

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan MOLECULAR EPIDEMIOLOGY, INC. 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2004
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) MOLECULAR EPIDEMIOLOGY, INC. 15300 BOTHELL WAY NE LAKE FOREST PARK, WA 98155	2b Employer Identification Number (EIN) 91-1759869 2c Plan Sponsor's telephone number 206-522-5432 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.	10/16/2023	DALIA ALFI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1307
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) 1211
a(2) Total number of active participants at the end of the plan year		6a(2) 1233
b Retired or separated participants receiving benefits		6b 7
c Other retired or separated participants entitled to future benefits.....		6c 221
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1461
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 1461
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 835
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules		b General Schedules
(1) ☐ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ 1 A (Insurance Information)	
	(4) ☒ C (Service Provider Information)	
	(5) ☐ D (DFE/Participating Plan Information)	
	(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan MOLECULAR EPIDEMIOLOGY, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MOLECULAR EPIDEMIOLOGY, INC.	D Employer Identification Number (EIN) 91-1759869

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

(a) Name of insurance carrier TRANSAMERICA LIFE INSURANCE CO.
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	513768-000			

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 10945	(b) Total amount of fees paid 10945
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid HUNNEX AND SHOEMAKER, INC. PO BOX 24629 SEATTLE, WA 98124

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10945			5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end..... **4** 1709460**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION**b** Balance at the end of the previous year **7b** 1413468**c** Additions: (1) Contributions deposited during the year **7c(1)** 121904
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 13478
(4) Transferred from separate account **7c(4)** 328042
(5) Other (specify below) **7c(5)** 149148
▶(6) Total additions **7c(6)** 612572**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2026040**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 242080
(2) Administration charge made by carrier **7e(2)** 0
(3) Transferred to separate account **7e(3)** 24264
(4) Other (specify below) **7e(4)** 58628
▶(5) Total deductions **7e(5)** 324972**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1701068

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan MOLECULAR EPIDEMIOLOGY, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MOLECULAR EPIDEMIOLOGY, INC.	D Employer Identification Number (EIN) 91-1759869

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).....

☒ 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

TRANSAMERICA LIFE INSURANCE COMPANY

13-3689044

(b)

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

(b)

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

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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)

TRANSAMERICA LIFE INSURANCE COMPANY

13-3689044

(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?
15 37 52 62 64 67	RECORDKEEPER	50087	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HUNNEX AND SHOEMAKER, INC.

91-1072394

(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?
15 37 64	RECORDKEEPER	30841	Yes ☒ No ☐	Yes ☒ No ☐	179	Yes ☐ No ☒

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

M HOLDINGS SECURITIES, INC.

91-1802259

(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	INVESTMENT ADVISORY	48670	Yes ☐ No ☒	Yes ☐ No ☐	0	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>MOLECULAR EPIDEMIOLOGY, INC. 401(K) PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOLECULAR EPIDEMIOLOGY, INC.</u>		D Employer Identification Number (EIN) <u>91-1759869</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		<u>2593</u>
(2) Participant contributions.....	1b(2)	<u>1074</u>	<u>7445</u>
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	<u>259572</u>	<u>356388</u>
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>20971328</u>	<u>19555460</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	<u>1438388</u>	<u>1709880</u>
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	22670362	21631766

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	27947	60822
k Total liabilities (add all amounts in lines 1g through 1j)	1k	27947	60822

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	22642415	21570944
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	393307	
(B) Participants	2a(1)(B)	2561319	
(C) Others (including rollovers)	2a(1)(C)	22896	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2977522
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	12348	
(F) Other	2b(1)(F)	13503	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25851
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1088442	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1088442
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-4912032
c Other income	2c		48129
d Total income. Add all income amounts in column (b) and enter total	2d		-772088
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3330803	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3330803
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	180087	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		180087
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3510890
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-4282978
l Transfers of assets:			
(1) To this plan	2l(1)		3211507
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **VISSE & COMPANY**

(2) EIN: **54-2088418**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		33755

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	

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

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

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

5c 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 _____.



