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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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
INCYTE DIAGNOSTICS RETIREMENT PLAN

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

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	Filed with authorized/valid electronic signature.	10/13/2026	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	635
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)**	451
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	114
b	Retired or separated participants receiving benefits	**6b**	22
c	Other retired or separated participants entitled to future benefits	**6c**	419
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	555
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	555
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	606
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	554
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 Characteristic Codes in the instructions:

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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
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)

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)

HIGHTOWER ADVISORS, LLC

200 W MADISON STREET
FLOOR 25
CHICAGO, IL 60606

(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 28 51	INVESTMENT ADVISOR	47151	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RANDALL & HURLEY, INC

91-1661080

(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 17 30 37 38 60 64	NONE	33800	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CHURCHILL MANAGEMENT GROUP

5900 WILSHIRE BLVD
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 28 51	INVESTMENT ADVISOR	14465	Yes [ ] No [X]	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 28 51	INVESTMENT ADVISOR	12990	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB TRUST BANK

82-3967259

(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?
18 50 59	CUSTODIAN	12598	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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

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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

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
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	1010077	161311
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	19584	12975
(2) Participant contributions	1b(2)	53665	2391
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	905830	355738
(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)	1692231	2869177
(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)	431582	448998
(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)	55548440	56650660
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	2780

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	59661409	60504030
Liabilities			
1g Benefit claims payable	1g	1003740	62470
1h Operating payables	1h	2330	5234
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	3044	35174
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1009114	102878
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	58652295	60401152

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)	1190239	
(B) Participants	2a(1)(B)	2291317	
(C) Others (including rollovers)	2a(1)(C)	66372	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3547928
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)	36767	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		36767
(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)	2396863	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2396863
(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)		6087169
c Other income	2c		3875
d Total income. Add all **income** amounts in column (b) and enter total	2d		12072602
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10181277	
(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)		10181277
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)	15511	
(3) Recordkeeping fees	2i(3)	18380	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	95997	
(6) Bank or trust company trustee/custodial fees	2i(6)	12580	
(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)		142468
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10323745
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1748857
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SCHOEDEL & SCHOEDEL CPAS PLLC **(2)** EIN: 91-0614823

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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
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): 82-3967259 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**

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 Q703945A .

INCYTE DIAGNOSTICS RETIREMENT PLAN

Spokane, Washington

FINANCIAL STATEMENTS WITH INDEPENDENT AUDITOR'S REPORT

December 31, 2025 and 2024

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

AUDITED FINANCIAL STATEMENTS
December 31, 2025 and 2024

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SCHOEDEL & SCHOEDEL
CERTIFIED PUBLIC ACCOUNTANTS, PLLC

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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, 2025, and 2024, 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 qualified institutions as of December 31, 2025, and 2024, and for the years then ended, 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).

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, which 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.
- 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, which 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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedules of Assets (Held at End of Year) and Reportable Transactions as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its 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 schedules 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 CPAs PLLC

Spokane, Washington
October 5, 2026

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2025 and 2024

	2025			
	Pooled Accounts	Independently Directed Accounts	Loan Fund	Total
ASSETS:				
Investments, at fair value	$ 48,129,929	$ 11,906,958	$ -	$ 60,036,887
Employer contributions receivable	7,053	5,916	-	12,969
Employee contributions receivable	2,391	-	-	2,391
Participant notes receivable	-	-	448,998	448,998
Forfeitures and unallocated assets	2,900	-	-	2,900
Total assets	48,142,273	11,912,874	448,998	60,504,145
LIABILITIES:				
Other benefits payable	97,759	-	-	97,759
Operating payables	5,234	-	-	5,234
Total liabilities	102,993	-	-	102,993
NET ASSETS AVAILABLE FOR BENEFITS	$ 48,039,280	$ 11,912,874	$ 448,998	$ 60,401,152

	2024			
	Pooled Accounts	Independently Directed Accounts	Loan Fund	Total
ASSETS:				
Investments, at fair value	$ 48,088,590	$ 11,067,310	$ -	$ 59,155,900
Employer contributions receivable	18,127	3,437	-	21,564
Employee contributions receivable	47,284	5,080	-	52,364
Participant notes receivable	-	-	431,581	431,581
Total assets	48,154,001	11,075,827	431,581	59,661,409
LIABILITIES:				
Other benefits payable	1,003,740	-	-	1,003,740
Operating payables	5,374	-	-	5,374
Total liabilities	1,009,114	-	-	1,009,114
NET ASSETS AVAILABLE FOR BENEFITS	$ 47,144,887	$ 11,075,827	$ 431,581	$ 58,652,295

