# 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
AMBRY GENETICS 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2006

**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)
AMBRY GENETICS CORPORATION

15 ARGONAUT
ALISO VIEJO, CA 92656-4114

**2b** Employer Identification Number (EIN)
33-0892453

**2c** Plan Sponsor's telephone number
949-900-5585

**2d** Business code (see instructions)
541990

**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 | KEVIN MCNEIL |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2021 | KEVIN MCNEIL |
| | **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** | 930 |
| **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)** | 764 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 827 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 200 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 1027 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 1028 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 857 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 7 |
| **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:

2A 2E 2F 2G 2J 2K 2T 3H 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)

- **(1)** [ ] 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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2020**<br>**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
AMBRY GENETICS 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMBRY GENETICS CORPORATION

**D** Employer Identification Number (EIN)
33-0892453

## 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 37 60 64 65 | RECORDKEEPER | 84658 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

STRATEGIC ADVISORS, INC.

04-2654524

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 | ADVISOR | 6131 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| BAIRD CORE PLUS INST - US BANCORP<br><br>39-0281260 | 0.02% |

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

| **Part III** | **Termination Information on Accountants and Enrolled Actuaries (see instructions)**<br>(complete as many entries as needed) |
|---|---|

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**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
AMBRY GENETICS 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMBRY GENETICS CORPORATION

**D** Employer Identification Number (EIN)
33-0892453

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GS STABLE VAL INST1

**b** Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY NA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 13-4166989-025 | C | 1242305 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**Part II** **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**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
AMBRY GENETICS 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMBRY GENETICS CORPORATION

**D** Employer Identification Number (EIN)
33-0892453

## 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 reported 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1117796 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 254732 | 434620 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 1242305 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 29179129 | 41779059 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | **(a)** Beginning of Year | **(b)** End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | **1d(1)** | 0 | 0 |
| | **(2)** Employer real property | **1d(2)** | 0 | 0 |
| **e** | Buildings and other property used in plan operation | **1e** | 0 | 0 |
| **f** | Total assets (add all amounts in lines 1a through 1e) | **1f** | 30551657 | 43455984 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | **1g** | 0 | 0 |
| **h** | Operating payables | **1h** | 0 | 0 |
| **i** | Acquisition indebtedness | **1i** | 0 | 0 |
| **j** | Other liabilities | **1j** | 0 | 0 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | **1k** | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | **1l** | 30551657 | 43455984 |

## Part II Income and Expense Statement

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

| | | | **(a)** Amount | **(b)** Total |
|---|---|---|---|---|
| | **Income** | | | |
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | **2a(1)(A)** | 2820991 | |
| | **(B)** Participants | **2a(1)(B)** | 6401360 | |
| | **(C)** Others (including rollovers) | **2a(1)(C)** | 821247 | |
| | **(2)** Noncash contributions | **2a(2)** | 0 | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | **2a(3)** | | 10043598 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | **2b(1)(A)** | 5314 | |
| | **(B)** U.S. Government securities | **2b(1)(B)** | 0 | |
| | **(C)** Corporate debt instruments | **2b(1)(C)** | 0 | |
| | **(D)** Loans (other than to participants) | **2b(1)(D)** | 0 | |
| | **(E)** Participant loans | **2b(1)(E)** | 20033 | |
| | **(F)** Other | **2b(1)(F)** | 0 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | **2b(1)(G)** | | 25347 |
| | **(2)** Dividends: **(A)** Preferred stock | **2b(2)(A)** | 0 | |
| | **(B)** Common stock | **2b(2)(B)** | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | **2b(2)(C)** | 1141010 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | **2b(2)(D)** | | 1141010 |
| | **(3)** Rents | **2b(3)** | | 0 |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | **2b(4)(A)** | 0 | |
| | **(B)** Aggregate carrying amount (see instructions) | **2b(4)(B)** | 0 | |
| | **(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)** | 0 | |
| | **(B)** Other | **2b(5)(B)** | 0 | |
| | **(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) | | 2524 |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 4982634 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 16195113 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 3197885 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| **(3)** Other | 2e(3) | 0 | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 3197885 |
| **f** Corrective distributions (see instructions) | 2f | | 0 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 2112 |
| **h** Interest expense | 2h | | 0 |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | 0 | |
| **(2)** Contract administrator fees | 2i(2) | 0 | |
| **(3)** Investment advisory and management fees | 2i(3) | 6131 | |
| **(4)** Other | 2i(4) | 84658 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 90789 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 3290786 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 12904327 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | 0 |
| **(2)** From this plan | 2l(2) | | 0 |

## 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)** [X] 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: SQUAR MILNER LLP **(2)** EIN: 33-0835986

**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 | |

| | | | 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 | | 1000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **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
AMBRY GENETICS 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMBRY GENETICS CORPORATION

**D** Employer Identification Number (EIN)
33-0892453

## 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): 04-6568107

**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_____

# Ambry Genetics 401(k) Plan

Financial Statements and
Supplementary Information

December 31, 2020 and 2019

# Ambry Genetics 401(k) Plan

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December 31, 2020 and 2019


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Baker Tilly US, LLP
18500 Von Karman Avenue, 10th Flr.
Irvine, CA 92612
United States of America

T: +1 (949) 222-2999
F: +1 (949) 222-2289

bakertilly.com

# Independent Auditors' Report

To the Plan Administrator
Ambry Genetics 401(k) Plan

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ambry Genetics 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 audits 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 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 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. The Plan administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan administrator by the trustees is complete and accurate.