**Molecular Epidemiology, Inc.
401(k) Profit Sharing Plan**

**Financial Statements and
Supplemental Schedules**

December 31, 2022 and 2021

Molecular Epidemiology, Inc.
401(k) Profit Sharing Plan

Financial Statements and
Supplemental Schedules

December 31, 2022 and 2021

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INDEPENDENT AUDITORS' REPORT

To the Trustees and 401(k) Committee of
Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management 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, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule of Assets (Held at End of Year) as of December 31, 2022 and Schedule of Delinquent Participant Contributions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Visse & Company, CPAs

Kirkland, Washington
October 16, 2023

Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets:		
Investments at fair value	\$ 19,555,460	\$ 20,971,328
Investments at contract value	<u>1,709,880</u>	<u>1,438,388</u>
Total investments	21,265,340	22,409,716
Receivables:		
Participants' contributions	7,445	1,074
Employer contributions	2,593	-
Notes receivable from participants	<u>356,388</u>	<u>259,572</u>
Total receivables	<u>366,426</u>	<u>260,646</u>
Total Assets	21,631,766	22,670,362
Liabilities:		
Excess contributions payable	<u>60,822</u>	<u>27,947</u>
Total Liabilities	<u>60,822</u>	<u>27,947</u>
Net Assets Available for Benefits	<u><u>\$ 21,570,944</u></u>	<u><u>\$ 22,642,415</u></u>

See independent auditors' report and accompanying notes to the financial statements.

Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (4,912,032)	\$ 1,722,003
Dividends and capital gains distributions	1,088,442	1,026,177
Interest	<u>13,503</u>	<u>9,998</u>
Total investment income (loss)	(3,810,087)	2,758,178
Interest income on notes receivable from participants	12,348	10,736
Other income	48,129	36,182
Contributions:		
Participants:		
Salary deferrals	2,104,988	1,713,583
Roth contributions	456,331	315,090
Rollover contributions	22,896	718,454
Company		
Matching	391,710	-
Other	<u>1,597</u>	<u>2,028</u>
Total contributions	<u>2,977,522</u>	<u>2,749,155</u>
Total Additions (Reductions)	(772,088)	5,554,251
Deductions from net assets attributed to:		
Benefits paid to participants	3,330,803	1,536,801
Administrative expenses	<u>180,087</u>	<u>150,470</u>
Total Deductions	<u>3,510,890</u>	<u>1,687,271</u>
Net Increase (Decrease)	(4,282,978)	3,866,980
Transfers from (to) affiliated plans, net	3,211,507	-
Net Assets Available for Benefits:		
Beginning of year	<u>22,642,415</u>	<u>18,775,435</u>
End of year	<u><u>\$ 21,570,944</u></u>	<u><u>\$ 22,642,415</u></u>

See independent auditors' report and accompanying notes to the financial statements.

Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2022 and 2021

Note 1 – Description of Plan

The following description of the Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan Document and related Adoption Agreement for a more complete description of the Plan’s provisions.

General:

The Plan is a defined contribution plan established effective January 1, 2004. The Plan covers substantially all employees of Molecular Epidemiology, Inc. and affiliated companies that have adopted the Plan (collectively, the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is designed to comply with ERISA Section 404(c) whereby fiduciaries receive certain protections against claims related to investment losses incurred by participants. The Trustees oversee governance of the Plan. The 401(k) Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

The Plan was previously amended and restated effective January 1, 2018, and was subsequently amended to comply with regulatory requirements. The Plan was amended and restated effective January 1, 2022 primarily to add additional affiliated companies to the Plan and to comply with recent regulatory requirements. The provisions applicable to the current reporting periods are presented as described in relevant aspects below.

One affiliated company which was added to the Plan effective January 1, 2022 had a plan which was merged into the Plan. The merging plan transferred \$3,211,507 into the Plan during 2022. The balance transferred included \$52,917 of forfeited unvested balances which were added to the Plan’s forfeitures account for disposition in accordance with the Plan’s provisions.

