

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan☐ a multiple-employer plan (Filers checking this box must provide 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 STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/2008
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) STRATA PATHOLOGY SERVICES, INC. ONE CRANBERRY HILL SUITE 100 LEXINGTON, MA 02421
2b	Employer Identification Number (EIN) 20-2879668
2c	Plan Sponsor's telephone number 678-208-2166
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	Filed with authorized/valid electronic signature.	07/27/2026	SCOTT BAKOTIC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 125
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 85 6a(2) 89 6b 0 6c 35 6d 124 6e 0 6f 124 6g(1) 111 6g(2) 114 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 Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 STRATA PATHOLOGY SERVICES, INC.	D Employer Identification Number (EIN) 20-2879668	

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
MID-ATLANTIC TRUST COMPANY
27-3169253

(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)

RENASANT BANK

209 TROY ST
TUPLEO, MS 38802

(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?
21 27	NONE	63166	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

EPIC RETIREMENT PLAN SERVICES

16-1450952

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38	NONE	1950	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 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 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
	A Name of plan STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 STRATA PATHOLOGY SERVICES, INC.	D Employer Identification Number (EIN) 20-2879668	

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)	0	
(2) Participant contributions.....	1b(2)	12219	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	123709	103466
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	88383	49658
(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)	8961276	10398176
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	9185587	10551300

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	289	
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	289	

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	9185298	10551300
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	216975	
(B) Participants	2a(1)(B)	729695	
(C) Others (including rollovers)	2a(1)(C)	18702	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		965372
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5277	
(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)	4841	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10118
(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)	509762	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		509762
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		883481
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2368733

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	937615	
(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)		937615
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1950	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	63166	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		65116
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1002731

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1366002
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: **KELLY, VITALE, RAFFOL, LLC**

(2) EIN: **74-3049340**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 STRATA PATHOLOGY SERVICES, INC.		D Employer Identification Number (EIN) 20-2879668
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 27-3169253		
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) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702489A.



STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

Financial Statements and Independent Auditors' Report

***As of December 31, 2025, and 2024 and
For the Year Ended December 31, 2025***

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

Financial Statements

***As of December 31, 2025, and 2024 and
For the Year Ended December 31, 2025***

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Independent Auditors' Report

To the Board of Trustees
Strata Pathology Services, Inc. 401(K) Plan and Participants
Lexington, Massachusetts

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

We have performed audits of the accompanying financial statements of Strata Pathology Services, Inc. 401(k) 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, 2025, and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Strata Pathology Services, Inc. 401(k) 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, 2025, and 2024, and for the year ended December 31, 2025, stating that the certified investment information in the footnote to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Strata Pathology Services, Inc. 401(k) 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 Strata Pathology Services, Inc. 401(k) 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 it is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Strata Pathology Services, Inc. 401(k) 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 Strata Pathology Services, Inc. 401(k) 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, – Schedule of assets (held at end of year) at December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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).

Kelly Vitale Raffol, LLC

Boston, Massachusetts
June 19, 2026

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

Statements of Net Assets Available for Benefits

As of December 31, 2025, and 2024

<i>Assets:</i>	<u>2025</u>	<u>2024</u>
<i>Investments, at fair value</i>	<u>\$10,501,642</u>	<u>\$ 9,084,985</u>
<i>Total</i>	<u>10,501,642</u>	<u>9,084,985</u>
<i>Receivables:</i>		
Notes receivable from participants	49,658	88,383
Employee contribution receivable	<u>16,894</u>	<u>12,219</u>
<i>Total Receivables</i>	<u>66,552</u>	<u>100,602</u>
<i>Total Assets</i>	<u>10,568,194</u>	<u>9,185,587</u>
<i>Liabilities:</i>		
<i>Other Liabilities</i>	<u>-</u>	<u>289</u>
<i>Total</i>	<u>-</u>	<u>289</u>
<i>Net assets available for benefits</i>	<u>\$10,568,194</u>	<u>\$ 9,185,298</u>

See accompanying notes to financial statements.

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2025

Additions:

Investment income:

Net appreciation in fair value of investments	\$ 883,481
Interest	10,118
Dividends	<u>509,762</u>

<i>Total investment income</i>	<u>1,403,361</u>
---------------------------------------	------------------

Contributions:

Participant contributions	746,589
Rollovers	18,702
Employer contributions	<u>216,975</u>

<i>Total contributions</i>	<u>982,266</u>
-----------------------------------	----------------

<i>Total additions</i>	<u>2,385,627</u>
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Deductions from net assets attributed to:

Benefits paid to participants	937,615
Administrative expenses	<u>65,116</u>

<i>Total deductions</i>	<u>1,002,731</u>
--------------------------------	------------------

<i>Change in net assets available for benefits</i>	<u>1,382,896</u>
---	------------------

<i>Net Assets Available for Benefits, beginning of year</i>	<u>9,185,298</u>
--	------------------

<i>Net Assets Available for Benefits, end of year</i>	<u>\$ 10,568,194</u>
--	----------------------

See accompanying notes to financial statements.