### *Disclaimer of Opinion*

Because of the significance of the matter described in the preceding *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 accompanying financial statements.

### *Other Matter*

The supplemental schedules, Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020, and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2020, are required by the DOL's 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. The supplemental schedules are the responsibility of Plan's management. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph above, we do not express an opinion on these supplemental schedules.

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**Report on Form and Content in Compliance with Department of Labor's Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, has 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 the Employee Retirement Income Security Act of 1974.

Baker Tilly US, LLP

Irvine, California
October 15, 2021

# Ambry Genetics 401(k) Plan

Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

| | 2020 | 2019 |
|---|---|---|
| **ASSETS** | | |
| Investments: | | |
| Interest-bearing cash – money market fund | $ – | $ 1,117,796 |
| Investments, at fair value | 43,021,364 | 29,179,129 |
| Total investments | 43,021,364 | 30,296,925 |
| Receivables: | | |
| Employer contributions | 202,621 | 193,316 |
| Corrective contributions | – | 71,494 |
| Total receivables | 202,621 | 264,810 |
| Notes receivable from participants | 434,620 | 254,732 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 43,658,605 | $ 30,816,467 |

See independent auditors' report and accompanying notes.

# Ambry Genetics 401(k) Plan

Statements of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020

| | |
|---|---|
| **ADDITIONS** | |
| Investment income: | |
| Net appreciation in fair value of investments | $ 4,982,632 |
| Interest and dividends | 1,146,739 |
| Total investment income | 6,129,371 |
| Interest income from notes receivable from participants | 20,033 |
| Contributions: | |
| Participants | 6,401,360 |
| Employer | 2,758,801 |
| Rollovers | 821,247 |
| Total contributions | 9,981,408 |
| Total additions | 16,130,812 |
| **DEDUCTIONS** | |
| Benefits paid to participants | 3,197,885 |
| Administrative expenses | 90,789 |
| Total deductions | 3,288,674 |
| **NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS** | 12,842,138 |
| **NET ASSETS AVAILABLE FOR BENEFITS – beginning of year** | 30,816,467 |
| **NET ASSETS AVAILABLE FOR BENEFITS – end of year** | $ 43,658,605 |

See independent auditors' report and accompanying notes.

## 1. Description of Plan

The following description of the Ambry Genetics 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### *General*

The Plan is a defined contribution plan which was originally established on January 1, 2006. The Plan was subsequently restated to comply with current law pursuant to Section 401(k) of the Internal Revenue Code ("IRC" or "Code") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan's day-to-day operations are administered by Ambry Genetics Corporation and Progeny Genetics LLC (collectively, either the "Company" or "Plan Administrator"). The accounting records are maintained by the trustee and record-keeper, Fidelity Management Trust Company ("Fidelity"). Fidelity is also responsible for administering the Plan investments and maintaining the individual participant account balances. Overall responsibility for administering the Plan rests with the Plan Administrator.

### *Eligibility*

All qualified employees of the Company over the age of 18 are eligible to participate in the Plan.

### *Investment Options*

Upon enrollment in the Plan, participants direct the investment of their contributions and employer contributions into various investment options offered by the Plan. Participants may change their investment options or transfer funds based upon policies established by the Plan. Such policy currently allows participants to change their options at any time.

### *Participant Contributions*

Each year, participants may contribute up to 85% of their eligible annual compensation, as defined in the Plan, and up to 85% of compensation as Roth after-tax contributions, up to a maximum amount as allowed under the Code. The maximum contribution allowed by the Plan in accordance with the Code for 2020 was $19,500. In addition, participants over the age 50 are allowed to defer an additional catch-up amount in excess of the maximum contribution. For the 2020 plan year, the maximum catch-up contribution was $6,500. Participants may also contribute (rollover) amounts representing distributions from other qualified defined benefit and defined contribution plans.

### *Employer Contributions*

The Plan has a safe harbor matching program whereby employees will be matched dollar-for-dollar up to the first 4% of compensation each payroll period. For the year ended December 31, 2020, the Company made $2,758,801 of safe harbor matching contributions, which are included in employer contributions in the accompanying statement of changes in net assets available for benefits, of which $202,621 are true-up matching contributions receivable at December 31, 2020. The Company can make additional discretionary matching contributions in accordance with the Plan document; however, for the year ended December 31, 2020, no such additional discretionary matching contributions were made.

### *Participant Accounts*

Each participant's account is credited with the participant's and Company's contributions and allocations of Plan earnings and administrative expenses. Allocations of Plan earnings are made according to participants' account balances, as defined. Participants direct the investment of their contributions and employer contributions into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Vesting***

Participants are vested immediately in their contributions, the Company's safe harbor matching contributions, and the earnings thereon. The Company matching contributions are subject to a six year evenly-graded vesting schedule, beginning after the first full year of service, as defined by the Plan document, and for each following year of service. The Plan has been amended to allow employees of certain newly adopted participating employers to be credited with their years of service for vesting purposes.

