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 6047(e), 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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1989

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

PATHOLOGY ASSOCIATES OF SAN ANTONIO

9600 DATAPOINT
SAN ANTONIO, TX 78229

2b Employer Identification Number (EIN) 74-2593607

2c Sponsor's telephone number 210-892-3701

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.	10/15/2013	MAURO GUERRA
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

PATHOLOGY ASSOCIATES OF SAN ANTONIO

9600 DATAPOINT
SAN ANTONIO, TX 78229

3b Administrator's EIN: 74-2593607

3c Administrator's telephone number: 210-892-3701

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	134
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	139
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	12
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	151
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	151
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	114
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2J 2K 2F 2G 3D 3B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	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)	X	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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PATHOLOGY ASSOCIATES OF SAN ANTONIO

D Employer Identification Number (EIN)
74-2593607

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	85509	876421	114	01/01/2012	12/31/2012

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
25622	0

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

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

SBHU LIFE AGENCY INC.
SUITE 300
700 RED BROOK BLVD
OWINGS MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21318	0	N/A	3

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

MORGAN STANLEY SMITH BARNEY
THAMES STREET WARF 6TH FLOOR
1300 THAMES ST.
BALTIMORE, MD 21231

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4304			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	639403
5	Current value of plan's interest under this contract in separate accounts at year end	5	10433319

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	527463
c	Additions: (1) Contributions deposited during the year	7c(1)	265394		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	12685		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	12314		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	290393
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	817856
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	26524		
	(2) Administration charge made by carrier	7e(2)	444		
	(3) Transferred to separate account	7e(3)	136303		
	(4) Other (specify below)	7e(4)	15182		
	▶ LOAN DISBURSEMENTS				
	(5) Total deductions			7e(5)	178453
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	639403

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 PATHOLOGY ASSOCIATES OF SAN ANTONIO	**D** Employer Identification Number (EIN) 74-2593607

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)

BLACKROCK FUNDS

04-6171663

(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?
28 52 63	INVESTMENT PRODUCT PROVI	0	Yes [X] No [ ]	Yes [ ] No [X]	33366	Yes [ ] No [X]

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

ING MUTUAL FUNDS

95-4516049

(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?
28 52 63	INVESTMENT PRODUCT PROVI	0	Yes [X] No [ ]	Yes [ ] No [X]	26561	Yes [ ] No [X]

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

AMERICAN FUNDS

95-1411037

(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?
28 52 63	INVESTMENT PRODUCT PROVI	0	Yes [X] No [ ]	Yes [ ] No [X]	25289	Yes [ ] No [X]

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)

ING LIFE INSURANCE AND ANNUITY

71-0294708

(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 60 65	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	21275	Yes [ ] No [X]

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

OPPENHEIMER FUNDS

13-2527171

(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?
28 52 63	INVESTMENT PRODUCT PROVI	0	Yes [X] No [ ]	Yes [ ] No [X]	8267	Yes [ ] No [X]

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

JANUS FUNDS

43-1804048

(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?
28 52 63	INVESTMENT PRODUCT PROV	0	Yes [X] No [ ]	Yes [ ] No [X]	6165	Yes [ ] No [X]

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)

ING FINANCIAL ADVISORS

06-1375177

(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?
63	BROKER/DEALER	0	Yes [X] No [ ]	Yes [ ] No [X]	5255	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PATHOLOGY ASSOCIATES OF SAN ANTONIO

D Employer Identification Number (EIN)
74-2593607

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MAP CONTRACT

b Name of sponsor of entity listed in (a): ING

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	12367562

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PATHOLOGY ASSOCIATES OF SAN ANTONIO

D Employer Identification Number (EIN)
74-2593607

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	111480	90205
(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)	787818	935101
(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)	269074	260305
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	8731190	10433319
(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)	415528	908909
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	527463	639403
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10842553	13267242
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10842553	13267242

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)	1107261	
	(B) Participants	2a(1)(B)	297280	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1404541
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	64194	
	(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)	11103	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		75297
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		1410981
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2890819
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	463984	
(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)		463984
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2146	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2146
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		466130
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2424689
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) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: BROWN, GRAHAM & COMPANY, P.C. **(2)** EIN: 75-1386677

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

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

Part IV Compliance Questions

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

During the plan year:

		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		109523
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	

			Yes	No	Amount
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?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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 section 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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PATHOLOGY ASSOCIATES OF SAN ANTONIO

D Employer Identification Number (EIN)
74-2593607

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): 71-0294708

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 of 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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a	The current year	**14a**	
b	The plan year immediately preceding the current plan year	**14b**	
c	The second preceding plan year	**14c**	

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

a	The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b	The corresponding number for the second preceding plan year	**15b**	

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

a	Enter the number of employers who withdrew during the preceding plan year	**16a**	
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(k) PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT WITH SUPPLEMENTAL INFORMATION

YEAR ENDED DECEMBER 31, 2012

PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN

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BROWN, GRAHAM & COMPANY
PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS

P.O. Box 872 • Georgetown, Texas 78627-0872 • 512-930-4090

INDEPENDENT AUDITOR'S REPORT

To the Retirement Plan Committee of
Pathology Associates of San Antonio 401(k) Plan
San Antonio, Texas

We were engaged to audit the accompanying financial statements of Pathology Associates of San Antonio 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by ING Life Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2012 and for the year then ended, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule H, line 4a - Schedule of Delinquent Participant Contributions, Schedule H, line 4i - Schedule of Assets (Held at End of Year) and Schedule H, line 4j - Schedule of Reportable Transactions, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

The accompanying statement of net assets available for benefits of the Plan as of December 31, 2011, was not audited, reviewed, or compiled by us and, accordingly, we do not express an opinion or any other form of assurance on them.

