

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information—enter all requested information					
1a Name of plan <u>INCYTE DIAGNOSTICS RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/26/1969</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/26/1969</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/26/1969</u>					
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) <u>INCYTE PATHOLOGY, PS</u> <u>13103 E MANSFIELD AVENUE</u> <u>SPOKANE VALLEY, WA 99216</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-0845805</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>509-892-2700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621510</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>91-0845805</u>	2c Plan Sponsor's telephone number <u>509-892-2700</u>	2d Business code (see instructions) <u>621510</u>	
2b Employer Identification Number (EIN) <u>91-0845805</u>					
2c Plan Sponsor's telephone number <u>509-892-2700</u>					
2d Business code (see instructions) <u>621510</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2022	STANLEY LEUNG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	358
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	358
a(2) Total number of active participants at the end of the plan year		6a(2)	326
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	124
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	450
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	450
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	445
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 2F 2G 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan INCYTE DIAGNOSTICS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INCYTE PATHOLOGY, PS	D Employer Identification Number (EIN) 91-0845805

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

(a) Name of insurance carrier
GREAT WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	457571-01	30	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	588287
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☒ other (specify) ▶ **GROUP ANNUITY CONTRACT**

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	1658534
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c	Additions: (1) Contributions deposited during the year	7c(1)	120310	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	11868	
	(4) Transferred from separate account.....	7c(4)	17731	
	(5) Other (specify below)	7c(5)	8563	

▶ **LOAN REPAYMENTS**

(6) Total additions	7c(6)	158472
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1817006
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	507017	
(2) Administration charge made by carrier.....	7e(2)	3657	
(3) Transferred to separate account.....	7e(3)	718045	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	1228719
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	588287
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan INCYTE DIAGNOSTICS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INCYTE PATHOLOGY, PS	D Employer Identification Number (EIN) 91-0845805	

Part I	Service Provider Information (see instructions)
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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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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)

WASHINGTON TRUST BANK

717 WEST SPRAGUE
SPOKANE, WA 99201

91-0462347

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	74110	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EQUITABLE ADVISORS, LLC

10500 NE 7TH STREET
SUITE 1600
BELLEVUE, WA 98004

(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?
26	INVESTMENT ADVISOR	24655	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIKKOLA, SMALL, MINARD WEALTH MGMT

10400 NE 4TH STREET
25TH FLOOR
BELLEVUE, WA 98004

(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?
26	INVESTMENT ADVISOR	23724	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	21128	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CAMBRIDGE INVESTMENT RESEARCH

30 SPRINGHILL FARM CT
COCKEYSVILLE, MD 21030-1400

(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?
26	INVESTMENT ADVISOR	16571	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHURCHILL MANAGEMENT GROUP

5900 WILSHIRE BLVD
SUITE 400
LOS ANGELES, CA 90036

(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?
26	INVESTMENT ADVISOR	7850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PATHSTONE

225 108TH AVE NE
SUITE 400
BELLEVUE, WA 98004

(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?
26	INVESTMENT ADVISOR	7362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan INCYTE DIAGNOSTICS RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INCYTE PATHOLOGY, PS	D Employer Identification Number (EIN) 91-0845805	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	508318	546930
(2) Participant contributions.....	1b(2)	334	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1523114	1358683
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	174193	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3923602	5189694
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	546019	480232
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38437458	48257321
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	588287
(15) Other.....	1c(15)	4070195	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	49183233 56421147
Liabilities			
g	Benefit claims payable	1g	430 436
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	430 436
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	49182803 56420711

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1566635
	(B) Participants	2a(1)(B)	2083230
	(C) Others (including rollovers).....	2a(1)(C)	32803
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3682668
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	27647
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	27647
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3413522
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	3413522
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1374718
c Other income.....	2c		2781418
d Total income. Add all income amounts in column (b) and enter total.....	2d		11279973
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3864825	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3864825
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	177240	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		177240
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4042065
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		7237908
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: **SCHOEDEL & SCHOEDEL CPAS PLLC**