Upon a participant's death or permanent disability, the full amount of the Company's contributions become 100% vested.

***Payment of Benefits***

Upon termination of service due to death, disability, or retirement, in accordance with the Plan document, each participant is eligible to receive a distribution equal to the value of the participant's vested interest in his or her account. Participants may also elect to rollover their account to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions. Participants who are current employees and over age 59.5 can elect to receive distributions. The Plan allows installment benefit payments as well as partial balance payments, and lump-sum payments.

**Notes Receivable from Participants**

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000. The loan may not exceed 50 percent of the participant's vested account balance. The loans are collateralized by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator for a period not to exceed ten years. Principal and interest is paid ratably through semi-monthly payroll deductions. Interest rates on borrowings were between 4.25% and 6.50% for the years ended December 31, 2020 and 2019, with various maturities through September 2029.

***Forfeited Accounts***

Forfeited nonvested amounts are used first to reduce future employer contributions, with any remaining amounts used to reduce the Plan's ordinary and necessary administrative expenses. As of December 31, 2020 and 2019, there were forfeited non-vested accounts of $13,536 and $95,083, respectively. During the year ended December 31, 2020, the Plan used $104,065 of Plan forfeitures to reduce employer matching contributions and $1,655 to reduce administrative expenses.

***Plan Termination***

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

**Cares Act**

On March 27, 2020, the Coronavirus Aid Relief and Economic Security Act (CARES Act) was signed in law. This aid package was designed to help the economy from the effects of the coronavirus pandemic, several of the provisions of CARES Act affected employee benefit plans. The provisions of the CARES Act were optional. During 2020, the Plan has opted into the following provisions of the CARES Act:

- Hardship distributions - Qualified plan participants were permitted to take a corona virus related distribution of up to $100,000 from the Plan without a 10 percent early withdrawal penalty. Eligible distributions were permitted to be taken up till December 30, 2020. Distributions may be repaid within three years or a participant may elect these distributions to be included in taxable income on a pro rata basis over three years.
- Participant loans – Qualified plan participants with loans outstanding were permitted to defer payment on the loans that were due during 2020 to after January 1, 2021.
- Participant loans – Qualified plan participants may have borrowed up to $100,000 during 2020 (an increase from $50,000 previously permitted), these repayments may be delayed to 2021.
- Required minimum distributions (RMDs) - A temporary waiver of required minimum distributions rules permitted participants to suspend their RMDs for 2020 for participants that turned 70 ½ in 2019 and 72 in 2020.

## 2. Summary of Significant Accounting Policies

***Basis of Accounting***

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

***Use of Estimates***

The preparation of financial statements and related schedules in conformity with GAAP requires management, the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities at the date of the financial statements, and reported amounts of additions to, and deductions from, net assets during the reporting period. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition***

The Plan’s investments are stated 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. Shares of mutual funds and the money market fund are valued at the net asset value of shares held by the Plan at year-end. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Realized gains (losses) are computed using the average cost method. The net realized and unrealized gains and losses are reflected in the statement of changes in net assets available for benefits as net appreciation or depreciation in fair value of investments. See Note 6 for further discussion of fair value measurements.

The Plan’s exposure to losses in the event of nonperformance of investments is limited to the carrying value of such instruments. The Plan’s concentrations of risk are dictated by the Plan’s provisions as well as those of ERISA and the participants’ investment preference.

***Risks and Uncertainties***

Investment securities are exposed to various risks such as interest rate, market, and credit. Due to the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the various risk factors, in the near term, could materially affect participant's account balances and the amounts reported in the accompanying Plan financial statements.

***Notes Receivable from Participants***

Notes receivable from participants reflected in the accompanying statements of net assets available for benefits are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis.

A participant's loan is considered in default if any scheduled repayment remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which the loan is initially considered past due. In such event, the entire principal and accrued interest are immediately due and payable, and are deemed distributions to participants. There were no loans considered to be in default at December 31, 2020 or 2019.

***Payment of Benefits***

Benefits are recorded when paid.

***Administrative Expenses***

Certain administrative expenses are paid by the Company and, accordingly, are not reflected in the accompanying financial statements of the Plan. Certain transaction processing fees and investment related expenses are charged to the participants' account balances and are reflected in the accompanying statement of changes in net assets available for benefits as net appreciation or depreciation in fair value of investments and qualify as party-in-interest transactions (See Note 4).

***Subsequent Events***

The Plan evaluated subsequent events for their potential impact on the financial statements and disclosures through October 15, 2021, which is the date the financial statements were available to be issued. Effective September 20, 2021, the Plan was amended and restated to change the legal name of the Plan to REALM IDx, Inc. 401(k) Plan.

**3. Information Certified to And Provided by The Trustees**

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 for 2020 and 2019. Accordingly, Fidelity Management Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2020, and the related investment income and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020.

## 4. Party-In-Interest and Prohibited Transactions

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. Certain Plan assets are invested in investments managed by the Trustee. Therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid by the Plan to the Trustee for services rendered during the year ended December 31, 2020 totaled $90,789.

