX STATUS

The Plan is a defined contribution plan designed to qualify as a tax-exempt Plan under the IRC. The Internal Revenue Service ("IRS") issued a favorable determination letter dated March 31, 2014 that the Volume Submitter Defined Contribution Prototype Plan (the prototype plan of Fort William LLC, a third-party plan administrator, upon which the Plan is based). The Plan has not filed for a separate determination letter and the Plan has been amended since receiving the determination letter, however, 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 the Plan is qualified.

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 federal and state taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in process.

NOTE 7 – RELATED PARTY TRANSACTIONS

Substantially all Plan assets are held and managed by an affiliate of Voya and VITC. Voya and VITC provide certain administrative services to the plan, therefore, these transactions qualify as party-in-interest transactions. Voya and VITC's affiliate receives revenue from mutual fund service providers which is used to offset amounts owed to Voya and VITC. The Plan also maintains a service agreement with an investment provider. The investment provider received approximately $15,000 in revenue from mutual fund service providers as payment for its services for the year ended December 31, 2020. Revenue received from mutual fund service providers is netted against net appreciation in fair value of investments.

NOTE 8 – PLAN TERMINATION

Although it has not expressed any intent 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 provision of ERISA. In the event of the Plan termination, participants would become 100% vested in their employer contributions.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination from among the investment securities available through the Plan. 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 value 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 and in the statement of changes in net assets available for benefits.

On March 11, 2020, the World Health Organization declared a pandemic related to the rapidly spreading COVID-19 outbreak, which has led to a global health emergency. The pandemic has caused volatility in financial markets and has affected, and may continue to affect, the market price of the Plan's investments. Due to COVID-19, certain provisions of the plan document have been changed to conform with the CARES Act, including loan payment delays and adding CARES Act distribution for eligible participants. The overall impact on economic activity is expected to continue for some time; however, the ultimate duration and extent is uncertain. Accordingly, the ultimate financial effects cannot be reasonably estimated at this time.

NOTE 10 – DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2016, there were unintentional delays in remitting participant contributions and loan repayments totaling $6,647. These transactions constitute prohibited transactions as defined by ERISA. Plan management is currently calculating lost earnings for these delays and will restore the accounts of the affected participants, which will correct these errors.

NOTE 11 – PLAN ADMINISTRATION ERROR

Certain operational errors were discovered relating to the timeliness of participants' first contribution under the Plan's automatic enrollment program that occurred during the year ended December 31, 2020. Plan management is in the process of determining the extent of the errors and actions necessary to correct these errors.

NOTE 12 – SUBSEQUENT EVENTS

The Plan's management has evaluated subsequent events through October 14, 2021, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

DISCOPYLABS 401(k) PLAN

SCHEDULE H – LINE 4a: SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 94-2820965

Plan Number: 001

Year Ended December 31, 2020

Year	Participant Contributions Transferred Late to Plan	Check here if Late Participant Loan Repayments are included:	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections in VFCP	
2016	$ 6,647	☒	$ 6,647	$ -	$ -	$ -

DISCOPYLABS 401(k) PLAN

SCHEDULE H – LINE 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FEIN: 94-2820965