(2) EIN: **91-0614823**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan INCYTE DIAGNOSTICS RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 INCYTE PATHOLOGY, PS	D Employer Identification Number (EIN) 91-0845805

Part I	Distributions
--------	---------------

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-0467907 46-3828444		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
----------	------------

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

**FINANCIAL STATEMENTS WITH
INDEPENDENT AUDITOR'S REPORT**
December 31, 2021 and 2020

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

AUDITED FINANCIAL STATEMENTS
December 31, 2021 and 2020

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DARCY A. SKJOTHAUG, C.P.A.

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of the Incyte
Diagnostics Retirement Plan

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

We have performed audits of the accompanying financial statements of Incyte Diagnostics Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2021 and 2020, and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

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

INDEPENDENT AUDITOR'S REPORT (Continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

INDEPENDENT AUDITOR'S REPORT (Continued)

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

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

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

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

Supplemental Schedules Required by ERISA

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

INDEPENDENT AUDITOR'S REPORT (Continued)

Supplemental Schedules Required by ERISA (Continued)

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

In our opinion:

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

Schoedel & Schoedel CPA, PLLC

Spokane, Washington
September 28, 2022

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2021 and 2020

2021				
	Pooled Accounts	Independently Directed Accounts	Loan Fund	Total
ASSETS:				
Investments, at fair value	\$ 37,999,072	17,394,477	\$ -	\$ 55,393,549
Employer contributions receivable	471,082	75,849	-	546,931
Participant notes receivable	-	-	480,232	480,232
Forfeitures and unallocated assets	437	-	-	437
Total assets	38,470,591	17,470,326	480,232	56,421,149
LIABILITIES:				
Forfeitures available for allocation	437	-	-	437
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 38,470,154</u>	<u>\$ 17,470,326</u>	<u>\$ 480,232</u>	<u>\$ 56,420,712</u>
2020				
	Pooled Accounts	Independently Directed Accounts	Loan Fund	Total
ASSETS:				
Investments, at fair value	\$ 32,785,041	\$ 15,343,092	\$ -	\$ 48,128,133
Employer contributions receivable	433,801	74,851	-	508,652
Participant notes receivable	-	-	546,019	546,019
Forfeitures and unallocated assets	430	-	-	430
Total assets	33,219,272	15,417,943	546,019	49,183,234
LIABILITIES:				
Forfeitures available for allocation	430	-	-	430
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 33,218,842</u>	<u>\$ 15,417,943</u>	<u>\$ 546,019</u>	<u>\$ 49,182,804</u>

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

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2021

	Pooled Accounts	Independently Directed Accounts	Loan Fund	Total
ADDITIONS TO NET ASSETS				
ATTRIBUTED TO:				
Employer contributions	\$ 1,362,306	\$ 199,460	\$ -	\$ 1,561,766
Employee contributions	1,785,587	256,674	-	2,042,261
Participant transfers and rollover contributions	32,803	-	-	32,803
Appreciation in fair value of investments, net	1,374,717	2,031,137	-	3,405,854
Other net investment income	3,413,522	745,427	-	4,158,949
Interest income from participant notes receivable	-	-	27,647	27,647
Transfers and exchanges, net	(53,688)	147,122	(93,434)	-
Total additions	<u>7,915,247</u>	<u>3,379,820</u>	<u>(65,787)</u>	<u>11,229,280</u>
DEDUCTIONS FROM NET ASSETS				
ATTRIBUTED TO:				
Distributions to or for participants	2,570,597	1,245,485	-	3,816,082
Investment and trust fees	93,338	81,952	-	175,290
Total deductions	<u>2,663,935</u>	<u>1,327,437</u>	<u>-</u>	<u>3,991,372</u>
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	5,251,312	2,052,383	(65,787)	7,237,908
NET ASSETS AVAILABLE FOR BENEFITS:				
As of December 31, 2020	<u>33,218,842</u>	<u>15,417,943</u>	<u>546,019</u>	<u>49,182,804</u>
As of December 31, 2021	<u>\$ 38,470,154</u>	<u>\$ 17,470,326</u>	<u>\$ 480,232</u>	<u>\$ 56,420,712</u>

