

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... [X] an amended return/report [ ] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [ ] D Check box if filing under: [X] Form 5558 [ ] automatic extension [X] the DFVC program [ ] special extension... 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 TWIST BIOSCIENCE CORPORATION 401(K) PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 04/01/2016 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) TWIST BIOSCIENCE CORPORATION 681 GATEWAY BLVD SOUTH SANFRANCISCO, CA 94080 2b Employer Identification Number (EIN) 46-2058888 2c Plan Sponsor's telephone number 415-915-4827 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for DENISE CURRY, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	517
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	433
	<b>6a(2)</b>	542
	<b>6b</b>	0
	<b>6c</b>	124
	<b>6d</b>	666
	<b>6e</b>	0
	<b>6f</b>	666
	<b>6g(2)</b>	629
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **10/01/2020** and ending **09/30/2021**

<b>A</b> Name of plan <b>TWIST BIOSCIENCE CORPORATION 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TWIST BIOSCIENCE CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>46-2058888</b>	

**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

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**04-2647786**

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

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

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

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

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 71	RECORDKEEPER	77242	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ABD RETIREMENT SERVICES INC

80-0833114

(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	42594	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>10/01/2020</b> and ending <b>09/30/2021</b>	
<b>A</b> Name of plan <b>TWIST BIOSCIENCE CORPORATION 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TWIST BIOSCIENCE CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>46-2058888</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	408698	407131
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	32249	546134
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	121753	252654
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	15578332	27317639
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	16141032	28523558
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	16141032	28523558

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	0	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	6249377	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	3307594	
(2) Noncash contributions.....	<b>2a(2)</b>	0	9556971
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	105	7915
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	7810	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		7915
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	559502
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	82	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	559420	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		559502
(3) Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	571212	127950
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	443262	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	250547
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	250547	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	0
(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)	3495801
<b>c</b> Other income .....	2c	0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	13998686

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1494418
(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)	1494418
<b>f</b> Corrective distributions (see instructions) .....	2f	2656
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	0
<b>h</b> Interest expense.....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	0
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	0
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	119086
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	119086
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	1616160

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	12382526
<b>l</b> 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)  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: SENSIBA SAN FILIPPO LLP

(2) EIN: 94-2370906

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **10/01/2020** and ending **09/30/2021**

<b>A</b> Name of plan <b>TWIST BIOSCIENCE CORPORATION 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TWIST BIOSCIENCE CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>46-2058888</b>	

<b>Part I</b>	<b>Distributions</b>
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**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..... 

<b>1</b>	
----------	--

**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..... 

<b>3</b>	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

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

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

**Financial Statements  
September 30, 2021 and 2020**

**Together with  
Independent Auditors' Report**

**TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

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September 30, 2021

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INDEPENDENT AUDITORS' REPORT

To the Investment Committee and Management of  
Twist Bioscience Corporation 401(k) Plan

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Twist Bioscience Corporation 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of September 30, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended September 30, 2021, 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 the financial statements that are free from material misstatement, whether due to fraud or error.

***Auditors' Responsibility***

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

***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company ("Fidelity"), the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of September 30, 2021 and 2020 and for the year ended September 30, 2021, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

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

### ***Other Matter***

The supplemental schedule H, line 4i - schedule of assets (held at end of year) as of September 30, 2021 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

A handwritten signature in cursive script that reads "Susana San Filippis LLP".