Plan Number: 001

December 31, 2020

	(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		(d) Cost	(e) Current Value
			Mutual Funds:			
		Blackrock	Blackrock LifePath Index 2025 Fund K	13,442 Units	^	$ 210,238
		Blackrock	Blackrock LifePath Index 2030 Fund K	85,554 Units	^	1,392,826
		Blackrock	Blackrock LifePath Index 2035 Fund K	26,573 Units	^	453,337
		Blackrock	Blackrock LifePath Index 2040 Fund K	17,588 Units	^	310,607
		Blackrock	Blackrock LifePath Index 2045 Fund K	7,179 Units	^	131,372
		Blackrock	Blackrock LifePath Index 2050 Fund K	10,087 Units	^	188,419
		Blackrock	Blackrock LifePath Index 2055 Fund K	2,289 Units	^	43,768
		Blackrock	Blackrock LifePath Index 2060 Fund K	2,139 Units	^	36,431
		Blackrock	Blackrock LifePath Index Retirement Fund K	76,066 Units	^	1,082,423
		Eaton Vance	Eaton Vance-Atl Cp SMIDCp F R6	438 Units	^	16,573
		Loomis	Loomis Sayles Strat Inc Fnd N	1,631 Units	^	22,846
		MFS	MFS Technology Fund R6	4,444 Units	^	317,079
		Invesco	Invesco Intl Divr Fnd I	3,201 Units	^	73,058
		PIMCO	PIMCO Income Fund Ins	2,970 Units	^	35,973
		Templeton	Templeton Global Bond Fund R6	1,671 Units	^	16,289
		Vanguard	Vangrd 500 Index Fund Adm	306 Units	^	106,203
		Vanguard	Vangrd Balanced Index Fnd Adm	1,102 Units	^	48,874
		Vanguard	Vangrd Growth Index Fund Adm	7,364 Units	^	960,729
		Vanguard	Vangrd Health Care Ind Fd Adm	112 Units	^	79,231
		Vanguard	Vangrd Interm Term Bond Index Fund Adm	1,825 Units	^	22,977
		Vanguard	Vangrd Mid-Cap Index Fund Adm	394 Units	^	100,924
		Vanguard	Vangrd Small-Cap Index Fnd Adm	1,058 Units	^	98,599
		Vanguard	Vangrd Tot Int Stk In F Adm	1,856 Units	^	60,240
		Vanguard	Vangrd Value Index Fund Adm	1,843 Units	^	85,527
*		Voya	Voya Government Money Market Fund A (Hold Acct)	1 Units	^	1
		DFA	DFA Infl-Prot Sec Port Ins	125 Units	^	1,651
		Neuberg Berman	Neuberg Berm Small Cap Growth Fund R6	75 Units	^	4,174
						5,900,369
			Fully Benefit-Responsive Investment Contract:			
*		Voya Retirement Insurance and Annuity Company	Fixed Account			23,499
*		Notes Receivable from Participants	9 loans receivable bearing interest at 4.25% - 6.5% and maturing April 2021 through December 2023		-	11,751
						$ 5,935,619

* Denotes Party-In-Interest as defined by ERISA.

^ Column (d) Cost is omitted for participant directed investments.

DisCopyLabs 401(k) Plan
EIN: 94-2820964
Plan #: 001
Schedule H, line 4i assets held for investment