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

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2020

	Pooled Accounts	Independently Directed Accounts	Loan Fund	Total
ADDITIONS TO NET ASSETS ATTRIBUTED TO:				
Employer contributions	\$ 1,230,757	\$ 197,150	\$ -	\$ 1,427,907
Employee contributions	1,656,631	248,075	-	1,904,706
Participant transfers and rollover contributions	21,534	-	-	21,534
Appreciation in fair value of investments, net	2,624,337	1,743,916	-	4,368,253
Other net investment income	1,515,628	482,515	-	1,998,143
Interest income from participant notes receivable	-	-	29,283	29,283
Transfers and exchanges, net	(54,616)	46,610	8,006	-
Total additions	<u>6,994,271</u>	<u>2,718,266</u>	<u>37,289</u>	<u>9,749,826</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:				
Distributions to or for participants	1,903,757	6,547,022	-	8,450,779
Investment and trust fees	76,342	104,328	-	180,670
Total deductions	<u>1,980,099</u>	<u>6,651,350</u>	<u>-</u>	<u>8,631,449</u>
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	5,014,172	(3,933,084)	37,289	1,118,377
NET ASSETS AVAILABLE FOR BENEFITS:				
As of December 31, 2019	<u>28,204,670</u>	<u>19,351,027</u>	<u>508,730</u>	<u>48,064,427</u>
As of December 31 2020	<u>\$ 33,218,842</u>	<u>\$ 15,417,943</u>	<u>\$ 546,019</u>	<u>\$ 49,182,804</u>

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

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF THE PLAN:

The following description of the Incyte Diagnostics Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document, Summary Plan description and other descriptive plan literature for a more complete description of the provisions of the Plan.

General - The Plan is sponsored by Incyte Pathology, Inc. The Plan, which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERSIA) and all subsequent statutory revisions thereto, was created for the benefit of all eligible employees. The Plan is a defined contribution retirement plan. Under this plan, there is no fixed dollar amount of retirement benefits, and the actual retirement benefit depends on the amount of each participant's individual account balance at the time of retirement.

Profit Sharing Eligibility - Employees of Incyte Pathology, Inc. who are age eighteen or older and who have completed one year of employment, have provided at least 1,000 hours of service during the plan year, and are employed on the last day of the plan year, are eligible to participate in the employer's discretionary profit-sharing contributions. Effective January 1, 2022, profit-sharing contribution eligibility was amended. See Note 11 for further details.

401(k) Eligibility - The Plan includes a 401(k) arrangement under which employees may elect to have the employer contribute a portion of their compensation to the plan on a pre-set formula based on voluntary contributions made by the employee. Employees who are age eighteen or older and who have completed one year of employment that includes at least 1,000 hours of service are eligible to participate. Once an employee has met the initial eligibility participation requirements as outlined above, there are no additional annual "hour of service" requirements needed in order for the employee to make elective deferrals under the 401(k) arrangement in subsequent years. Effective January 1, 2022, the Plan's eligibility requirements were amended. See Note 11 for further details.

Contributions - The Plan allows participant contributions consisting of elective deferrals made under the 401(k) arrangement. This arrangement allows participants to contribute a portion of their compensation to the Plan. These contributions are allocated to a separate account designated by the Plan. Participants may also rollover funds representing distributions from other qualified plans. The employer is required to make a "safe harbor" matching contribution for the participants who actively defer a portion of their salary. Additional discretionary profit sharing amounts may be contributed at the employer's option. All contributions are subject to the rules and regulations of ERISA and the Internal Revenue Code. Effective January 1, 2022, the Plan's contribution requirements were amended. See Note 11 for further details.