San Mateo, California  
July 14, 2022

**TWIST BIOSCIENCE CORPORATION 401(K) PLAN**  
**Statement of Net Assets Available for Benefits**

	September 30,	
	<u>2021</u>	<u>2020</u>
Investments, at fair value:		
Mutual funds	\$ 27,201,948	\$ 15,557,045
Self-directed brokerage accounts	679,512	53,536
Money market fund	<u>389,444</u>	<u>408,698</u>
Total investments	28,270,904	16,019,279
Notes receivable from participants	<u>252,654</u>	<u>121,753</u>
Net assets available for benefits	<u>\$ 28,523,558</u>	<u>\$ 16,141,032</u>

The accompanying notes are an integral part of these financial statements

**TWIST BIOSCIENCE CORPORATION 401(K) PLAN**  
**Statement of Changes in Net Assets Available for Benefits**  
Year Ended September 30, 2021

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 3,874,298
Dividends and interest	<u>559,607</u>
Total investment income	<u>4,433,905</u>

Contributions:

Participants	6,249,377
Rollovers	<u>3,307,594</u>
Total contributions	<u>9,556,971</u>

Interest income on notes receivable from participants	<u>7,810</u>
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Total additions	<u>13,998,686</u>
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Deductions from net assets attributed to:

Benefits paid to participants	1,497,074
Administrative expenses	<u>119,086</u>
Total deductions	<u>1,616,160</u>

Net increase in net assets	12,382,526
----------------------------	------------

Net assets available for benefits:

Beginning of the plan year	<u>16,141,032</u>
End of the plan year	<u><u>\$ 28,523,558</u></u>

The accompanying notes are an integral part of these financial statements

## **TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

### **Notes to Financial Statements**

September 30, 2021

#### **Note 1 - Description of Plan:**

The following description of the Twist Bioscience Corporation (the “Company”) 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General - The Plan is a defined contribution plan established on April 1, 2016, amended and restated effective July 14, 2017 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan provides benefits for all eligible employees of the Company.

The Plan is administered by its sponsor, the Company, who retained the services of Fidelity Management Trust Company (“Fidelity”) as the trustee of the Plan’s assets (the “trustee”) through September 30, 2021.

Eligibility - Except for excluded employees, all employees who have reached eighteen years of age are eligible to participate in the Plan on the first day of the next month following eligibility. Excluded employees include collectively bargained employees, non-resident aliens who do not receive United States source income from the Company, leased employees, interns and part-time employees, as defined.

Participant contributions - Each year, participants may elect to contribute up to 90% of their eligible compensation on a pre-tax or Roth basis, subject to statutory limits. Effective February 1, 2021, the Plan had an amendment to allow after-tax employee contributions. Participants age 50 or older are allowed to make “catch-up” contributions during the Plan year, subject to any statutory limits. The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rates initially set at 3% of eligible compensation and their contributions are invested in a balanced fund until changed by the participant. Additionally, the Plan has an escalation clause that increases automatically enrolled participants deferral rate annually by 1% until a deferral rate of 10% is reached unless they affirmatively elect not to. Participants are also permitted to deposit into the Plan distributions received from other plans (rollovers).

Employer matching contributions - The Company may, at their sole discretion, make employer matching contributions and profit sharing contributions to the Plan each year at the option of the Company’s Board of Directors. Participants must be employed on the last day of the Plan year to receive employer contributions, if any. The Company did not make discretionary employer matching or profit sharing contributions to the Plan during the year ended September 30, 2021.

## **TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

### **Notes to Financial Statements**

September 30, 2021

#### **Note 1 - Description of Plan (continued):**

Vesting - Participants become immediately vested in their contributions, including rollovers of funds from other qualified retirement plans and earnings thereon. Participants become vested in the Company's discretionary contributions over a three-year graded vesting schedule.

Participant accounts - Each participant's account is credited with the participant's contribution and allocations of (1) the Company's contributions, if any, and (2) Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account at the date immediately preceding the commencement of processing the distribution.

Investment options - The Plan provides for investments to be directed by participants into a number of investment options held by the trustee. Some Plan investments are units of funds managed by the trustee, therefore, these investments and most investment transactions are party-in-interest transactions. Earnings of each investment fund are allocated to participant's accounts in proportion to each participant's share of that fund.

Notes receivable from participants - Participants may borrow from their vested account balance a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at market financing rates of the prime rate plus 1%, as determined by the Plan administrator. Loan terms range from one to five years and may not exceed five years except for loans used for a purchase of a primary residence, which may be repaid over a longer period of up to ten years. Principal and interest are paid ratably through payroll deductions.