During 2020, Plan management became aware that the Company was miscalculating post-tax employee contributions and, therefore, had not been properly withholding and remitting such contributions in accordance with participant elections. Approximately none and $71,494 of miscalculated and unremitted employee contributions were recorded by the Plan as corrective employer contributions receivable as of December 31, 2020 and 2019, respectively.

## 5. Tax Status of The Plan

The volume submitter prototype for the Plan has received a favorable determination letter, dated March 31, 2014 from Fidelity Trust Management Company, from the Internal Revenue Service ("IRS") indicating that the Plan is qualified under Section 401(a) of the IRC. Although the Plan has been amended since receiving the determination letters, the Plan Administrator believes that the Plan is designed and is currently in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the accompanying Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions and the Plan could be subject to income tax if certain issues were found by the IRS that could result in the disqualification of the Plan's tax-exempt status; however, there are currently no audits for any tax periods in progress.

## 6. Fair Value Measurements

The Plan adopted the provisions of FASB ASC 820, *Fair Value Measurements and Disclosures*, or ASC 820, with respect to its investments. ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date.

ASC 820 establishes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. This hierarchy requires entities to maximize the use of observable inputs and minimize the use of unobservable inputs.

The level in the fair value hierarchy is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

The three levels of inputs used to measure fair value 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 supported by little or no market activity and are significant to the fair value measurement.

The following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy into the three levels of inputs.

***Mutual Funds and Interest-bearing Cash – Money Market Fund –*** Mutual funds and the money market fund, considered to be interest-bearing cash, are valued at quoted market prices in an exchange and active markets, which represent the net asset values of shares held by the Plan at year-end and are classified as Level 1 investments.

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

***Common and collective trusts –*** These investments are public investment securities valued using the net asset value ("NAV"). The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is quoted on a private market that is not active; however, the unit price is based on underlying investments traded in active markets.

The following tables represent financial assets that have been measured at fair value on a recurring basis. These assets are classified in accordance with the fair value hierarchy:

**December 31, 2020:**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Investments at fair value: | | | | |
| Mutual funds | $ 41,779,059 | $ – | $ – | $ 41,779,059 |
| | 41,779,059 | – | – | 41,779,059 |
| Common and collective trust | | | | 1,242,305 |
| Total investments at fair value | | | | $ 43,021,364 |

**December 31, 2019:**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Investments at fair value: | | | | |
| Mutual funds | $ 29,179,129 | $ – | $ – | $ 29,179,129 |
| Interest-bearing cash – money market | 1,117,796 | – | – | 1,117,796 |
| | 30,296,925 | – | – | 30,296,925 |
| Common and collective trust | | | | – |
| Total investments at fair value | | | | $ 30,296,925 |

## 7. Reconciliation of Financial Statements To Form 5500

The following is a reconciliation of net assets available for benefits per financial statements at December 31, 2020 and 2019 to Form 5500:

| | 2020 | 2019 |
|---|---|---|
| Net assets available for plan benefits per financial statements | $ 43,658,605 | $ 30,816,467 |
| Employer contributions receivable | (202,621) | (193,316) |
| Corrective contributions receivable | – | (71,494) |
| Net assets available for plan benefits per Form 5500 – Schedule H | $ 43,455,984 | $ 30,551,657 |

The following is a reconciliation of net increase in net assets available for benefits per financial statements for the year ended December 31, 2020 to Form 5500:

| | |
|---|---|
| Net increase in net assets available for benefits per financial statements | $ 12,842,138 |
| Employer contributions receivable – prior year | 193,316 |
| Employer contributions receivable – current year | (202,621) |
| Corrective contributions receivable – prior year | 71,494 |
| Increase in net assets per Form 5500 Schedule H | $ 12,904,327 |

## 8. Delinquent Participant Contributions

For the year ended 2020 and 2019, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Untimely remittances identified on the Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions, which totaled $0 and 71,494, respectively, were corrected outside of the Department of Labor Voluntary Fiduciary Correction Program in 2021, respectively. Additionally, the Company has compensated participants for lost earnings resulting from the delay in contributions.

# SUPPLEMENTAL SCHEDULES

# Ambry Genetics 401(k) Plan

Schedule H, Line 4i Schedule of Assets (Held at End of Year)
Employer I.D – 33–0892453 Plan Number 001
December 31, 2020