Participant Accounts - A separate account is established for each participant to reflect the employer discretionary, employer matching and elective deferral contributions plus the investment gains and losses attributable to such contributions and the participant's share of the expenses of administering the Plan.

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF THE PLAN (Continued):

Vesting - A participant is immediately 100% vested in their account balance at all times.

Investment Options - Upon eligibility, a participant may direct contributions to any offered investment option in the Plan's pooled accounts or may establish an independently directed account.

Participant Notes Receivable - Any plan participant may apply for a loan from the Plan. The participant must apply in writing with an application specifying the amount, duration, and security for the loan. The loan may not exceed 50% of the participant's account balance, and the maximum aggregate amount of loans outstanding to any participant may not exceed \$50,000 as aggregated with all participant loans from other employer qualified plans.

Distribution of Benefits - Participants, or their beneficiaries, are eligible to receive payment of benefits in the event of the participant's retirement, death, disability, termination of employment, or the termination of the Plan. The Plan also has a provision for "in-service" distributions for participants who meet the eligibility requirements specified in the Plan.

Benefits are paid under various options as defined in the Plan. Such payment options include lump sum, partial distribution, rollover distribution, and annuity.

Administration of the Plan - The Plan is administered by the sponsor who has the sole and ultimate responsibility to interpret plan provisions and determine plan benefits. The Plan permits the employer to appoint an Advisory Committee and a third party administrator to assist in the administration of the Plan. The Plan trustee is responsible for the safe keeping of the Plan investments and also for investing the Plan contributions. However, participants direct the investment of their interests into various options offered by the Plan. Neither the sponsor nor the trustee is responsible for providing investment advice to plan participants and are not responsible for the outcome of investment decisions made by the participants. Administrative costs of the Plan are partially absorbed and paid by the sponsor.

Termination of the Plan - Although the Plan is intended to be permanent, the Plan sponsor has the right to amend or terminate the Plan in whole or in part, subject to the provisions of ERISA.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are the representations of the Plan's trustees, who are responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Basis of Presentation - The financial statements of the Plan are prepared using the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's trustees to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation - In general, the Plan's investments are reported at fair value. For a further discussion of fair value measurements, see Note 6.

Participant Notes Receivable - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Based upon the terms of the Plan document, delinquent participant loans are treated as distributions.

Employer Contributions Recognition and Employer Contributions Receivable - Employer contributions are recognized in the period compensation is paid to covered employees, regardless of when such contributions are reported or remitted to the Plan. As of December 31, 2021 and 2020, the employer was liable for contributions based upon compensation paid prior to January 1 of each year and not remitted to the Plan until after December 31 of each year. Such estimated contributions have been recorded as receivable.

Participant Contributions Recognition and Participant Contributions Receivable - Participant contributions are recognized in the period withheld from the employee, regardless of when such contributions are reported or remitted to the Plan. As of December 31, 2021 and 2020, employers were liable for contributions withheld prior to January 1 of each year and not remitted to the Plan until after December 31 of each year. Such contributions have been recorded as receivable.

Valuation of Other Financial Instruments - The Plan recognizes other financial instruments at historical cost, which approximates fair value due to the short maturities of those instruments.

Investment Income Recognition - Investment transactions are recorded on a trade-date basis. Acquisition costs are included in the cost of investments purchased, and sales are recorded net of selling expenses. Realized gains and losses from security transactions are determined by the average cost method. Realized gains and losses on investments sold during the year, as well as unrealized gains and losses on investments held during the year, are included in the Statements of Changes in Net Assets Available for Benefits.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Income from the Plan's investments is included in other net investment income in the Statements of Changes in Net Assets Available for Benefits.

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Payments of Participant Distributions - Distributions to or for participants are recognized when paid.

Net Asset Restrictions - All net assets are restricted to provide benefits and related administrative support.

NOTE 3 - INCOME TAX STATUS:

The Plan has adopted a volume submitter plan, which is intended to be exempt from federal income tax under current provisions of the Internal Revenue Code (IRC).