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, 2025

	Pooled Accounts	Independently Directed Accounts	Loan Fund	Total
ADDITIONS TO NET ASSETS ATTRIBUTED TO:				
Employer contributions	$ 1,100,316	$ 90,350	$ -	$ 1,190,666
Employee contributions	2,085,095	206,224	-	2,291,319
Participant transfers and rollover contributions	66,372	-	-	66,372
Appreciation (depreciation) in fair value of investments, net	5,091,419	1,178,039	-	6,269,458
Other net investment income	1,725,746	492,273	-	2,218,019
Interest income from participant notes receivable	-	-	36,768	36,768
Transfers and exchanges, net	48,659	(46,550)	(2,109)	-
Total additions	10,117,607	1,920,336	34,659	12,072,602
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:				
Distributions to or for participants	9,129,493	1,034,352	17,242	10,181,087
Investment and trust fees	93,721	48,937	-	142,658
Total deductions	9,223,214	1,083,289	17,242	10,323,745
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	894,393	837,047	17,417	1,748,857
NET ASSETS AVAILABLE FOR BENEFITS:				
As of December 31, 2024	47,144,887	11,075,827	431,581	58,652,295
As of December 31, 2025	$ 48,039,280	$ 11,912,874	$ 448,998	$ 60,401,152

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, 2024

	Pooled Accounts	Independently Directed Accounts	Loan Fund	Total
ADDITIONS TO NET ASSETS ATTRIBUTED TO:				
Employer contributions	$ 1,105,496	$ 88,136	$ -	$ 1,193,632
Employee contributions	2,040,079	201,880	-	2,241,959
Participant transfers and rollover contributions	582,586	-	-	582,586
Appreciation (depreciation) in fair value of investments, net	4,495,664	2,562,932	-	7,058,596
Other net investment income	1,500,697	386,462	-	1,887,159
Interest income from participant notes receivable	-	-	30,100	30,100
Transfers and exchanges, net	(79,165)	5,717	73,448	-
Total additions	9,645,357	3,245,127	103,548	12,994,032
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:				
Distributions to or for participants	4,611,779	8,638,834	-	13,250,613
Investment and trust fees	86,642	47,273	-	133,915
Total deductions	4,698,421	8,686,107	-	13,384,528
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	4,946,936	(5,440,980)	103,548	(390,496)
NET ASSETS AVAILABLE FOR BENEFITS:				
As of December 31, 2023	42,197,951	16,516,807	328,033	59,042,791
As of December 31, 2024	$ 47,144,887	$ 11,075,827	$ 431,581	$ 58,652,295

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

INCYTE DIAGNOSTICS RETIREMENT PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

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.

Eligibility - All employees of Incyte Pathology, Inc. who have completed at least 1,000 hours of service within one year and are age eighteen or older are eligible to participate in the Plan.

Contributions - The Plan includes a deferred compensation arrangement (commonly referred to as a 401(k) arrangement) under which eligible employees may elect to contribute a portion of their compensation to the Plan. The deferred compensation arrangement has an automatic enrollment feature. Under the automatic enrollment feature, an employee is automatically enrolled at 3% of compensation unless the employee elects a different deferral contribution. If an employee does not change 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. Employees can opt out of the deferred compensation arrangement at any time. Plan participants may also make rollover contributions from other qualified plans.

In addition, eligible employees receive a non-elective employer contribution, regardless of whether the employee is actively making deferred compensation contributions to the Plan. The non-elective employer contribution is 4% of qualified compensation. Incyte Pathology, Inc. may also make additional discretionary non-elective contributions.

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.

Vesting - Participants are 100% vested in plan contributions and 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.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued):

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 has contracted with Randal & Hurley, Inc. to provide third-party administrator services and Charles Schwab Trust Bank to custodian plan assets. The Plan trustee is responsible for the safekeeping of the Plan investments and 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 is 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.