Eligibility:

Employees aged 21 or older are eligible to participant in the Plan. Prior to 2022, employees became eligible to make contributions into the Plan commencing the first day of the month following employment. Commencing January 1, 2022, employees become immediately eligible to make contributions in the Plan. Participants aged 21 or older become eligible to receive Company matching and profit-sharing contributions upon the January 1 or July 1 after completing one year of eligibility service consisting of at least 1,000 hours. The Plan does not include employees covered by a collective bargaining agreement, leased employees, or non-resident aliens who receive no U.S. source income.

Contributions:

The Plan includes a salary deferral arrangement allowed under Section 401(k) of the Internal Revenue Code. Participants are permitted to elect to contribute their eligible compensation subject to statutory limits. Participants may elect to make either pre-tax or after-tax “Roth” contributions based on eligible compensation as defined in the Plan. The Plan allows participants that have attained the age of 50 to make catch-up contributions.

Participants may also contribute amounts representing distributions from other qualified retirement plans.

The Plan provides matching contributions at the discretion of individual companies participating in the Plan. Total matching contributions for the years ended 2022 and 2021 were \$391,710 and \$0.

Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2022 and 2021

Vesting:

Participants are immediately vested in their elective and rollover contributions plus actual earnings thereon. Participants become vested in Company contributions over three years of service as defined by the Plan. Participants are 25% vested after one year, 50% vested after two years, and 100% vested after three years of service.

Participant Accounts:

Each participant's account is credited with the participant's contribution, and allocations of Plan earnings (losses) and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. Income is allocated daily based on the shares in the participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options:

The Plan entered into Group Annuity Contract #802884 with Transamerica Life Insurance Company ("Transamerica"). Under the contract, participants directed their investments into a variety of pooled separate accounts which were based on mutual funds as their underlying investments. During 2021 the Plan replaced the prior contract and entered into Contract #513768 with Transamerica. Under the new contract, participants direct their investments into a variety of mutual funds. The net assets of the mutual funds are based on quoted market prices. The net asset values of the pooled separate accounts are not publicly quoted. The net asset values for these investments were reported by the fund manager daily and as of the financial statement dates based on recent transaction prices. The separate accounts held by the Plan provided for daily redemption by the Plan at reported net asset value, with certain exceptions.

Both contracts also include an option to invest in a stable value fund which maintains participant account balances in the general accounts of Transamerica Life Insurance Company and provides a return at interest rates provided under the contract. The Plan is permitted to redeem investments at contract value on the measurement date, with certain exceptions.

Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Participants are permitted to have up to two loans outstanding at a time. Generally, the term of the loan may not exceed five years. However, if the loan is for the purchase of the participant's principal residence, the Administrator may permit a repayment period of up to 10 years. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with interest rates charged by local commercial banks for similar loans. Principal and interest payments are collected through payroll deductions. If a participant terminates, their loan plus accrued interest becomes due and payable to the Plan.

Payment of Benefits:

Upon termination of service due to death, disability, retirement or termination of employment, a participant, or their beneficiary in the case of death, will receive a benefit equal to the value of the participant's vested interest in his or her account in the form of a lump-sum payment, installment payments over a period not to exceed the participant's life, or a direct rollover to an eligible retirement plan. If the participant's account balance is \$5,000 or more, the Participant may choose to defer receiving payment until statutorily required due to age. If the participant's account balance is less than \$5,000, the Plan may automatically distribute the funds.

Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2022 and 2021

Participants that have attained age 59 ½ may withdraw balances from their account while still employed.

Participants that incur a financial hardship, as defined in the Plan, may request to receive a distribution. Hardship distributions can only be made from the participant's contributions.

Forfeitures:

Forfeitures from terminated participants' nonvested accounts may be used to reduce Plan expenses, reduce Company contributions, or to be reallocated to participants. At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$59,498 and \$3,755. No forfeitures balances were used during 2022 or 2021.