Payment of benefits - The Plan provides for the payment of benefits to the participant (or, if applicable, the beneficiary) at retirement, disability, death, financial hardship (as defined in the Plan), or termination of employment. In service distributions of a participant's vested account balance are permitted providing the participant has attained normal retirement age (age 59 1/2) or if he or she is experiencing an immediate and heavy financial need may apply for a hardship withdrawal. Upon termination, the participants or beneficiaries may elect to leave their account balance in the Plan, or receive their total benefits in a lump sum amount equal to the value of the participant's vested interest in their account. Effective March 1, 2021, terminated participants may elect to receive their total benefits through partial withdrawals. Unless otherwise instructed by the participant, participants with vested account balances of \$1,000 or less upon separation will receive a lump sum cash payout and participants with vested account balances ranging from \$1,000 to \$5,000 will automatically be rolled over to an individual retirement account ("IRA").

## **TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

### **Notes to Financial Statements**

September 30, 2021

#### **Note 1 - Description of Plan (continued):**

Forfeited accounts - Forfeitures are retained in the Plan and will first be used to pay administrative expenses. Any remaining forfeitures are then used to reduce employer contributions. Forfeitures remaining in the Plan as of September 30, 2021 and 2020 were approximately \$78,000 and \$64,000, respectively.

#### **Note 2 - Significant accounting policies:**

Administrative expenses - Substantially all administrative expenses of the Plan are paid by the Plan. Separate fees for loan processing and certain investments as specified in the service agreement, are charged to individual participant's accounts.

Basis of accounting - The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Contributions from participants are recorded when withheld from the participant. Benefit payments to participants are recorded when paid.

Use of estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and schedule. Actual results could differ from those estimates.

Investment valuation and income recognition - The Plan's investments are stated at their fair values. The shares of registered investment companies (mutual funds, money market funds, and self-directed brokerage funds) are valued at quoted market prices, which represent the net asset values of shares held by the Plan at September 30, 2021 and 2020. The money market funds are valued at cost plus accrued interest, which approximates fair value. 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 or depreciation included the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair value measurements - The Plan performs fair value measurements in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*. Refer to Note 3 for the fair value measurement disclosures associated with the Plan's investments.

Net appreciation in fair value of investments - The earnings, expenses, realized gains and losses, and unrealized appreciation (depreciation) in registered investments companies and other investments are recorded in the accompanying financial statements as net appreciation in fair value of investments.

## **TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

### **Notes to Financial Statements**

September 30, 2021

#### **Note 2 - Significant accounting policies (continued):**

Investment management fees and operating expenses - Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation in fair value of investments.

Subsequent events - The Plan has evaluated subsequent events through the date that the financial statements were available to be issued which is the date of the independent auditors' report.

#### **Note 3 - Fair value:**

The Plan performs fair value measurement in accordance with ASC 820 which defines fair value as the price that would be received from selling an asset in an orderly transaction between market participants at the measurement date. The accounting guidance for fair value measurement requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard establishes a fair value hierarchy based on the level of independent, objective evidence surrounding the inputs used to measure fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The fair value hierarchy is as follows:

- Level 1: quoted prices in active markets for identical assets or liabilities;
- Level 2: inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or
- Level 3: unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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.

## **TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

### **Notes to Financial Statements**

September 30, 2021

#### **Note 3 - Fair value (continued):**

Investments measured at fair market value on a recurring basis consisted of the following types of instruments as of September 30, 2021 and 2020 and have all been determined to be Level 1 by the Plan administrator:

	<u>2021</u>	<u>2020</u>
Mutual funds	\$ 27,201,948	\$ 15,557,045
Money market fund	389,444	408,698
Self-directed brokerage accounts	<u>679,512</u>	<u>53,536</u>
Total investments measured at fair value	<u>\$ 28,270,904</u>	<u>\$ 16,019,279</u>

The Plan's valuation methodology used to measure the fair value was derived from quoted market prices as substantially all of these instruments have active markets.