| (a) | (b) Identity of Issue, Borrower or Similar Party | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| ***Collective Trust:*** | | | | |
| | Goldman Sachs | Goldman Stable Value Institution | NR | $ 1,242,305 |
| ***Mutual Funds:*** | | | | |
| | American Funds | American Funds EuroPacific Growth R6 | NR | 265,020 |
| | Antero Midstream | Antero Midstream Century Mid-Cap Value R6 | NR | 466,394 |
| | Baird | Baird Core Plus Bond Fund Class I | NR | 844,096 |
| | BlackRock | BlackRock Health Sciences Opp Fund Class K | NR | 1,523,378 |
| | Carillon | Carillon Eagle Mid Cap Growth R6 | NR | 892,633 |
| | Dimensional Fund Advisors | DFA United States Large Cap Value Portfolio | NR | 832,776 |
| | Dimensional Fund Advisors | DFA United States Targeted Value Portfolio Class I | NR | 613,446 |
| * | Fidelity | Fidelity 500 Index | NR | 3,114,807 |
| * | Fidelity | Fidelity Total Market Index | NR | 2,758,913 |
| | Janus Henderson | Janus Henderson Triton Fund Class I | NR | 1,078,459 |
| | JP Morgan | JPMorgan Intrepid Growth Fund Class R6 | NR | 3,701,270 |
| | Prudential | PGIM High Yield Fund Class R6 | NR | 634,696 |
| | Vanguard | Vanguard Emerging Markets Stock Index Fund | NR | 924,697 |
| | Vanguard | Vanguard Mid-Cap Index Fund | NR | 842,830 |
| | Vanguard | Vanguard Small-Cap Index Fund | NR | 1,232,830 |
| | Vanguard | Vanguard Target Retirement 2015 Fund | NR | 190,084 |
| | Vanguard | Vanguard Target Retirement 2020 Fund | NR | 303,901 |
| | Vanguard | Vanguard Target Retirement 2025 Fund | NR | 516,964 |
| | Vanguard | Vanguard Target Retirement 2030 Fund | NR | 895,990 |
| | Vanguard | Vanguard Target Retirement 2035 Fund | NR | 1,646,648 |
| | Vanguard | Vanguard Target Retirement 2040 Fund | NR | 3,836,897 |
| | Vanguard | Vanguard Target Retirement 2045 Fund | NR | 5,634,398 |
| | Vanguard | Vanguard Target Retirement 2050 Fund | NR | 4,815,865 |
| | Vanguard | Vanguard Target Retirement 2055 Fund | NR | 2,269,687 |
| | Vanguard | Vanguard Target Retirement 2060 Fund | NR | 749,263 |
| | Vanguard | Vanguard Target Retirement 2065 Fund | NR | 26,663 |
| | Vanguard | Vanguard Target Retirement Income Fund | NR | 12,216 |
| | Vanguard | Vanguard Total Bond Market Index Fund | NR | 454,063 |
| | Vanguard | Vanguard Total International Stock Index Fund | NR | 700,175 |
| | | Total | | 43,021,364 |
| * | Participant Loans | Rates from 4.25% to 6.50% with maturities through September 2029 | NR | 434,620 |
| | | | | $ 43,455,984 |

* A party-in-interest as defined by ERISA for which a statutory exemption exists

NR – Cost information may be omitted with respect to participant-directed investment

See independent auditors' report.

# Ambry Genetics 401(k) Plan

Schedule H, Line 4a Schedule of Delinquent Participant Contributions
Employer I.D – 33–0892453 Plan Number 001
December 31, 2020

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: ☐ | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| Year ended December 31, 2020, which consisted of several miscalculated contributions which were not timely withheld and remitted | $ – | $ – | $ – | $ – |
| Year ended December 31, 2019, which consisted of several miscalculated contributions which were not timely withheld and remitted | $ 71,494 | $ – | $ – | $ – |

See independent auditors' report.

# Ambry Genetics 401(k) Plan

Financial Statements and
Supplementary Information

December 31, 2020 and 2019

# Ambry Genetics 401(k) Plan

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December 31, 2020 and 2019


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Baker Tilly US, LLP
18500 Von Karman Avenue, 10th Flr.
Irvine, CA 92612
United States of America

T: +1 (949) 222-2999
F: +1 (949) 222-2289

bakertilly.com

# Independent Auditors' Report

To the Plan Administrator
Ambry Genetics 401(k) Plan

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ambry Genetics 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 audits 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 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 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. The Plan administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan administrator by the trustees is complete and accurate.

### *Disclaimer of Opinion*

Because of the significance of the matter described in the preceding *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 accompanying financial statements.

### *Other Matter*

The supplemental schedules, Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020, and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2020, are required by the DOL's 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. The supplemental schedules are the responsibility of Plan's management. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph above, we do not express an opinion on these supplemental schedules.

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**Report on Form and Content in Compliance with Department of Labor's Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, has 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 the Employee Retirement Income Security Act of 1974.

Baker Tilly US, LLP

Irvine, California
October 15, 2021

# Ambry Genetics 401(k) Plan

Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

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| **ASSETS** | | |
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# Ambry Genetics 401(k) Plan

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For the Year Ended December 31, 2020

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|---|---|
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| **NET ASSETS AVAILABLE FOR BENEFITS – end of year** | $ 43,658,605 |

See independent auditors' report and accompanying notes.

## 1. Description of Plan

The following description of the Ambry Genetics 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### *General*

The Plan is a defined contribution plan which was originally established on January 1, 2006. The Plan was subsequently restated to comply with current law pursuant to Section 401(k) of the Internal Revenue Code ("IRC" or "Code") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan's day-to-day operations are administered by Ambry Genetics Corporation and Progeny Genetics LLC (collectively, either the "Company" or "Plan Administrator"). The accounting records are maintained by the trustee and record-keeper, Fidelity Management Trust Company ("Fidelity"). Fidelity is also responsible for administering the Plan investments and maintaining the individual participant account balances. Overall responsibility for administering the Plan rests with the Plan Administrator.