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

Notes to Financial Statements

As of December 31, 2025, and 2024 and For the Year Ended December 31, 2025

Note 1. Description of Plan

The following description of the Strata Pathology Services, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for more complete information of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Company who have one year of service (1,000 hours) and are 21 or older. The Plan's trustee/custodian for the periods presented was Renasant Retirement Plan Solutions. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees become eligible to make contributions on the first day of the calendar month coinciding with or next following the date that they attain age 21. Employees eligible if you are a member of any of the following classes of employees: per diem employees, students/interns, and residents of Puerto Rico, for purposes of all contributions under the Plan.

401(k) Contributions

Employees will become eligible to make contributions on the first day of the calendar month coincidence with or next following the date you attain age 21, provided that you are an eligible employee on that date.

Employer Contributions

Employees will become a participant with respect to employer contributions on the first day of the calendar month coincident with or next following the date you attain age 21 and you complete one year of eligibility provided that you are an eligible employee on that date. Eligible employees will receive equal to 50% of each participant's salary deferrals that do not exceed 2% of compensation for the plan year.

Eligibility Computation Period

This means a 12-consecutive month period beginning with your first day of employment. Any succeeding eligibility computation period will then switch to the plan year, beginning with the plan year that includes your first anniversary of employment.

Participant Contributions and Participant Receivables

Participants contribute to the Plan under a salary deferral agreement under which participants may contribute the maximum permissible amount under Section 402(g) of IRC not to exceed the limits of IRC Sections 401(k), 404 and 415. Additionally, the Plan had employee receivables of \$16,894 and \$12,219 for the years ended 2025 and 2024, respectively.

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

Notes to Financial Statements

As of December 31, 2025, and 2024 and For the Year Ended December 31, 2025

Note 1. Description of Plan (Continued)

Participants may contribute any whole percentage, up to 50% of their eligible compensation, subject to the limitation of the IRC and the plan provision. The minimum contribution that may be specified by a participant for any payroll period is 1% of eligible compensation.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants may also make catch-up contributions if they are aged 50 or older and have contributed the maximum before tax contributions, subject to certain limitations. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and annuity contract funds as investment options for participants. Employer match amounts may be contributed to the option of the Company and are invested in a portfolio of investments as directed by the Company. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contributions, and an allocation of Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant's subaccount is separated into several parts, including one representing the amount attributable to a participant's own contributions and another representing the amount attributable to the Company's contributions vested account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Fund allocation and contribution rates are determined by the participant and may be changed or discontinued at any time. In addition, a participant may make transfers between fund accounts daily.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's portion plus actual earnings of their accounts is immediate.

Use of Estimates and Assumptions

The financial statements are prepared in conformity with generally accepted accounting standards in the United States of America. These standards allow management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

Notes to Financial Statements

As of December 31, 2025, and 2024 and For the Year Ended December 31, 2025

Note 1. Description of Plan (Continued)

Notes Receivable from Participants (Participant Loans)

Participants may borrow from their respective accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000, or 50% of their vested adjusted account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes Fund. Loan terms range from 1-5 years. The loans are secured by the balance in the participant's account and bear interest at a fixed rate for the life of the loan. The interest rate is 1% over the prime rate published in the Wall Street Journal on the first business day of the month. The loan originates with interest rates ranging from 4.5% to 9.5%. Principal and interest are paid ratably through payroll deductions. If employment is terminated, any remaining payments are due immediately unless the participant is a party in interest. A party in interest may continue to repay the loan after termination of employment. If the loan is not repaid, the outstanding loan balance will be included in the participant's gross income for Federal income tax purposes as if it were distributed to them. If a participant dies with an outstanding loan balance, their death will cause the loan to be in default, and the outstanding loan balance will be regarded as if it were distributed to them.

Payments of Benefits and Withdrawals

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. If the value of the distribution exceeds \$5,000, the participant may elect to defer such lump-sum payment until April 1st of the calendar year following the year the participant age of the required distribution.

Administrative Expenses

The Company pays substantially all administrative expenses of the Plan. Administrative expenses, which relate to the servicing of participant loans and certain investment fees, are paid via a reduction of participant account balances.

Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA). In the event of a Plan termination, participants will become 100% vested in their accounts.

Note 2. Summary of Significant Account Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

Notes to Financial Statements

As of December 31, 2025, and 2024 and For the Year Ended December 31, 2025

Note 2. Summary of Significant Accounting Policies (Continued)

Notes Receivable from Participants

Notes receivable from participants are reported at the amortized principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. The balance on the notes receivable for the years ended December 31, 2025, and 2024 was \$49,658 and \$88,383, respectively.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Forfeitures

Under the plan, forfeitures of terminated participants nonvested accounts may be used to reduce the Company's contribution to the plan or pay plan expenses. The balance in the forfeiture account was zero at year end for 2025 and 2024.

Investment Valuation

The fair value of assets is determined using various methods, which are impacted by a number of factors, including the availability of observable market data over the contractual term of the underlying assets. For some of the Plan's assets, fair value is determined based on directly observable market data or data available for similar assets in similar markets. For other assets, the fair value may be determined based on these inputs as well as other assumptions related to estimates of these assets, such as the creditworthiness of the issuer. Changes in net unrealized appreciation or depreciation are captured in the carrying value of the underlying investments in the Statements of Net Assets Available for Benefits in accordance with U.S. GAAP guidance. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recognized when earned. Dividends are recorded on the ex-dividend date.

Plan investments in mutual funds are stated at fair value based upon quoted market prices. The valuation of investment contracts is measured at fair value and reconciled to contract value for fully benefit responsive investment contracts.

Investment contracts within a defined contribution plan are required to be reported at fair value. Contract value, however, is the relevant measurement as required by U.S. GAAP for fully benefit responsive investment contracts as the contract value is representative of the amount a Participant would receive upon initiation of permitted transactions in accordance with the terms of the contract.

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

Notes to Financial Statements

As of December 31, 2025, and 2024 and For the Year Ended December 31, 2025

Note 3. Information Certified by Trustee/Custodian (Unaudited)

At December 31, 2025, and 2024, the Plan's investments were held by Renasant Retirement Plan Solutions. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the trustee/custodian as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The trustee at December 31, 2025, and 2024, was the Chief Financial Officer, Scott Bakotic.

The Plan's financial information, as reported by the trustee/custodian, as of December 31, 2025, and 2024, and for the year ended December 31, 2025, is summarized as follows:

	2025	2024
Investments at fair value:		
Registered investment companies	\$ 10,398,176	\$ 8,961,276
Money market	103,466	123,709
Total investments	10,501,642	9,084,985
Notes receivable from participants	49,658	88,383
Employee contribution receivable	16,894	12,219
Total receivables	66,552	100,602
Total investment gain	1,403,361	1,077,463
Net appreciation in fair value of investments	883,481	693,519
Interest and dividend income	509,762	373,656
Interest on notes receivable from participants	\$ 10,118	\$ 10,288

Investments

The Plan's assets are held by the custodian under a certain group annuity contract with a Fixed Account Investment Fund, and a Variable Investment Fund option that has 33 investment options. Each participant files an election designating the proportion in which contributions made to the Plan are to be allocated between the Plan's available funds. Participants may change their election options and transfers are permitted between funds.

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

Notes to Financial Statements

As of December 31, 2025, and 2024 and For the Year Ended December 31, 2025

Note 4. Fair Value Measurements

The Plan has adopted FASB ASC Topic 820 which defines fair value as the price that would be received from the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 requires disclosure of the extent to which fair value is used to measure financial and non-financial assets and liabilities, the inputs utilized in calculating valuation measurements, and the effect of the measurement of significant unobservable inputs on earnings, or changes in net assets, as of the measurement date. ASC Topic 820 establishes a three-level valuation hierarchy based upon the transparency of inputs utilized in the measurement and valuation of financial assets or liabilities as of the measurement date:

Level 1: Unadjusted, quoted prices for identical assets or liabilities in active markets.

Level 2: Quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, and inputs other than quoted market prices that are observable or that can be corroborated by observable market data by correlation.

Level 3: Unobservable inputs based upon the reporting entity's internally developed assumptions that market participants would use in pricing the asset or liability.

The Plan's evaluations of its financial assets and liabilities that met the criteria of the disclosure requirements and that fall within the fair value framework of ASC Topic 820 are discussed below.