#### **Note 4 - Investments:**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Fidelity, the trustee of the Plan, as complete and accurate, except for comparing such information to information included in the Plan's financial statements and supplemental schedule.

The following information, included in the financial statements and supplemental schedule was provided by and certified by the Plan's trustee as complete and accurate:

- Investments as shown in the Statement of Net Assets Available for Benefits as of September 30, 2021 and 2020.
- Notes receivable from participants as shown in the Statement of Net Assets Available for Benefits as of September 30, 2021 and 2020.
- Investment income and interest income on notes receivable from participants, as shown in the Statement of Changes in Net Assets Available for Benefits for the year presented.
- Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of September 30, 2021.

## **TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

### **Notes to Financial Statements**

September 30, 2021

#### **Note 5 - Plan termination:**

Although it has not expressed any intent to do so, the Company has the right under the Plan to permanently discontinue its contributions at any time and to terminate the Plan subject to provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their employer matching account balances, if any.

#### **Note 6 - Income tax status:**

The prototype plan obtained its latest opinion letter on June 30, 2020, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Subsequent to receiving this opinion letter, the prototype plan was amended. The Plan administrator believes that the amended prototype plan, as adopted by the Company, is operating in compliance with the requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

#### **Note 7 - Party-in-interest transactions:**

Fidelity, the Plan's trustee, serves as Plan fiduciary, investment manager, and custodian to the Plan. At September 30, 2021 and 2020, the Plan held for investment approximately \$1,174,000 and \$563,000, respectively, in a Fidelity mutual fund and money market fund.

#### **Note 8 - Risks and uncertainties:**

The Plan provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participant account balances.

Impact of COVID-19 - In March 2020, the World Health Organization declared the outbreak of novel coronavirus disease ("COVID-19") as a pandemic. The COVID-19 outbreak in the United States did cause business disruption to the Plan sponsor and throughout its customer base and supply chain through mandated and voluntary closings of many businesses. While the disruption was temporary, there is considerable uncertainty around the duration. Therefore, while the Plan sponsor expects this matter to have a financial impact on its operating results, the financial impact to the Plan would be a possible significant depreciation of investments, due to market volatility, however given the fluid nature of the outcome of the pandemic, the ultimate impact and duration cannot be reasonably estimated at this time.

**TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**

September 30, 2021

EIN 46-2058888

PLAN NUMBER 001

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Mutual funds:			
	Vanguard Institutional Target Retirement 2050 Fund	Mutual funds	\$ 3,006,098
	Vanguard Institutional Target Retirement 2040 Fund	Mutual funds	3,004,549
	Vanguard Institutional Target Retirement 2055 Fund	Mutual funds	2,944,287
	Vanguard 500 Index Fund Admiral Class	Mutual funds	2,699,263
	Vanguard Institutional Target Retirement 2035 Fund	Mutual funds	2,685,325
	Vanguard Institutional Target Retirement 2045 Fund	Mutual funds	2,278,606
	Vanguard Institutional Target Retirement 2060 Fund	Mutual funds	1,317,912
	Vanguard Institutional Target Retirement 2030 Fund	Mutual funds	1,229,240
	American Funds The Growth Fund of America Class R-6	Mutual funds	1,120,388
	Vanguard Institutional Target Retirement 2025 Fund	Mutual funds	1,101,645
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual funds	849,313
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual funds	817,982
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual funds	740,313
	Vanguard Institutional Target Retirement 2020 Fund	Mutual funds	601,646
*	Fidelity Select Biotechnology Portfolio	Mutual funds	476,536
	Vanguard Developed Markets Index Fund Admiral Shares	Mutual funds	474,597
	Vanguard Institutional Target Retirement 2065 Fund	Mutual funds	279,508
	Vanguard Emerging Markets Stock Index Fund Admiral Shares	Mutual funds	273,074
	Victory Sycamore Established Value Fund Class R6	Mutual funds	252,056
	The Hartford MidCap Fund Class R6	Mutual funds	222,673
	DFA U.S. Small Cap Portfolio Institutional Class	Mutual funds	218,651
	American Funds Washington Mutual Investors Fund Class R-6	Mutual funds	213,658
	American Funds EuroPacific Growth Fund Class R-6	Mutual funds	167,241
	DFA Real Estate Securities Portfolio Institutional Class	Mutual funds	132,325
	Loomis Sayles Bond Fund Class N	Mutual funds	78,633
	Vanguard Institutional Target Retirement Income Fund	Mutual funds	16,360
	Vanguard Institutional Target Retirement 2015 Fund	Mutual funds	69
	Total mutual funds		<u>27,201,948</u>
Self-directed brokerage accounts:			
		Money market fund, mutual funds, and common stocks	
*	Fidelity Brokerage Link Account		<u>679,512</u>
Money market fund:			
	Vanguard Federal Money Market Fund Investor Shares	Money market fund	389,444
Total investments			\$ <u>28,270,904</u>
		4.25%-6.50%, Maturing through 2030	
*	Notes receivable from participants		\$ <u>252,654</u>
*	A party-in-interest as defined by ERISA		
Column (d), cost, has been omitted as all investments are participant directed			