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

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

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, 2025 and 2024, 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.

Employee Contributions Recognition and Employee Contributions Receivable - Employee 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, 2025 and 2024, 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.

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

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

Net Asset Restrictions - All net assets are restricted to providing 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, 2025 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, 2025, deposits in excess of FDIC limits and investments in money market accounts not insured by the FDIC totaled $804,369.

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 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, 2025, the investments of the Plan are summarized as follows:

	Cost	Fair Value
Independently directed participant accounts:		
Interest bearing cash	$ **	$ 989,973
Corporate equities	**	2,515,720
Mutual and exchange traded funds	**	8,401,265
Pooled participant directed accounts:		
Interest bearing cash	**	283,756
Mutual funds (participant directed accounts)	**	47,846,173
		$ 60,036,887

** Cost basis not maintained at the Plan level

As of December 31, 2024, the investments of the Plan are summarized as follows:

	Cost	Fair Value
Independently directed participant accounts:		
Interest bearing cash	$ **	$ 905,831
Corporate equities	**	1,235,248
Mutual and exchange traded funds	**	8,640,128
Annuity	**	286,103
Pooled participant directed accounts:		
Interest bearing cash	**	1,447,215
Mutual funds (participant directed accounts)	**	46,641,375
		$ 59,155,900

** 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 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.

Various inputs may be used to determine the value of the Plan's investments. These inputs are summarized in three broad levels for financial statement purposes. The three-level hierarchy is used to maximize the use of observable market data and minimize the use of unobservable inputs

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

and to establish classification of fair value measurements for disclosure purposes. The valuation inputs or methodologies used to value investments are not necessarily an indication of the risk or liquidity associated with investing in those investments.

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

Level 1: Unadjusted quoted market prices in active markets, for identical investments;

Level 2: Other significant observable market inputs (including quoted prices for similar investments, interest rates, credit risks, etc.); and

Level 3: Significant unobservable inputs (including the Plan's own estimates and assumptions in determining the fair value of investments).

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.

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

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

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 fund.

As of December 31, 2025, 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	$ 1,273,729	$ -	$ -	$ 1,273,729
Corporate equities	2,515,720	-	-	2,515,720
Mutual and exchange traded funds	56,247,438	-	-	56,247,438
	$ 60,036,887	$ -	$ -	$ 60,036,887

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

As of December 31, 2024, 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	$ 2,353,046	$ -	$ -	$ 2,353,046
Corporate equities	1,235,248	-	-	1,235,248
Annuity	-	286,103	-	286,103
Mutual and exchange traded funds	55,281,503	-	-	55,281,503
	$ 58,869,797	$ 286,103	$ -	$ 59,155,900

During the years ended December 31, 2025 and 2024, there were no transfers between levels within the fair value hierarchy.

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

During the years ended December 31, 2025 and 2024, the Plan's investments (including gains and losses on investments sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2025	2024
Pooled participant directed accounts:		
Net realized gains (losses)	$ 1,691,469	$ 500,973
Net unrealized gains (losses)	3,399,950	3,994,691
	$ 5,091,419	$ 4,495,664
Independently directed participant accounts:		
Net realized gains (losses)	$ 27,702	$ 1,574,659
Net unrealized gains (losses)	1,150,337	988,273
	$ 1,178,039	$ 2,562,932

NOTE 8 - OTHER NET INVESTMENT INCOME:

For the years ended December 31, 2025 and 2024, other net investment income consisted of the following:

	2025	2024
Pooled participant directed accounts:		
Interest bearing cash earnings	$ 3,436	$ 8,581
Mutual fund earnings	1,722,310	1,492,116
	$ 1,725,746	$ 1,500,697
Independently directed participant accounts:		
Interest bearing cash earnings	$ 31,011	$ 8,168
Corporate equities dividends	5,076	4,640
Mutual fund earnings	456,186	373,654
	$ 492,273	$ 386,462

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

Charles Schwab Trust Bank is the custodian of the pooled accounts. As such, the custodian holds such assets of the Plan and executes investment transactions. The custodian has provided information to the trustees regarding Plan assets held as of December 31, 2025 and 2024, and the investment activity of the related assets for the years ended December 31, 2025 and 2024. 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. As of December 31, 2025 and 2024, the total value of the investments held by Charles Schwab Trust Bank that are certified under ERISA Section 103(a)(3)(C) is $48,129,929 and $48,088,590, respectively.