The prototype plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the IRC. The plan has been amended since receiving the determination letter. The most recent restatement and amendment was effective January 1, 2022. The trustees, Plan administrator, and the Plan's tax counsel believe that the prototype plan is currently designed and has been operated through December 31, 2021 in accordance with applicable provisions of the IRC.

NOTE 4 - RISKS AND UNCERTAINTIES RELATING TO FAIR VALUE:

In determining the fair value of financial instruments, the trustee of the Plan uses a variety of methods and assumptions that are based on market conditions and risks existing at the date of the Statement of Net Assets Available for Benefits. All methods of assessing fair value result in a general approximation of value, and such value may never actually be realized.

As of the audit report date, the U.S. Federal Deposit Insurance Corporation (FDIC) provides coverage up to \$250,000 per depositor per ownership category on deposit accounts at FDIC-insured institutions. On occasion the balances in FDIC-insured accounts may exceed the insured limits.

The Plan also invests in money market accounts which are not insured by the FDIC. The investments are collateralized by government backed securities and high grade corporate debt obligations.

As of December 31, 2021, deposits in excess of FDIC limits and investments in money market accounts not insured by the FDIC totaled \$630,736.

Investment securities are exposed to various risks such as interest rate fluctuations, market fluctuations, and credit risks. Due to the level of risk associated with certain types of

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 4 - RISKS AND UNCERTAINTIES RELATING TO FAIR VALUE (Continued):

investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 5 - INVESTMENTS, AT FAIR VALUE:

As of December 31, 2021, the investments of the Plan are summarized as follows:

	<u>Cost</u>	<u>Fair Value</u>
Independently directed participant accounts:		
Interest bearing cash	\$ **	\$ 1,358,684
Corporate equities	**	4,710,769
Mutual and exchange traded funds	**	11,044,445
Annuity	**	280,579
Pooled participant directed accounts:		
Mutual funds (participant directed accounts)	**	37,411,221
Annuity	**	587,851
		<u>\$ 55,393,549</u>

** Cost basis not maintained at the Plan level

As of December 31, 2020, the investments of the Plan are summarized as follows:

	<u>Cost</u>	<u>Fair Value</u>
Independently directed participant accounts:		
Interest bearing cash	\$ **	\$ 1,522,683
Corporate obligations	**	127,523
Corporate equities	**	3,915,955
Mutual and exchange traded funds	**	9,539,620
Annuity	**	237,311
Pooled participant directed accounts:		
Mutual funds (participant directed accounts)	**	31,126,937
Annuity	**	1,658,104
		<u>\$ 48,128,133</u>

** Cost basis not maintained at the Plan level

NOTE 6 - FAIR VALUE MEASUREMENTS:

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial instruments, including estimates of timing, amount of expected future cash flows and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

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

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy are described as follows:

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

Level 2 inputs to the valuation methodology include the following: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2021 and 2020.

Interest bearing cash - Investments in cash are valued at fair value, which approximates cost, due to the short maturities of those investments. Fair values of cash equivalents may be determined using public quotations, when available.

Corporate obligations - Investments in corporate bonds are valued at the closing price of similar bonds in an active market.

Corporate equities - Investments in corporate equity securities are valued at the latest reported sales price on the last business day of the plan year.

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

Annuity - The investment in the annuity is valued at the annuity's cash surrender value, which is determined by the fair values of the underlying assets and liabilities of the annuity, less the surrender costs.

Mutual and exchange traded funds - Investments in mutual and exchange traded funds are valued at quoted market prices in active markets, which are derived by the fair values of the underlying assets and liabilities of the specific funds.