681 GATEWAY BLVD  
SOUTH SAN FRANCISCO, CA 94080  
TWISTBIOSCIENCE.COM

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July 19, 2022

To Whom It May Concern:

An administrative oversight caused us to miss the July 15, 2022, filing deadline of our organization's Form 5500.

Best regards,

Paula Green  
SVP, Human Resources



**TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

**Financial Statements  
September 30, 2021 and 2020**

**Together with  
Independent Auditors' Report**

**TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

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September 30, 2021

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INDEPENDENT AUDITORS' REPORT

To the Investment Committee and Management of  
Twist Bioscience Corporation 401(k) Plan

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Twist Bioscience Corporation 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of September 30, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended September 30, 2021, 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 the financial statements that are free from material misstatement, whether due to fraud or error.

***Auditors' Responsibility***

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

***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company ("Fidelity"), the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of September 30, 2021 and 2020 and for the year ended September 30, 2021, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

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

### ***Other Matter***

The supplemental schedule H, line 4i - schedule of assets (held at end of year) as of September 30, 2021 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

A handwritten signature in cursive script that reads "Susana San Filippis LLP".

San Mateo, California  
July 14, 2022

**TWIST BIOSCIENCE CORPORATION 401(K) PLAN**  
**Statement of Net Assets Available for Benefits**

	September 30,	
	2021	2020
Investments, at fair value:		
Mutual funds	\$ 27,201,948	\$ 15,557,045
Self-directed brokerage accounts	679,512	53,536
Money market fund	389,444	408,698
Total investments	28,270,904	16,019,279
Notes receivable from participants	252,654	121,753
Net assets available for benefits	\$ 28,523,558	\$ 16,141,032

The accompanying notes are an integral part of these financial statements

**TWIST BIOSCIENCE CORPORATION 401(K) PLAN**  
**Statement of Changes in Net Assets Available for Benefits**  
Year Ended September 30, 2021

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 3,874,298
Dividends and interest	<u>559,607</u>
Total investment income	<u>4,433,905</u>

Contributions:

Participants	6,249,377
Rollovers	<u>3,307,594</u>
Total contributions	<u>9,556,971</u>

Interest income on notes receivable from participants	<u>7,810</u>
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Total additions	<u>13,998,686</u>
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Deductions from net assets attributed to:

Benefits paid to participants	1,497,074
Administrative expenses	<u>119,086</u>
Total deductions	<u>1,616,160</u>

Net increase in net assets	12,382,526
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Net assets available for benefits:

Beginning of the plan year	<u>16,141,032</u>
End of the plan year	\$ <u><u>28,523,558</u></u>

The accompanying notes are an integral part of these financial statements

## **TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

### **Notes to Financial Statements**

September 30, 2021

#### **Note 1 - Description of Plan:**

The following description of the Twist Bioscience Corporation (the “Company”) 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General - The Plan is a defined contribution plan established on April 1, 2016, amended and restated effective July 14, 2017 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan provides benefits for all eligible employees of the Company.