Investments measured at fair value and appearing on the statement of net assets available for benefits consisted of the following types of instruments as of December 31 (Level 1, 2, and 3 inputs are defined above):

		2025			
		Level 1	Level 2	Level 3	Total
Mutual funds	\$	10,398,176	\$ -	\$ -	\$ 10,398,176
Money market		103,466	-	-	103,466
Total investments at fair value	\$	10,501,642	\$ -	\$ -	\$ 10,501,642
		2024			
		Level 1	Level 2	Level 3	Total
Mutual funds	\$	8,961,276	\$ -	\$ -	\$ 8,961,276
Money market		123,709	-	-	123,709
Total investments at fair value	\$	9,084,985	\$ -	\$ -	\$ 9,084,985

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

Notes to Financial Statements

As of December 31, 2025, and 2024 and For the Year Ended December 31, 2025

Note 4. Fair Value Measurements (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to 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 at December 31, 2025, and 2024.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trust: Valued based on the NAV of units of the common/collective trust. The NAV, as provided by the trustee, is used as the practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Note 5. Income Tax Status

The Plan is a tax-exempt defined contribution plan covering employees of Strata Pathology Services, Inc. (the Company). The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that the prototype plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Therefore, no provision for income taxes has been included in the financial statements. Management has evaluated the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan is subject to ERISA as amended. Participants should refer to the Summary Plan Description previously provided to them for a description of vesting and benefits options.

Note 6. Risk and Uncertainties

The Plan's investments, in general, are subject to various risks, such as interest rate, credit, and overall market volatility risk. Additionally, the value, liquidity, and related income of the investments are sensitive to changes in economic conditions and may be affected by shifts in the market's perception of issuers and changes in interest rates. Due to the level of risk associated with the investments and the level of uncertainty related to changes in the value of the investments, it is a least reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

Notes to Financial Statements

As of December 31, 2025, and 2024 and For the Year Ended December 31, 2025

Note 7. Transactions with Parties in Interest

The Company provides to the Plan certain accounting and administrative services for which no fees are charged. The employees that provide these services also are contributing participants to the Plan. These transactions qualify as party-in-interest transactions.

Renasant Bank manages certain plan investments. Renasant Bank, who is the trustee and recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions. The amount for the party in interest transactions were \$63,166 and \$56,741 paid to Renasant Bank and \$1,950 and \$2,400 was paid to EPIC Retirement Plan services for the years ended December 31, 2025, and 2024, respectively. All administrative expenses for the year ended December 31, 2025 and 2024 represent party-in-interest transactions.

Notes receivable from participants are also considered party-in-interest transactions. However, under the provisions of ERISA, these transactions meet the criteria for exemption, are not considered prohibited transactions and do not need to be reported in the supplementary schedule of Form 5500.

Note 8. Differences Between Financial Statements and Form 5500

Reconciliation of Net Assets Available for Benefits

Net assets available for benefits per the financial statements	\$ 10,568,194
Less: Employee contributions receivable not recorded on Form 5500	(16,894)
<i>Net assets available for benefits per the Form 5500</i>	<u>\$ 10,551,300</u>

Reconciliation of Employee Contributions

Employee contributions per the financial statements	\$ 982,266
Less: Employee contributions receivable at December 31, 2025	(16,894)
<i>Employee contributions per the Form 5500</i>	<u>\$ 965,372</u>

Employee contributions receivable represent participant salary deferrals earned on or before December 31st, 2025, but not yet remitted to the plan. As of that date these amounts are recognized in the financial statements on the accrual basis of accounting in accordance with U.S. GAAP. The Form 5500 reflects contributions on the cash basis. Accordingly, employee contributions receivable at year end are not included in the Form 5500 but are reflected in the financial statements.

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

Notes to Financial Statements

As of December 31, 2025, and 2024 and For the Year Ended December 31, 2025

Note 9. Subsequent Events

Subsequent events were evaluated through June 19, 2026, the date the financial statements were available to be issued. On December 20, 2025, Strata Pathology Services, Inc. (the Company) entered into a Purchase and Sale Agreement (the Agreement) with Bako Pathology L.P., Bako Pathology Holdings Corp., BPA Holding Corp., Dermatopathology Experts, LLC, Fulgent Therapeutics, LLC, and Inform Diagnostics, Inc. (collectively, the Buyer). In connection with the Agreement and contingent upon the closing of the transaction, the Board of Directors of the Company adopted resolutions on March 7, 2026 to terminate the Strata Pathology Services, Inc. 401(k) Plan (the Plan) effective March 17, 2026 (the Termination Date).