As of December 31, 2021, the following financial assets of the Plan were measured at fair value on a recurring basis consistent with the fair value hierarchy provisions:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 1,358,684	\$ -	\$ -	\$ 1,358,684
Corporate equities	4,710,769	-	-	4,710,769
Annuity	-	868,430	-	868,430
Mutual and exchange traded funds	48,455,666	-	-	48,455,666
	<u>\$ 54,525,119</u>	<u>\$ 868,430</u>	<u>\$ -</u>	<u>\$ 55,393,549</u>

As of December 31, 2020, the following financial assets of the Plan were measured at fair value on a recurring basis consistent with the fair value hierarchy provisions:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 1,522,683	\$ -	\$ -	\$ 1,522,683
Corporate obligations	-	127,523	-	127,523
Corporate equities	3,915,955	-	-	3,915,955
Annuity	-	1,895,415	-	1,895,415
Mutual and exchange traded funds	40,666,557	-	-	40,666,557
	<u>\$ 46,105,195</u>	<u>\$ 2,022,938</u>	<u>\$ -</u>	<u>\$ 48,128,133</u>

NOTE 7 - NET APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS:

During the years ended December 31, 2021 and 2020, the Plan's investments (including gains and losses on investments sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2021	2020
Pooled participant directed accounts:		
Net realized gains (losses)	\$ 322,160	\$ (357,128)
Net unrealized gains	<u>1,052,557</u>	<u>2,981,465</u>
	<u>\$ 1,374,717</u>	<u>\$ 2,624,337</u>

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 7 - NET APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS

(Continued):

	<u>2021</u>	<u>2020</u>
Independently directed participant accounts:		
Net realized gains (losses)	\$ (303,310)	\$ 420,694
Net unrealized gains	<u>2,334,447</u>	<u>1,323,222</u>
	<u>\$ 2,031,137</u>	<u>\$ 1,743,916</u>

NOTE 8 - OTHER NET INVESTMENT INCOME:

For the years ended December 31, 2021 and 2020, other net investment income consisted of the following:

	<u>2021</u>	<u>2020</u>
Pooled participant directed accounts:		
Mutual fund earnings	\$ 3,401,659	\$ 1,501,557
Annuity	<u>11,863</u>	<u>14,071</u>
	<u>\$ 3,413,522</u>	<u>\$ 1,515,628</u>
Independently directed participant accounts:		
Interest bearing cash earnings	\$ 125	\$ 8,114
Interest on certificate of deposits and corporate obligations	-	3,326
Corporate equities dividends	3,021	172,611
Mutual fund earnings	<u>742,281</u>	<u>298,464</u>
	<u>\$ 745,427</u>	<u>\$ 482,515</u>

NOTE 9 - INFORMATION CERTIFIED BY THE CUSTODIAN UNDER ERISA SECTION 103(a)(3)(C):

Empower Retirement is the custodian of the pooled accounts. As such, the custodian holds such assets of the Plan and executes investment transactions. The pooled account investment information included in the accompanying financial statements and supplemental schedule was obtained from data provided by the custodian. The plan administrator has obtained a certification from the custodian under ERISA Section 103(a)(3)(C) that the information provided was complete and accurate.

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The Form 5500, which is filed with the DOL, has several items that differ from the amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon the net assets available for benefits.

NOTE 11 - SUBSEQUENT EVENTS:

Effective January 1, 2022, the Plan was amended and restated for the following:

401(k) Eligibility - All employees over the age of eighteen will be automatically enrolled into the Plan on the first day of the month following their date of hire, or on January 1, 2022, if they were an active employee as of December 31, 2021. Employees can opt-out at any time.

Contributions - Upon automatically being enrolled into the Plan, employee contributions will initially be set automatically at 3%. Contribution changes can be made each pay period. If an employee does not make any changes to their deferral percentage, an annual step-up will take place on January 1 of each year. This automatic increase in employee deferrals will increase 1% each year, until a maximum employee deferral of 10% has been reached. Furthermore, a 4% non-elective employer contribution will be made to every eligible employee every pay period, regardless of whether the employee is actively making contributions into the Plan. This non-elective employer contribution will take the place of the employer matching and the discretionary profit-sharing contributions. To be eligible to receive these non-elective employer contributions, a participant must first complete one year and 1,000 hours of service and be over the age of eighteen. Participants will be 100% vested in any non-elective employer contribution received.