The Plan is administered by its sponsor, the Company, who retained the services of Fidelity Management Trust Company (“Fidelity”) as the trustee of the Plan’s assets (the “trustee”) through September 30, 2021.

Eligibility - Except for excluded employees, all employees who have reached eighteen years of age are eligible to participate in the Plan on the first day of the next month following eligibility. Excluded employees include collectively bargained employees, non-resident aliens who do not receive United States source income from the Company, leased employees, interns and part-time employees, as defined.

Participant contributions - Each year, participants may elect to contribute up to 90% of their eligible compensation on a pre-tax or Roth basis, subject to statutory limits. Effective February 1, 2021, the Plan had an amendment to allow after-tax employee contributions. Participants age 50 or older are allowed to make “catch-up” contributions during the Plan year, subject to any statutory limits. The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rates initially set at 3% of eligible compensation and their contributions are invested in a balanced fund until changed by the participant. Additionally, the Plan has an escalation clause that increases automatically enrolled participants deferral rate annually by 1% until a deferral rate of 10% is reached unless they affirmatively elect not to. Participants are also permitted to deposit into the Plan distributions received from other plans (rollovers).

Employer matching contributions - The Company may, at their sole discretion, make employer matching contributions and profit sharing contributions to the Plan each year at the option of the Company’s Board of Directors. Participants must be employed on the last day of the Plan year to receive employer contributions, if any. The Company did not make discretionary employer matching or profit sharing contributions to the Plan during the year ended September 30, 2021.

## **TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

### **Notes to Financial Statements**

September 30, 2021

#### **Note 1 - Description of Plan (continued):**

Vesting - Participants become immediately vested in their contributions, including rollovers of funds from other qualified retirement plans and earnings thereon. Participants become vested in the Company's discretionary contributions over a three-year graded vesting schedule.

Participant accounts - Each participant's account is credited with the participant's contribution and allocations of (1) the Company's contributions, if any, and (2) Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account at the date immediately preceding the commencement of processing the distribution.

Investment options - The Plan provides for investments to be directed by participants into a number of investment options held by the trustee. Some Plan investments are units of funds managed by the trustee, therefore, these investments and most investment transactions are party-in-interest transactions. Earnings of each investment fund are allocated to participant's accounts in proportion to each participant's share of that fund.

Notes receivable from participants - Participants may borrow from their vested account balance a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at market financing rates of the prime rate plus 1%, as determined by the Plan administrator. Loan terms range from one to five years and may not exceed five years except for loans used for a purchase of a primary residence, which may be repaid over a longer period of up to ten years. Principal and interest are paid ratably through payroll deductions.

Payment of benefits - The Plan provides for the payment of benefits to the participant (or, if applicable, the beneficiary) at retirement, disability, death, financial hardship (as defined in the Plan), or termination of employment. In service distributions of a participant's vested account balance are permitted providing the participant has attained normal retirement age (age 59 1/2) or if he or she is experiencing an immediate and heavy financial need may apply for a hardship withdrawal. Upon termination, the participants or beneficiaries may elect to leave their account balance in the Plan, or receive their total benefits in a lump sum amount equal to the value of the participant's vested interest in their account. Effective March 1, 2021, terminated participants may elect to receive their total benefits through partial withdrawals. Unless otherwise instructed by the participant, participants with vested account balances of \$1,000 or less upon separation will receive a lump sum cash payout and participants with vested account balances ranging from \$1,000 to \$5,000 will automatically be rolled over to an individual retirement account ("IRA").