Expense Offset Account:

The Plan receives a rebate for fees charged by service providers. The outstanding balance is held in an unallocated account to be used to reduce future expenses. The balance in the account at December 31, 2022 and 2021 was \$8,812 and \$24,928. Funds are held in the investment contract with Transamerica which are reported at contract value and included in the amounts reported in the statements of net assets available for benefits. Rebates received are reported as other income in the statement of changes in net assets available for benefits. Expenses paid from the account are included in administrative expenses in the statement of changes in net assets available for benefits.

During 2022 expenses paid from the account totaled \$64,270 and additional offsets of \$48,129 plus related earnings of \$25 were added. During 2021 expenses paid from the account totaled \$67,788 and additional offsets of \$36,182 plus related earnings of \$13 were added.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting:

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

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition:

Except for the fully benefit-responsive investment contract, which is reported at contract value, investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by its investment advisor and trustee. See Note 3 for discussion of fair value measurements.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount that participants would receive if they were to initiate permitted transactions under the terms of the plan.

Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2022 and 2021

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

Notes Receivable from Participants:

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees may be charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2022 and 2021, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Excess Contributions Payable:

Excess contributions payable represents corrections to reduce contributions from certain highly compensated participants to satisfy applicable compliance regulations. These amounts, and related earnings thereon, are refunded in the following year. For financial statement purposes, the amounts are recorded as a reduction in the current year contributions.

Payment of Benefits:

Benefits are recorded when paid.

Expenses:

The Plan provides that certain expenses of the Plan may be paid by the Plan or the Company. Expenses paid directly by the Company are excluded from these financial statements. Investment-related expenses are included within net appreciation of fair value of investments. General administrative expenses not paid by the Company or from the Expense Offset Account are allocated to participant accounts based on net assets. Participant specific expenses related to participant notes receivable and distributions are charged to specific participants accounts.

Date of Management's Review of Subsequent Events:

Subsequent events were evaluated through October 16, 2023, which is the date the financial statements were available to be issued.

Note 3 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2022 and 2021

- Level 2: Inputs are other than quoted prices that are observable for the asset or liability and inputs that are observable for the asset or liability, either directly or indirectly. Inputs to the valuation methodology include:
 - quoted prices for similar assets or liabilities in active markets,
 - quoted prices for identical or similar assets or liabilities in inactive markets,
 - inputs other than quoted prices that are observable for the asset or liability,
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodology used for the Plan's assets measured at fair value. There have been no changes in the methodology used at December 31, 2022 and 2021.

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 19,555,460	\$ -	\$ -	\$ 19,555,460

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 20,971,328	\$ -	\$ -	\$ 20,971,328

Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2022 and 2021

Note 4 – Investment Contract with Insurance Company

The Plan entered into a traditional fully benefit-responsive group annuity contract with Transamerica. Transamerica maintains the contributions in a general account. As discussed in Note 1, during 2021 the Plan changed contracts with Transamerica. However, the new contract and the old contract provide substantively the same structure for the fixed portion of the contract. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The contract is presented on the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2022 and 2021, was \$1,709,880 and \$1,438,388. The crediting interest rate is set by the issuer and is subject to semi-annual adjustment. There is no stated minimum or maximum interest rate. The average yield was 0.83% and 0.75% during 2022 and 2021. The crediting interest rate was 0.90% and 0.75% at December 31, 2022 and 2021.

Certain events limit the Plan's ability to transact at contract value with Transamerica. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

Note 5 – Information Certified by the Plan's Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Transamerica, the custodian of the Plan, has certified as to the completeness and accuracy of all investment and participant notes information reflected on the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021, the statements of changes in net assets available for benefits for the years then ended, and the supplementary Schedule of Assets (Held at End of Year) as of December 31, 2022.

Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2022 and 2021

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

Note 6 – Related Party and Party-In-Interest Transactions

Transamerica and its affiliates may receive fees from the Plan or from the investments for providing certain administrative recordkeeping services. These transactions, therefore, represent party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA. Any investment fees are offset against Plan investment income and losses as presented in the statement of changes in net assets available for benefits. The prospectus of each investment should be referred to for details on the various types and amounts of investment fees charged.