VOYA FINANCIAL™

Plan Administration Report

DISCOPYLABS 401(K) PLAN
Plan 860045
01/01/2020 through 12/31/2020

Overview - *Summary By Fund*

FundName	Beginning Balance	Contributions	Loan Repay Principal	Loan Repay Interest	Loan Issue	Withdrawals	Fund Transfers	Internal Transfers	Fees	Misc	Dividends Earnings	Gain/Loss	Ending Balance
AmCen One Choice 2020 Port R6	$452,502.22	$5,926.64	$193.70	$27.05	-$1,270.64	$0.00	-$383,665.25	$0.00	-$200.00	$0.00	$0.00	-$73,513.72	$0.00
AmCen One Choice 2025 Port R6	$174,573.23	$6,181.43	$0.00	$0.00	$0.00	-$2,718.71	-$146,446.43	$0.00	-$50.00	$0.00	$0.00	-$31,539.52	$0.00
AmCen One Choice 2030 Port R6	$1,120,309.61	$16,979.98	$1,556.27	$64.27	$0.00	-$1,873.82	-$918,801.14	$0.00	-$50.00	$0.00	$0.00	-$218,185.17	$0.00
AmCen One Choice 2035 Port R6	$337,325.36	$11,743.20	$0.00	$0.00	$0.00	-$5,793.06	-$271,724.59	$0.00	-$50.00	$0.00	$0.00	-$71,500.91	$0.00
AmCen One Choice 2040 Port R6	$234,755.77	$5,976.41	$156.34	$9.08	$0.00	-$612.53	-$186,108.20	$0.00	-$50.00	$0.00	$0.00	-$54,126.87	$0.00
AmCen One Choice 2045 Port R6	$42,844.71	$2,994.84	$189.37	$18.59	$0.00	$0.00	-$35,077.43	$0.00	$0.00	$0.00	$0.00	-$11,070.08	$0.00
AmCen One Choice 2050 Port R6	$122,251.34	$8,029.23	$333.92	$19.48	$0.00	-$1,044.10	-$96,316.21	$0.00	-$100.00	$0.00	$0.00	-$33,173.66	$0.00
AmCen One Choice 2055 Port R6	$17,842.43	$2,847.56	$0.00	$0.00	$0.00	$0.00	-$15,292.24	$0.00	$0.00	$0.00	$0.00	-$5,397.75	$0.00
AmCen One Choice 2060 Port R6	$19,823.75	$5,293.27	$0.00	$0.00	$0.00	$0.00	-$18,412.82	$0.00	$0.00	$0.00	$0.00	-$6,704.20	$0.00
AmCen One Choice In Ret Pt R6	$958,946.73	$290.20	$0.00	$0.00	$0.00	$0.00	-$804,401.90	$0.00	$0.00	$0.00	$0.00	-$154,835.03	$0.00
BlkRck LifePath Ind 2025 Fd K	$0.00	$21,482.45	$0.00	$0.00	$0.00	-$13,348.91	$146,446.43	$0.00	-$347.91	$0.00	$4,611.00	$51,395.10	$210,236.16
BlkRck LifePath Ind 2030 Fd K	$0.00	$67,785.09	$4,314.81	$83.06	$0.00	$0.00	$918,801.14	$0.00	-$909.87	$0.00	$26,017.51	$386,733.76	$1,392,825.50
BlkRck LifePath Ind 2035 Fd K	$0.00	$44,720.04	$0.00	$0.00	$0.00	-$7,874.25	$271,724.59	$0.00	-$325.98	$0.00	$7,874.90	$137,017.96	$453,337.26
BlkRck LifePath Ind 2040 Fd K	$0.00	$24,046.05	$537.55	$13.59	$0.00	-$10,491.42	$186,108.20	$0.00	-$243.13	$0.00	$5,128.65	$105,507.98	$310,607.47
BlkRck LifePath Ind 2045 Fd K	$0.00	$66,398.40	$1,783.91	$77.25	-$2,074.83	$0.00	$35,077.43	$0.00	-$36.72	$0.00	$1,474.84	$28,672.13	$131,372.41
BlkRck LifePath Ind 2050 Fd K	$0.00	$25,088.97	$1,248.87	$72.56	-$3,074.49	$0.00	$96,316.21	$0.00	-$253.60	$0.00	$2,924.73	$66,095.90	$188,419.15
BlkRck LifePath Ind 2055 Fd K	$0.00	$15,238.98	$0.00	$0.00	$0.00	$0.00	$15,292.24	$0.00	-$17.73	$0.00	$602.01	$12,652.18	$43,767.68
BlkRck LifePath Ind 2060 Fd K	$0.00	$14,786.17	$0.00	$0.00	$0.00	-$10,059.34	$18,412.82	-$198.17	-$169.56	$0.00	$549.31	$13,110.10	$36,431.33