## **TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

### **Notes to Financial Statements**

September 30, 2021

#### **Note 1 - Description of Plan (continued):**

Forfeited accounts - Forfeitures are retained in the Plan and will first be used to pay administrative expenses. Any remaining forfeitures are then used to reduce employer contributions. Forfeitures remaining in the Plan as of September 30, 2021 and 2020 were approximately \$78,000 and \$64,000, respectively.

#### **Note 2 - Significant accounting policies:**

Administrative expenses - Substantially all administrative expenses of the Plan are paid by the Plan. Separate fees for loan processing and certain investments as specified in the service agreement, are charged to individual participant's accounts.

Basis of accounting - The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Contributions from participants are recorded when withheld from the participant. Benefit payments to participants are recorded when paid.

Use of estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and schedule. Actual results could differ from those estimates.

Investment valuation and income recognition - The Plan's investments are stated at their fair values. The shares of registered investment companies (mutual funds, money market funds, and self-directed brokerage funds) are valued at quoted market prices, which represent the net asset values of shares held by the Plan at September 30, 2021 and 2020. The money market funds are valued at cost plus accrued interest, which approximates fair value. 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 or depreciation included the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair value measurements - The Plan performs fair value measurements in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*. Refer to Note 3 for the fair value measurement disclosures associated with the Plan's investments.

Net appreciation in fair value of investments - The earnings, expenses, realized gains and losses, and unrealized appreciation (depreciation) in registered investments companies and other investments are recorded in the accompanying financial statements as net appreciation in fair value of investments.

## **TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

### **Notes to Financial Statements**

September 30, 2021

#### **Note 2 - Significant accounting policies (continued):**

Investment management fees and operating expenses - Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation in fair value of investments.

Subsequent events - The Plan has evaluated subsequent events through the date that the financial statements were available to be issued which is the date of the independent auditors' report.

#### **Note 3 - Fair value:**

The Plan performs fair value measurement in accordance with ASC 820 which defines fair value as the price that would be received from selling an asset in an orderly transaction between market participants at the measurement date. The accounting guidance for fair value measurement requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard establishes a fair value hierarchy based on the level of independent, objective evidence surrounding the inputs used to measure fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The fair value hierarchy is as follows:

- Level 1: quoted prices in active markets for identical assets or liabilities;
- Level 2: inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or
- Level 3: unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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.

## **TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

### **Notes to Financial Statements**

September 30, 2021

#### **Note 3 - Fair value (continued):**

Investments measured at fair market value on a recurring basis consisted of the following types of instruments as of September 30, 2021 and 2020 and have all been determined to be Level 1 by the Plan administrator:

	<u>2021</u>	<u>2020</u>
Mutual funds	\$ 27,201,948	\$ 15,557,045
Money market fund	389,444	408,698
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Total investments measured at fair value	<u>\$ 28,270,904</u>	<u>\$ 16,019,279</u>

The Plan's valuation methodology used to measure the fair value was derived from quoted market prices as substantially all of these instruments have active markets.

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The following information, included in the financial statements and supplemental schedule was provided by and certified by the Plan's trustee as complete and accurate:

- Investments as shown in the Statement of Net Assets Available for Benefits as of September 30, 2021 and 2020.
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- Investment income and interest income on notes receivable from participants, as shown in the Statement of Changes in Net Assets Available for Benefits for the year presented.
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## **TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

### **Notes to Financial Statements**

September 30, 2021

#### **Note 5 - Plan termination:**

Although it has not expressed any intent to do so, the Company has the right under the Plan to permanently discontinue its contributions at any time and to terminate the Plan subject to provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their employer matching account balances, if any.

#### **Note 6 - Income tax status:**

The prototype plan obtained its latest opinion letter on June 30, 2020, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Subsequent to receiving this opinion letter, the prototype plan was amended. The Plan administrator believes that the amended prototype plan, as adopted by the Company, is operating in compliance with the requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

#### **Note 7 - Party-in-interest transactions:**

Fidelity, the Plan's trustee, serves as Plan fiduciary, investment manager, and custodian to the Plan. At September 30, 2021 and 2020, the Plan held for investment approximately \$1,174,000 and \$563,000, respectively, in a Fidelity mutual fund and money market fund.