### *Eligibility*

All qualified employees of the Company over the age of 18 are eligible to participate in the Plan.

### *Investment Options*

Upon enrollment in the Plan, participants direct the investment of their contributions and employer contributions into various investment options offered by the Plan. Participants may change their investment options or transfer funds based upon policies established by the Plan. Such policy currently allows participants to change their options at any time.

### *Participant Contributions*

Each year, participants may contribute up to 85% of their eligible annual compensation, as defined in the Plan, and up to 85% of compensation as Roth after-tax contributions, up to a maximum amount as allowed under the Code. The maximum contribution allowed by the Plan in accordance with the Code for 2020 was $19,500. In addition, participants over the age 50 are allowed to defer an additional catch-up amount in excess of the maximum contribution. For the 2020 plan year, the maximum catch-up contribution was $6,500. Participants may also contribute (rollover) amounts representing distributions from other qualified defined benefit and defined contribution plans.

### *Employer Contributions*

The Plan has a safe harbor matching program whereby employees will be matched dollar-for-dollar up to the first 4% of compensation each payroll period. For the year ended December 31, 2020, the Company made $2,758,801 of safe harbor matching contributions, which are included in employer contributions in the accompanying statement of changes in net assets available for benefits, of which $202,621 are true-up matching contributions receivable at December 31, 2020. The Company can make additional discretionary matching contributions in accordance with the Plan document; however, for the year ended December 31, 2020, no such additional discretionary matching contributions were made.

### *Participant Accounts*

Each participant's account is credited with the participant's and Company's contributions and allocations of Plan earnings and administrative expenses. Allocations of Plan earnings are made according to participants' account balances, as defined. Participants direct the investment of their contributions and employer contributions into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Vesting***

Participants are vested immediately in their contributions, the Company's safe harbor matching contributions, and the earnings thereon. The Company matching contributions are subject to a six year evenly-graded vesting schedule, beginning after the first full year of service, as defined by the Plan document, and for each following year of service. The Plan has been amended to allow employees of certain newly adopted participating employers to be credited with their years of service for vesting purposes.

Upon a participant's death or permanent disability, the full amount of the Company's contributions become 100% vested.

***Payment of Benefits***

Upon termination of service due to death, disability, or retirement, in accordance with the Plan document, each participant is eligible to receive a distribution equal to the value of the participant's vested interest in his or her account. Participants may also elect to rollover their account to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions. Participants who are current employees and over age 59.5 can elect to receive distributions. The Plan allows installment benefit payments as well as partial balance payments, and lump-sum payments.

**Notes Receivable from Participants**

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000. The loan may not exceed 50 percent of the participant's vested account balance. The loans are collateralized by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator for a period not to exceed ten years. Principal and interest is paid ratably through semi-monthly payroll deductions. Interest rates on borrowings were between 4.25% and 6.50% for the years ended December 31, 2020 and 2019, with various maturities through September 2029.

***Forfeited Accounts***

Forfeited nonvested amounts are used first to reduce future employer contributions, with any remaining amounts used to reduce the Plan's ordinary and necessary administrative expenses. As of December 31, 2020 and 2019, there were forfeited non-vested accounts of $13,536 and $95,083, respectively. During the year ended December 31, 2020, the Plan used $104,065 of Plan forfeitures to reduce employer matching contributions and $1,655 to reduce administrative expenses.

***Plan Termination***

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

**Cares Act**

On March 27, 2020, the Coronavirus Aid Relief and Economic Security Act (CARES Act) was signed in law. This aid package was designed to help the economy from the effects of the coronavirus pandemic, several of the provisions of CARES Act affected employee benefit plans. The provisions of the CARES Act were optional. During 2020, the Plan has opted into the following provisions of the CARES Act:

- Hardship distributions - Qualified plan participants were permitted to take a corona virus related distribution of up to $100,000 from the Plan without a 10 percent early withdrawal penalty. Eligible distributions were permitted to be taken up till December 30, 2020. Distributions may be repaid within three years or a participant may elect these distributions to be included in taxable income on a pro rata basis over three years.
- Participant loans – Qualified plan participants with loans outstanding were permitted to defer payment on the loans that were due during 2020 to after January 1, 2021.
- Participant loans – Qualified plan participants may have borrowed up to $100,000 during 2020 (an increase from $50,000 previously permitted), these repayments may be delayed to 2021.
- Required minimum distributions (RMDs) - A temporary waiver of required minimum distributions rules permitted participants to suspend their RMDs for 2020 for participants that turned 70 ½ in 2019 and 72 in 2020.

## 2. Summary of Significant Accounting Policies

***Basis of Accounting***

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

***Use of Estimates***

The preparation of financial statements and related schedules in conformity with GAAP requires management, the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities at the date of the financial statements, and reported amounts of additions to, and deductions from, net assets during the reporting period. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition***

The Plan’s investments are stated 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. Shares of mutual funds and the money market fund are valued at the net asset value of shares held by the Plan at year-end. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Realized gains (losses) are computed using the average cost method. The net realized and unrealized gains and losses are reflected in the statement of changes in net assets available for benefits as net appreciation or depreciation in fair value of investments. See Note 6 for further discussion of fair value measurements.