Upon termination, all participant accounts became 100% vested and nonforfeitable in accordance with the terms of the Plan document and ERISA. Effective as of the closing date, Buyer or its delegate was appointed as the named fiduciary for administration and investment purposes and as the Plan Administrator within the meaning of ERISA Section 3(16). No new participants, contributions, or loans are permitted on or after the Termination Date, except for contributions based on eligible compensation earned on or before the Termination Date, outstanding loan repayments, and any corrective contributions.

The Plan is in the process of winding down. All plan assets will be distributed to participants and beneficiaries in a reasonably prompt manner in accordance with ERISA and the Internal Revenue Code. The Buyer may, but is not required to, submit the Plan to the Internal Revenue Service for a favorable determination letter confirming the qualified status of the Plan upon termination. A final Form 5500 will be filed for the short plan year ending March 17, 2026.

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

EIN 20-2879668 – Plan #001

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

As of December 31, 2025

SUPPLEMENTAL SCHEDULE REQUIRED BY THE DEPARTMENT OF LABOR

(a)	(b)	(c)	(d)	(e)
	Description of Investment, including Maturity Date, Rate of Interest, Collateral,			
Identity of Issue, Borrower, Lessor or Similar Party	Par or Maturity Value	Current Value	Cost	Number of Units
BAIRD CORE PLUS BOND FUND	Shares	\$ 202,941	**	103,466
FEDERATED HERMES MDT LG CAP GROWTH	Shares	12,783	**	302
JPMORGAN GLOBAL BOND OPPTYS R6	Shares	145,985	**	14,716
COHEN & STEERS REAL ESTATE SEC	Shares	94,177	**	5,422
FEDERATED INTRNTL SMALL-MID CO	Shares	18,329	**	370
BUFFALO INTERNATIONAL	Shares	140,467	**	5,877
AMERICAN CENT SML-CAP GROWTH R6	Shares	11,391	**	483
VALUE LINE MID CAP FOCUSED	Shares	257,069	**	7,508
PUTNAM LARGE CAP VALUE	Shares	480,614	**	12,239
DODGE & COX STOCK	Shares	10,370	**	625
MFS MID CAP VALUE FUND	Shares	138,252	**	4,424
BRANDYWINEGLOBAL HIGH YIELD	Shares	2,452	**	242
JP MORGAN GROWTH ADVNTG SELECT	Shares	873,007	**	19,601
VANGUARD TTL STOCK MKT IDX ADM	Shares	407,898	**	2,499
VANGUARD MID-CAP INDEX ADM SHS	Shares	3,477	**	10
VANGUARD SMALL CAP IDX ADM SHS	Shares	3,605	**	29
JPMORGAN UNDISCOVERED MANAGERS	Shares	186,696	**	2,379
VANGUARD TOTAL INTL STOCK IDX	Shares	121,021	**	2,986
VANGUARD DEVELOPED MKT IDX ADM	Shares	29,085	**	1,449
FIRST EAGLE GLOBAL	Shares	228,274	**	2,817
MATTHEWS EMERG MKTS SM COMP	Shares	170,803	**	6,633
VANGUARD LARGE CAP IDX ADM SHS	Shares	471,593	**	2,967
T. ROWE PRICE RET I 2030	Shares	1,254,695	**	45,280
T. ROWE PRICE RET I 2025	Shares	343,864	**	19,504
T. ROWE PRICE RET I 2020	Shares	535,543	**	27,185
T. ROWE PRICE RET I 2010	Shares	71,645	**	4,483
T. ROWE PRICE RET I 2035	Shares	1,649,299	**	70,604
T. ROWE PRICE RET I 2050	Shares	1,053,137	**	48,689
T. ROWE PRICE RET I 2045	Shares	630,849	**	24,827
T. ROWE PRICE RET I 2040	Shares	734,225	**	21,356
T. ROWE PRICE RET I 2055	Shares	58,863	**	2,587
T. ROWE PRICE RET I 2065	Shares	30,846	**	2,087
T. ROWE PRICE RET I 2060	Shares	24,923	**	1,312
		<u>10,398,176</u>		
Federated Government Obligations Premier	Money market	103,466		
Notes receivable from participants	Loans	<u>49,658</u>		
Notes receivable are at various interest rates ranging from 4.25% to 9.5%				
Total		<u>\$ 10,551,300</u>		

** Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.

STRATA PATHOLOGY SERVICES, INC. 401(K) PLAN

EIN 20-2879668 – Plan #001

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

As of December 31, 2025

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	Description of Investment, including Maturity Date, Rate of Interest, Collateral,			
Identity of Issue, Borrower, Lessor or Similar Party	Par or Maturity Value	Current Value	Cost	Number of Units
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