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:

The trustees have evaluated events from December 31, 2025 through October 5, 2026, (the date the financial statements were available to be issued) and have identified no 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, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Pooled Accounts:			
	Cash and Cash Equivalents :			
*	Schwab Bank Savings		**	$ 283,757
	Mutual and Exchange Traded Funds:			
*	T. Rowe Price Target Date Retirement Fund - 2020	269,741.7810 shares	**	5,313,913
*	T. Rowe Price Target Date Retirement Fund - 2025	124,354.6390 shares	**	2,192,372
*	T. Rowe Price Target Date Retirement Fund - 2030	135,225.7970 shares	**	3,747,107
*	T. Rowe Price Target Date Retirement Fund - 2035	130,855.4300 shares	**	3,056,783
*	T. Rowe Price Target Date Retirement Fund - 2040	133,970.4480 shares	**	4,605,904
*	T. Rowe Price Target Date Retirement Fund - 2045	88,785.2870 shares	**	2,256,034
*	T. Rowe Price Target Date Retirement Fund - 2050	69,982.7270 shares	**	1,513,726
*	T. Rowe Price Target Date Retirement Fund - 2055	61,174.3970 shares	**	1,391,718
*	T. Rowe Price Target Date Retirement Fund - 2060	36,399.3920 shares	**	691,588
*	Vanguard 500 Index Fund, Admiral Shares	17,542.7890 shares	**	11,084,236
*	Vanguard Core Bond, Admiral Shares	4,187.2320 shares	**	76,082
*	Vanguard Emerging Markets Stock Index Fund, Admiral Shares	6,960.4500 shares	**	310,506
*	Vanguard Energy Fund, Admiral Shares	2,457.9720 shares	**	228,862
*	Vanguard Hi-Yield Corporate Bond Fund, Admiral Shares	80,995.8980 shares	**	451,147
*	Vanguard International Explorer Fund, Investor Shares	43,692.5590 shares	**	878,657
*	Vanguard Mid Cap Index Fund, Admiral Shares	7,545.0870 shares	**	2,711,402
*	Vanguard Real Estate Index Fund, Admiral Shares	1,824.7060 shares	**	228,800
*	Vanguard Short Term Bond Index Fund, Admiral Shares	9,543.6210 shares	**	98,681
*	Vanguard Small Cap Index Fund, Admiral Shares	20,729.5410 shares	**	2,561,757
*	Vanguard Total International Bond Index Fund, Admiral Shares	3,018.4430 shares	**	58,437
*	Vanguard Total International Stock Index Fund, Admiral Shares	18,322.3330 shares	**	742,604
*	Vanguard Total Stock Market Index Fund, Admiral Shares	7,038.8230 shares	**	1,148,736
*	Columbia High Yield Bond Institutional, Class 2 Shares	859.3670 shares	**	9,599
*	DoubleLine Total Return Bond Fund, Class I Shares	169,860.4000 shares	**	1,515,155
*	Fidelity Advisor Mid Cap Value Fund, Class I Shares	726.2870 shares	**	22,450
*	Hartford Equity Income, Class R6 Shares	2,002.9620 shares	**	41,281
*	Hartford Growth Opportunity Fund, Class R5 Shares	10,293.6410 shares	**	808,051
*	Hartford World Bond Fund, Class I Shares	1,748.1280 shares	**	17,411
*	Janus Henderson Global Equity Income Fund, Class I Shares	5,439.4210 shares	**	39,817
*	Principal Diversified Income Institutional	3,677.3860 shares	**	43,356
	Total Mutual Funds			47,846,172
	Total Pooled Accounts			48,129,929
	Participant Directed Accounts:		**	11,906,958
*	**Participant Notes Receivable**	4.25% - 8.50%, Due thru 8/6/2035	-	448,998
				$ 60,485,885

* Known party-in-interest
** The cost of participant directed investments is not maintained by the Plan

Docusign Envelope ID: 14F48DC7-A305-813A-805A-33169B591A4F

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

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
InCyte Diagnostics Retirement Plan

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

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	Signed by: BC4D2ED799DB4DF...	10/13/2026	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Docusign Envelope ID: 14F48DC7-A305-813A-805A-33169B591A4F