Note 7 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants would become 100% vested in their employer contributions. Plan assets will be distributed to the participants after payment of expenses properly chargeable to the trust fund. The accompanying financial statements have been prepared assuming the Plan will continue as a going concern.

Note 8 – Tax Status

Effective January 1, 2018, the Plan adopted a volume submitter plan developed by CCH Incorporated. CCH Incorporated received a favorable opinion letter dated March 31, 2014, which states that the volume submitter plan as submitted is acceptably designed in compliance with Section 401 of the Internal Revenue Code. The Plan has been amended since that date.

Effective January 1, 2022, the Plan adopted a Non-Standardized Pre-Approved Profit Sharing Plan with CODA developed by Hunnex and Shoemaker, Inc. ("Hunnex"), the Plan's compliance services provider. Hunnex received a favorable opinion letter dated June 30, 2020, which states that their plan as submitted is acceptably designed in accordance with Section 401 of the Internal Revenue Code.

The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believes that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. With certain exceptions, the Plan is no longer subject to examination by U.S. federal tax authorities after three years.

Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2022 and 2021

Note 9 – Risks and Uncertainties

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

Note 10 – Compliance

The Plan did not satisfy the required nondiscrimination tests for the years ended December 31, 2022 and 2021. Certain highly compensated employees in the Plan had excess contributions, net of earnings related to 2021 totaling \$27,947. The amounts were not returned to the participants until 2023 and are therefore included within the liability as of December 31, 2022, net of subsequent adjustment for loss on investments of \$10,909. The Plan had excess contributions for the year ended December 31, 2022, net of investment losses, of \$43,784.

During the year ended December 31, 2022, the Company failed to remit \$14,104 of participant salary deferrals and loan payments into the Plan in a timely manner in accordance with applicable rules and regulations. The Company's corrections for lost earnings and related tax filings are expected to be completed by December 31, 2023.

During the year ended December 31, 2021, the Company failed to remit \$18,113 of participant salary deferrals and loan payments into the Plan in a timely manner in accordance with applicable rules and regulations. The Company's corrections for lost earnings and related tax filings are expected to be completed by December 31, 2023.

During the year ended December 31, 2020, the Company failed to remit \$1,538 of participant salary deferrals into the Plan in a timely manner in accordance with applicable rules and regulations. The Company's corrections for lost earnings and related tax filings are expected to be completed by December 31, 2023.

SUPPLEMENTAL SCHEDULES

Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Schedule H Line 4a – Schedule of Delinquent Participant Contributions
Year Ended December 31, 2022