BlkRck LifePath Ind Ret Fd K	$0.00	$34,911.04	$672.38	$75.07	$0.00	-$75,549.29	$809,476.48	$0.00	-$1,259.59	$0.00	$32,323.78	$281,772.65	$1,082,422.52
DFA Infl-Prot Sec Port Ins	$2,023.58	$6,586.45	$0.00	$0.00	$0.00	$0.00	-$7,372.52	$0.00	-$3.32	$0.00	$41.53	$374.79	$1,650.51
Eaton Vance-Atl Cp SMIDCp F R6	$16,024.07	$606.94	$0.00	$0.00	$0.00	-$1,370.15	$0.00	-$77.30	-$11.27	$0.00	$1,448.64	-$47.44	$16,573.49
Inv Intl Diversified Fd R6	$60,047.45	$2,511.72	$58.24	$14.36	$0.00	-$1,468.05	-$686.47	-$87.39	-$44.45	$0.00	$931.92	$11,780.65	$73,057.98
Loomis Sayles Strat Inc Fnd N	$18,415.41	$2,751.21	$291.28	$71.99	$0.00	$0.00	$718.28	$0.00	-$15.57	$0.00	$956.37	-$342.76	$22,846.21
MFS Technology Fund R6	$226,796.22	$52,223.77	$0.00	$0.00	$0.00	-$315.39	-$48,851.56	$0.00	-$164.00	$0.00	$14,801.84	$72,588.55	$317,079.43
Neuberg Berm Sm Cp Grw Fnd R6	$622.78	$558.18	$0.00	$0.00	$0.00	$0.00	$2,328.62	$0.00	-$0.63	$0.00	$43.06	$621.96	$4,173.97
PIMCO Income Fund Ins	$32,003.38	$4,549.01	$291.22	$71.94	$0.00	-$2,911.11	-$14,847.71	-$182.02	-$116.45	$0.00	$4,619.60	$12,494.83	$35,972.69
Templeton Global Bond Fund R6	$11,946.73	$2,751.16	$291.11	$71.83	$0.00	$0.00	$1,727.78	$0.00	-$10.53	$0.00	$664.13	-$1,145.34	$16,288.87
Vangrd 500 Index Fund Adm	$78,861.28	$9,997.12	$155.29	$38.35	$0.00	-$1,684.80	$1,309.75	$286.74	-$63.62	$0.00	$1,544.57	$15,757.87	$106,202.55
Vangrd Balanced Index Fnd Adm	$37,300.52	$7,115.06	$0.00	$0.00	$0.00	-$2,599.88	$0.00	$95.83	-$32.65	$0.00	$1,244.02	$5,750.73	$48,873.63
Vangrd Growth Index Fund Adm	$647,045.65	$21,737.20	$97.08	$23.99	$0.00	-$6,328.68	$67,247.73	$79.19	-$459.05	$0.00	$5,761.45	$225,524.68	$960,729.24
Vangrd Health Care Ind Fd Adm	$55,988.86	$10,958.24	$0.00	$0.00	$0.00	-$112.79	$0.00	$0.00	-$49.90	$0.00	$811.62	$11,524.56	$79,230.59
Vangrd Int-Trm Bd Indx Fd Adm	$19,379.12	$3,993.22	$291.20	$71.90	$0.00	-$2,548.47	-$1,010.65	-$203.61	-$28.98	$0.00	$721.54	$2,311.91	$22,977.18
Vangrd Mid-Cap Index Fund Adm	$59,501.21	$21,721.43	$38.82	$9.60	$0.00	$0.00	$1,951.91	$0.00	-$50.55	$0.00	$1,291.14	$16,460.57	$100,924.13
Vangrd Small-Cap Index Fnd Adm	$65,457.34	$10,055.77	$0.00	$0.00	$0.00	-$185.56	$4,313.58	$0.00	-$61.32	$0.00	$1,053.49	$17,955.60	$98,598.90
Vangrd Tot Int Stk In F Adm	$51,942.54	$2,094.98	$38.82	$9.59	$0.00	-$292.97	-$11.34	$0.00	-$36.24	$0.00	$1,246.22	$5,248.70	$60,240.30
Vangrd Value Index Fund Adm	$66,420.47	$14,820.10	$0.00	$0.00	$0.00	-$169.02	-$1,491.39	$286.73	-$55.29	$0.00	$2,063.33	$3,651.95	$85,526.88
Voya Fixed Account (4062)	$17,398.34	$10,744.00	$388.29	$95.92	$0.00	-$378,550.97	$373,264.66	$0.00	-$67.09	$0.00	$0.00	$226.53	$23,499.68
Voya Gv Mny Mkt F A (Hld Acct)	$1.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.00
Plan Total	**$4,948,463.10**	**$556,495.51**	**$12,928.47**	**$939.47**	**-$6,419.96**	**-$527,703.27**	**$0.00**	**$0.00**	**-$5,325.00**	**$0.00**	**$120,841.20**	**$823,649.19**	**$5,923,868.71**