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	635
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)**	451
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	114
b	Retired or separated participants receiving benefits	**6b**	22
c	Other retired or separated participants entitled to future benefits	**6c**	419
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	555
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	555
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	606
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	554
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 Characteristic Codes in the instructions:

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

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) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached _____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] **A** (Insurance Information) – Number Attached _____
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

Docusign Envelope ID: 14F48DC7-A305-813A-805A-33169B591A4F

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_____

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, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Pooled Accounts:			
	Cash and Cash Equivalents :			
*	Schwab Bank Savings		**	$ 283,757
	Mutual and Exchange Traded Funds:			
*	T. Rowe Price Target Date Retirement Fund - 2020	269,741.7810 shares	**	5,313,913
*	T. Rowe Price Target Date Retirement Fund - 2025	124,354.6390 shares	**	2,192,372
*	T. Rowe Price Target Date Retirement Fund - 2030	135,225.7970 shares	**	3,747,107
*	T. Rowe Price Target Date Retirement Fund - 2035	130,855.4300 shares	**	3,056,783
*	T. Rowe Price Target Date Retirement Fund - 2040	133,970.4480 shares	**	4,605,904
*	T. Rowe Price Target Date Retirement Fund - 2045	88,785.2870 shares	**	2,256,034
*	T. Rowe Price Target Date Retirement Fund - 2050	69,982.7270 shares	**	1,513,726
*	T. Rowe Price Target Date Retirement Fund - 2055	61,174.3970 shares	**	1,391,718
*	T. Rowe Price Target Date Retirement Fund - 2060	36,399.3920 shares	**	691,588
*	Vanguard 500 Index Fund, Admiral Shares	17,542.7890 shares	**	11,084,236
*	Vanguard Core Bond, Admiral Shares	4,187.2320 shares	**	76,082
*	Vanguard Emerging Markets Stock Index Fund, Admiral Shares	6,960.4500 shares	**	310,506
*	Vanguard Energy Fund, Admiral Shares	2,457.9720 shares	**	228,862
*	Vanguard Hi-Yield Corporate Bond Fund, Admiral Shares	80,995.8980 shares	**	451,147
*	Vanguard International Explorer Fund, Investor Shares	43,692.5590 shares	**	878,657
*	Vanguard Mid Cap Index Fund, Admiral Shares	7,545.0870 shares	**	2,711,402
*	Vanguard Real Estate Index Fund, Admiral Shares	1,824.7060 shares	**	228,800
*	Vanguard Short Term Bond Index Fund, Admiral Shares	9,543.6210 shares	**	98,681
*	Vanguard Small Cap Index Fund, Admiral Shares	20,729.5410 shares	**	2,561,757
*	Vanguard Total International Bond Index Fund, Admiral Shares	3,018.4430 shares	**	58,437
*	Vanguard Total International Stock Index Fund, Admiral Shares	18,322.3330 shares	**	742,604
*	Vanguard Total Stock Market Index Fund, Admiral Shares	7,038.8230 shares	**	1,148,736
*	Columbia High Yield Bond Institutional, Class 2 Shares	859.3670 shares	**	9,599
*	DoubleLine Total Return Bond Fund, Class I Shares	169,860.4000 shares	**	1,515,155
*	Fidelity Advisor Mid Cap Value Fund, Class I Shares	726.2870 shares	**	22,450
*	Hartford Equity Income, Class R6 Shares	2,002.9620 shares	**	41,281
*	Hartford Growth Opportunity Fund, Class R5 Shares	10,293.6410 shares	**	808,051
*	Hartford World Bond Fund, Class I Shares	1,748.1280 shares	**	17,411
*	Janus Henderson Global Equity Income Fund, Class I Shares	5,439.4210 shares	**	39,817
*	Principal Diversified Income Institutional	3,677.3860 shares	**	43,356
	Total Mutual Funds			47,846,172
	Total Pooled Accounts			48,129,929
	Participant Directed Accounts:		**	11,906,958
*	**Participant Notes Receivable**	4.25% - 8.50%, Due thru 8/6/2035	-	448,998
				$ 60,485,885

* Known party-in-interest
** The cost of participant directed investments is not maintained by the Plan