The trustees have evaluated events from December 31, 2021 through September 28, 2022 (the date the financial statements were available to be issued) and have identified no other events that, if disclosed, would influence the readers' opinion concerning these financial statements.

SUPPLEMENTAL INFORMATION

INCYTE DIAGNOSTICS RETIREMENT PLAN

EIN: 91-0845805

Plan Number: 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) As of December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Pooled Accounts:			
	<i>Mutual Funds:</i>			
*	Great-West Lifetime 2015 Fund	210,116.0149 shares	**	\$ 1,945,673
*	Great-West Lifetime 2020 Fund	131,367.7129 shares	**	1,540,943
*	Great-West Lifetime 2025 Fund	393,502.6480 shares	**	3,226,722
*	Great-West Lifetime 2030 Fund	273,154.8684 shares	**	3,348,879
*	Great-West Lifetime 2035 Fund	268,352.3229 shares	**	2,125,350
*	Great-West Lifetime 2040 Fund	194,534.8867 shares	**	2,433,631
*	Great-West Lifetime 2045 Fund	193,482.5455 shares	**	1,584,622
*	Great-West Lifetime 2050 Fund	68,090.8789 shares	**	887,224
*	Great-West Lifetime 2055 Fund	85,659.3456 shares	**	620,174
*	Cohen & Steers Real Estate Securities Fund	17,920.5995 shares	**	395,508
*	American Funds Europacific Fund	26,464.6894 shares	**	1,713,059
*	Invesco Oppenheimer Developing Markets Fund	10,077.3641 shares	**	473,636
*	Vanguard Small Cap Index Fund	25,425.6000 shares	**	2,755,372
*	Great-West T. Rowe Price Mid Cap Growth Fund	300,412.9164 shares	**	2,595,568
*	Vanguard Mid Cap Index Fund	1,927.9233 shares	**	608,183
*	MFS Core Equity Fund	71,302.3865 shares	**	3,635,709
*	Loomis Sayles Core Plus Bond Fund	150,064.2517 shares	**	2,036,372
*	Vanguard 500 Index Fund	12,469.8087 shares	**	5,484,596
	<i>Total Mutual Funds</i>			<u>37,411,221</u>
	<i>Group Annuity Contract:</i>			
*	Key Guaranteed Portfolio Fund	Group Annuity Contract	**	<u>587,851</u>
	Total Pooled Accounts			<u>37,999,072</u>
	Independently Directed Accounts:			
	Brokerage accounts		**	17,394,477
	Participant Notes Receivable	4.25% - 6.50%, Due thru 8/6/2035	-	<u>480,232</u>
				<u><u>\$ 55,873,781</u></u>

* Known party-in-interest

** The cost of participant-directed investments is not maintained by the Plan

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form Is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶ ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
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1a Name of plan InCyte Diagnostics Retirement Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 10/26/1969</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 10/26/1969	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 10/26/1969					
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) InCyte Pathology, PS 13103 E Mansfield Avenue Spokane Valley WA 99216	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 91-0845805</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 509-892-2700</td> </tr> <tr> <td>2d Business code (see instructions) 621510</td> </tr> </table>	2b Employer Identification Number (EIN) 91-0845805	2c Plan Sponsor's telephone number 509-892-2700	2d Business code (see instructions) 621510	
2b Employer Identification Number (EIN) 91-0845805					
2c Plan Sponsor's telephone number 509-892-2700					
2d Business code (see instructions) 621510					

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

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

SIGN HERE	 21CAB742C3AA41B... Signature of plan administrator	10/11/2022 Date	STANLEY LEUNG Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10/11/2022 Date	Denise Culhane Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	358
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	358
a(2) Total number of active participants at the end of the plan year		6a(2)	326
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	124
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	450
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	450
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	445
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 2F 2G 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

INCYTE DIAGNOSTICS RETIREMENT PLAN

EIN: 91-0845805

Plan Number: 001

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