#### **Note 8 - Risks and uncertainties:**

The Plan provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participant account balances.

Impact of COVID-19 - In March 2020, the World Health Organization declared the outbreak of novel coronavirus disease ("COVID-19") as a pandemic. The COVID-19 outbreak in the United States did cause business disruption to the Plan sponsor and throughout its customer base and supply chain through mandated and voluntary closings of many businesses. While the disruption was temporary, there is considerable uncertainty around the duration. Therefore, while the Plan sponsor expects this matter to have a financial impact on its operating results, the financial impact to the Plan would be a possible significant depreciation of investments, due to market volatility, however given the fluid nature of the outcome of the pandemic, the ultimate impact and duration cannot be reasonably estimated at this time.

**TWIST BIOSCIENCE CORPORATION 401(K) PLAN**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**

September 30, 2021

EIN 46-2058888

PLAN NUMBER 001

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Mutual funds:			
	Vanguard Institutional Target Retirement 2050 Fund	Mutual funds	\$ 3,006,098
	Vanguard Institutional Target Retirement 2040 Fund	Mutual funds	3,004,549
	Vanguard Institutional Target Retirement 2055 Fund	Mutual funds	2,944,287
	Vanguard 500 Index Fund Admiral Class	Mutual funds	2,699,263
	Vanguard Institutional Target Retirement 2035 Fund	Mutual funds	2,685,325
	Vanguard Institutional Target Retirement 2045 Fund	Mutual funds	2,278,606
	Vanguard Institutional Target Retirement 2060 Fund	Mutual funds	1,317,912
	Vanguard Institutional Target Retirement 2030 Fund	Mutual funds	1,229,240
	American Funds The Growth Fund of America Class R-6	Mutual funds	1,120,388
	Vanguard Institutional Target Retirement 2025 Fund	Mutual funds	1,101,645
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual funds	849,313
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual funds	817,982
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual funds	740,313
	Vanguard Institutional Target Retirement 2020 Fund	Mutual funds	601,646
*	Fidelity Select Biotechnology Portfolio	Mutual funds	476,536
	Vanguard Developed Markets Index Fund Admiral Shares	Mutual funds	474,597
	Vanguard Institutional Target Retirement 2065 Fund	Mutual funds	279,508
	Vanguard Emerging Markets Stock Index Fund Admiral Shares	Mutual funds	273,074
	Victory Sycamore Established Value Fund Class R6	Mutual funds	252,056
	The Hartford MidCap Fund Class R6	Mutual funds	222,673
	DFA U.S. Small Cap Portfolio Institutional Class	Mutual funds	218,651
	American Funds Washington Mutual Investors Fund Class R-6	Mutual funds	213,658
	American Funds EuroPacific Growth Fund Class R-6	Mutual funds	167,241
	DFA Real Estate Securities Portfolio Institutional Class	Mutual funds	132,325
	Loomis Sayles Bond Fund Class N	Mutual funds	78,633
	Vanguard Institutional Target Retirement Income Fund	Mutual funds	16,360
	Vanguard Institutional Target Retirement 2015 Fund	Mutual funds	69
	Total mutual funds		<u>27,201,948</u>
Self-directed brokerage accounts:			
		Money market fund, mutual funds, and common stocks	
*	Fidelity Brokerage Link Account		<u>679,512</u>
Money market fund:			
	Vanguard Federal Money Market Fund Investor Shares	Money market fund	389,444
Total investments			\$ <u>28,270,904</u>
		4.25%-6.50%, Maturing through 2030	
*	Notes receivable from participants		<u>\$ 252,654</u>
*	A party-in-interest as defined by ERISA		
Column (d), cost, has been omitted as all investments are participant directed			