The Plan’s exposure to losses in the event of nonperformance of investments is limited to the carrying value of such instruments. The Plan’s concentrations of risk are dictated by the Plan’s provisions as well as those of ERISA and the participants’ investment preference.

***Risks and Uncertainties***

Investment securities are exposed to various risks such as interest rate, market, and credit. Due to the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the various risk factors, in the near term, could materially affect participant's account balances and the amounts reported in the accompanying Plan financial statements.

***Notes Receivable from Participants***

Notes receivable from participants reflected in the accompanying statements of net assets available for benefits are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis.

A participant's loan is considered in default if any scheduled repayment remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which the loan is initially considered past due. In such event, the entire principal and accrued interest are immediately due and payable, and are deemed distributions to participants. There were no loans considered to be in default at December 31, 2020 or 2019.

***Payment of Benefits***

Benefits are recorded when paid.

***Administrative Expenses***

Certain administrative expenses are paid by the Company and, accordingly, are not reflected in the accompanying financial statements of the Plan. Certain transaction processing fees and investment related expenses are charged to the participants' account balances and are reflected in the accompanying statement of changes in net assets available for benefits as net appreciation or depreciation in fair value of investments and qualify as party-in-interest transactions (See Note 4).

***Subsequent Events***

The Plan evaluated subsequent events for their potential impact on the financial statements and disclosures through October 15, 2021, which is the date the financial statements were available to be issued. Effective September 20, 2021, the Plan was amended and restated to change the legal name of the Plan to REALM IDx, Inc. 401(k) Plan.

**3. Information Certified to And Provided by The Trustees**

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 for 2020 and 2019. Accordingly, Fidelity Management Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2020, and the related investment income and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020.

## 4. Party-In-Interest and Prohibited Transactions

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. Certain Plan assets are invested in investments managed by the Trustee. Therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid by the Plan to the Trustee for services rendered during the year ended December 31, 2020 totaled $90,789.

During 2020, Plan management became aware that the Company was miscalculating post-tax employee contributions and, therefore, had not been properly withholding and remitting such contributions in accordance with participant elections. Approximately none and $71,494 of miscalculated and unremitted employee contributions were recorded by the Plan as corrective employer contributions receivable as of December 31, 2020 and 2019, respectively.

## 5. Tax Status of The Plan

The volume submitter prototype for the Plan has received a favorable determination letter, dated March 31, 2014 from Fidelity Trust Management Company, from the Internal Revenue Service ("IRS") indicating that the Plan is qualified under Section 401(a) of the IRC. Although the Plan has been amended since receiving the determination letters, the Plan Administrator believes that the Plan is designed and is currently in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the accompanying Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions and the Plan could be subject to income tax if certain issues were found by the IRS that could result in the disqualification of the Plan's tax-exempt status; however, there are currently no audits for any tax periods in progress.

## 6. Fair Value Measurements

The Plan adopted the provisions of FASB ASC 820, *Fair Value Measurements and Disclosures*, or ASC 820, with respect to its investments. ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date.

ASC 820 establishes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. This hierarchy requires entities to maximize the use of observable inputs and minimize the use of unobservable inputs.

The level in the fair value hierarchy is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

The three levels of inputs used to measure fair value 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 supported by little or no market activity and are significant to the fair value measurement.

The following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy into the three levels of inputs.

***Mutual Funds and Interest-bearing Cash – Money Market Fund –*** Mutual funds and the money market fund, considered to be interest-bearing cash, are valued at quoted market prices in an exchange and active markets, which represent the net asset values of shares held by the Plan at year-end and are classified as Level 1 investments.

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

***Common and collective trusts –*** These investments are public investment securities valued using the net asset value ("NAV"). The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is quoted on a private market that is not active; however, the unit price is based on underlying investments traded in active markets.

The following tables represent financial assets that have been measured at fair value on a recurring basis. These assets are classified in accordance with the fair value hierarchy:

**December 31, 2020:**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Investments at fair value: | | | | |
| Mutual funds | $ 41,779,059 | $ – | $ – | $ 41,779,059 |
| | 41,779,059 | – | – | 41,779,059 |
| Common and collective trust | | | | 1,242,305 |
| Total investments at fair value | | | | $ 43,021,364 |

**December 31, 2019:**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Investments at fair value: | | | | |
| Mutual funds | $ 29,179,129 | $ – | $ – | $ 29,179,129 |
| Interest-bearing cash – money market | 1,117,796 | – | – | 1,117,796 |
| | 30,296,925 | – | – | 30,296,925 |
| Common and collective trust | | | | – |
| Total investments at fair value | | | | $ 30,296,925 |

## 7. Reconciliation of Financial Statements To Form 5500

The following is a reconciliation of net assets available for benefits per financial statements at December 31, 2020 and 2019 to Form 5500:

| | 2020 | 2019 |
|---|---|---|
| Net assets available for plan benefits per financial statements | $ 43,658,605 | $ 30,816,467 |
| Employer contributions receivable | (202,621) | (193,316) |
| Corrective contributions receivable | – | (71,494) |
| Net assets available for plan benefits per Form 5500 – Schedule H | $ 43,455,984 | $ 30,551,657 |