EIN: 91-1759869		PLAN #001		
(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AB Global Bond Z	Mutual Fund	**	\$ 33,862
	Alger Capital Appreciation Fund	Mutual Fund	**	336,885
	American Centry Mid-Cap Value R6	Mutual Fund	**	320,698
	American Funds Balanced Ret Opt Fund	Mutual Fund	**	774,058
	American Funds New Perspective Ret Opt Fd	Mutual Fund	**	284,355
	American Funds Washington Mutual Invest.	Mutual Fund	**	551,575
	BNY Melon International Stock Ret Opt	Mutual Fund	**	164,637
	BlackRock Health Sciences Opportunities Fd	Mutual Fund	**	449,860
	Columbia Balanced	Mutual Fund	**	257,389
	Fidelity 500 Index	Mutual Fund	**	911,240
	Fidelity Advisor Growth Opportunities	Mutual Fund	**	56,168
	Fidelity International Index	Mutual Fund	**	202,878
	Fidelity Mid-Cap Index	Mutual Fund	**	223,452
	Fidelity Real Estate Index	Mutual Fund	**	302,937
	Fidelity Small-Cap Index	Mutual Fund	**	148,925
	Fidelity Total Market Index	Mutual Fund	**	616,683
	Fidelity U.S. Bond Index	Mutual Fund	**	93,981
	Franklin Utilities Ret Opt	Mutual Fund	**	246,030
	Goldman Sachs Technology Opportunities Ret	Mutual Fund	**	163,627
	Invesco Oppenheimer Dev Markets Ret Opt	Mutual Fund	**	122,655
	JPMorgan Small-Cap Growth R6	Mutual Fund	**	127,368
	JPMorgan U.S. Equity Ret Opt	Mutual Fund	**	248,395
	Janus Henderson Enterprise Ret Opt Fund	Mutual Fund	**	387,130
	PGIM High Yield R6	Mutual Fund	**	163,474
	PGIM Jennison Natural Resources R6	Mutual Fund	**	264,546
	PGIM Total Return Bond R6	Mutual Fund	**	281,426
	PIMCO Real Return Opt	Mutual Fund	**	238,004
	T. Row Price Retirement 2005	Mutual Fund	**	1,554,351
	T. Row Price Retirement 2010	Mutual Fund	**	1,910
	T. Row Price Retirement 2015	Mutual Fund	**	5,399
	T. Row Price Retirement 2020	Mutual Fund	**	12,538
	T. Row Price Retirement 2025	Mutual Fund	**	443,548
	T. Row Price Retirement 2030	Mutual Fund	**	3,373,793
	T. Row Price Retirement 2035	Mutual Fund	**	1,066,291
	T. Row Price Retirement 2040	Mutual Fund	**	952,189
	T. Row Price Retirement 2045	Mutual Fund	**	703,068
	T. Row Price Retirement 2050	Mutual Fund	**	1,123,844
	T. Row Price Retirement 2055	Mutual Fund	**	1,271,609
	T. Row Price Retirement 2060	Mutual Fund	**	638,172
	T. Row Price Retirement 2065	Mutual Fund	**	117,285
	Vanguard Small-Cap Value Index Fund	Mutual Fund	**	319,225
				19,555,460
*	Transamerica Stable Value Core Option	Contract with insurance company **:	**	1,709,880
		Participant notes receivable, bearing interest at rates ranging from 4.25% to 8.00% secured by participant's vested account balance, maturing on various dates through 2040	-	356,388
*	Notes receivable from participants			\$ 21,621,728

* Denotes party-in-interest

** Information is not required for participant directed investments

*** Amount reported at contract value

See independent auditors' report.

Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Schedule H Line 4a – Schedule of Delinquent Participant Contributions
Year Ended December 31, 2022

EIN: 91-1759869

PLAN # 001

Participant Contributions Transferred Late to Plan	Late Participant Loans Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		i. Contributions Not Corrected	ii. Contributions Corrected Outside VFCP	iii. Contributions Pending Correction in VFCP	

2022 Late Remittances:

\$ 14,104 ☐ \$ 14,104 \$ - \$ - \$ -

2021 Late Remittances:

\$ 18,113 ☒ \$ 18,113 \$ - \$ - \$ -

2020 Late Remittances:

\$ 1,538 ☐ \$ 1,538 \$ - \$ - \$ -

Total

\$ 33,755 \$ 33,755 \$ - \$ - \$ -

See independent auditors' report.

Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Schedule H Line 4a – Schedule of Delinquent Participant Contributions
Year Ended December 31, 2022

EIN: 91-1759869

PLAN # 001

Participant Contributions Transferred Late to Plan	Late Participant Loans Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
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2022 Late Remittances:

\$ 14,104 ☐ \$ 14,104 \$ - \$ - \$ -

2021 Late Remittances:

\$ 18,113 ☒ \$ 18,113 \$ - \$ - \$ -

2020 Late Remittances:

\$ 1,538 ☐ \$ 1,538 \$ - \$ - \$ -

Total

\$ 33,755 \$ 33,755 \$ - \$ - \$ -

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Molecular Epidemiology, Inc. 401(k) Profit Sharing Plan
Schedule H Line 4a – Schedule of Delinquent Participant Contributions
Year Ended December 31, 2022

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