The following is a reconciliation of net increase in net assets available for benefits per financial statements for the year ended December 31, 2020 to Form 5500:

| | |
|---|---|
| Net increase in net assets available for benefits per financial statements | $ 12,842,138 |
| Employer contributions receivable – prior year | 193,316 |
| Employer contributions receivable – current year | (202,621) |
| Corrective contributions receivable – prior year | 71,494 |
| Increase in net assets per Form 5500 Schedule H | $ 12,904,327 |

## 8. Delinquent Participant Contributions

For the year ended 2020 and 2019, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Untimely remittances identified on the Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions, which totaled $0 and 71,494, respectively, were corrected outside of the Department of Labor Voluntary Fiduciary Correction Program in 2021, respectively. Additionally, the Company has compensated participants for lost earnings resulting from the delay in contributions.

# SUPPLEMENTAL SCHEDULES

# Ambry Genetics 401(k) Plan

Schedule H, Line 4i Schedule of Assets (Held at End of Year)
Employer I.D – 33–0892453 Plan Number 001
December 31, 2020

| (a) | (b) Identity of Issue, Borrower or Similar Party | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| ***Collective Trust:*** | | | | |
| | Goldman Sachs | Goldman Stable Value Institution | NR | $ 1,242,305 |
| ***Mutual Funds:*** | | | | |
| | American Funds | American Funds EuroPacific Growth R6 | NR | 265,020 |
| | Antero Midstream | Antero Midstream Century Mid-Cap Value R6 | NR | 466,394 |
| | Baird | Baird Core Plus Bond Fund Class I | NR | 844,096 |
| | BlackRock | BlackRock Health Sciences Opp Fund Class K | NR | 1,523,378 |
| | Carillon | Carillon Eagle Mid Cap Growth R6 | NR | 892,633 |
| | Dimensional Fund Advisors | DFA United States Large Cap Value Portfolio | NR | 832,776 |
| | Dimensional Fund Advisors | DFA United States Targeted Value Portfolio Class I | NR | 613,446 |
| * | Fidelity | Fidelity 500 Index | NR | 3,114,807 |
| * | Fidelity | Fidelity Total Market Index | NR | 2,758,913 |
| | Janus Henderson | Janus Henderson Triton Fund Class I | NR | 1,078,459 |
| | JP Morgan | JPMorgan Intrepid Growth Fund Class R6 | NR | 3,701,270 |
| | Prudential | PGIM High Yield Fund Class R6 | NR | 634,696 |
| | Vanguard | Vanguard Emerging Markets Stock Index Fund | NR | 924,697 |
| | Vanguard | Vanguard Mid-Cap Index Fund | NR | 842,830 |
| | Vanguard | Vanguard Small-Cap Index Fund | NR | 1,232,830 |
| | Vanguard | Vanguard Target Retirement 2015 Fund | NR | 190,084 |
| | Vanguard | Vanguard Target Retirement 2020 Fund | NR | 303,901 |
| | Vanguard | Vanguard Target Retirement 2025 Fund | NR | 516,964 |
| | Vanguard | Vanguard Target Retirement 2030 Fund | NR | 895,990 |
| | Vanguard | Vanguard Target Retirement 2035 Fund | NR | 1,646,648 |
| | Vanguard | Vanguard Target Retirement 2040 Fund | NR | 3,836,897 |
| | Vanguard | Vanguard Target Retirement 2045 Fund | NR | 5,634,398 |
| | Vanguard | Vanguard Target Retirement 2050 Fund | NR | 4,815,865 |
| | Vanguard | Vanguard Target Retirement 2055 Fund | NR | 2,269,687 |
| | Vanguard | Vanguard Target Retirement 2060 Fund | NR | 749,263 |
| | Vanguard | Vanguard Target Retirement 2065 Fund | NR | 26,663 |
| | Vanguard | Vanguard Target Retirement Income Fund | NR | 12,216 |
| | Vanguard | Vanguard Total Bond Market Index Fund | NR | 454,063 |
| | Vanguard | Vanguard Total International Stock Index Fund | NR | 700,175 |
| | | Total | | 43,021,364 |
| * | Participant Loans | Rates from 4.25% to 6.50% with maturities through September 2029 | NR | 434,620 |
| | | | | $ 43,455,984 |

* A party-in-interest as defined by ERISA for which a statutory exemption exists

NR – Cost information may be omitted with respect to participant-directed investment

See independent auditors' report.

# Ambry Genetics 401(k) Plan

Schedule H, Line 4a Schedule of Delinquent Participant Contributions
Employer I.D – 33–0892453 Plan Number 001
December 31, 2020

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: ☐ | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| Year ended December 31, 2020, which consisted of several miscalculated contributions which were not timely withheld and remitted | $ – | $ – | $ – | $ – |
| Year ended December 31, 2019, which consisted of several miscalculated contributions which were not timely withheld and remitted | $ 71,494 | $ – | $ – | $ – |

See independent auditors' report.