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

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

Brown, Graham + Company, P.C.

Georgetown, Texas
October 15, 2013

PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS		
Investments at fair value (Notes 6 and 7):		
Cash and cash equivalents	$ 21,470	$ 90,450
Common stock	935,101	787,818
Money market	68,735	21,030
Mutual funds	908,909	415,528
Pooled separate accounts (Note 5)	10,433,319	8,731,190
General account (Notes 5 and 8)	652,388	527,463
Net assets reflecting all investment at fair value	13,019,922	10,573,479
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(12,985)	-
Receivables:		
Employer's contributions	83,073	-
Notes receivable from participants	260,305	269,074
Total receivables	343,378	269,074
Net assets available for benefits	$ 13,350,315	$ 10,842,553

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

PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2012

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments (Note 6)	$	1,410,981
Investment interest income (Note 6)		64,194
Total investment income		1,475,175
Contributions:		
Participants' contributions		297,280
Employers' contributions		1,190,334
Total contributions		1,487,614
Interest on notes receivable from participants		11,103
Total additions		2,973,892
Deductions from net assets attributed to:		
Benefits paid to participants		463,984
Administrative expenses		2,146
Total deductions		466,130
Net increase in net assets available for benefits		2,507,762
Net assets available for benefits:		
Beginning of year		10,842,553
End of year	$	13,350,315

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

PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2012

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Pathology Associates of San Antonio 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a complete description of all Plan provisions.

General:
The Plan is a defined contribution savings plan covering substantially all employees of Pathology Associates of San Antonio and Pathology Reference Laboratory (collectively, the Sponsor) who are 18 years of age or older and have one year of service with the Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Finance Committee of the Board of Directors is responsible for oversight of the Plan. The Finance Committee determines the appropriateness of the Plan's investment offerings, monitor investment performance and reports to the Sponsor's Board of directors.

Contributions:
Each year, participants may contribute up to 100% of their pretax annual compensation, as defined in the Plan document, subject to statutory maximums. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investments of their contributions into various investment options offered by the Plan.

The Sponsor's matching contribution is paid on a discretionary basis as determined by the employer and shall be limited to the specified percentage of each participant's deferred compensation. Employer contributions of $1,107,261 were made for the year ended December 31, 2012.

Participant accounts:
Each participant's account is credited with the participant's contribution, sponsor matching contributions, as well as allocations of the Sponsor's profit sharing contributions, safe harbor nonelective contributions, and Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:
Participants are immediately vested in both employee and employer contributions and all subsequent earnings or losses.

NOTE 1 - DESCRIPTION OF THE PLAN - CONTINUED

Payment of benefits:
On termination of service due to death, disability, or retirement, a participant is entitled to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Notes receivable from participants:
Participants may borrow from their fund accounts up to a maximum of $50,000 or 50% of their vested account balances, whichever is less. These loans are secured by the balance in the participant's account and must bear a reasonable rate of interest. A participant may have a maximum of two outstanding loans at any given time. Principle and interest is paid ratably through monthly payroll deductions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting:
The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Cash and cash equivalents:
The Plan considers all highly liquid debt instruments and short-term investments purchased with an original maturity of three months or less to be cash equivalents.

Use of estimates:
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from these estimates.

Notes receivable from participants:
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2012 or 2011. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Administrative expenses:
Certain expenses of maintaining the Plan are paid directly by the Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investment valuation and income recognition:
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

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

Payment of benefits:
Benefits are recorded when paid.

Subsequent events:
The Plan has evaluated subsequent events through October 15, 2013, the date the financials were available to be issued.

NOTE 3 - TAX STATUS

The Internal Revenue Service has determined and informed the Sponsor by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter; however, the Sponsor and the plan administrator believe that the Plan is designed and is currently being operated in compliance with the applicable requirements for the Internal Revenue Code and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS). The Plan is subject to routine audits by taxing jurisdictions; and the plan is currently under examination by the IRS. The Plan administrator believes it is no longer subject to income tax examinations for tax years prior to 2009.

NOTE 4 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

NOTE 5 - INVESTMENT INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

The fair value of the general account and the pooled separate accounts, as disclosed in the accompanying financial statements and supplemental schedules, as well as the related net appreciation in fair value of those investments, interest and dividends for the year ended December 31, 2012, was certified as complete and accurate by ING Life Insurance and Annuity Company, the custodian.

NOTE 6 - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2012 and the comparable balances at the end of the prior year:

	2012	2011
Investments:		
American Funds Cap W	$ 900,597	$ 663,762
American Funds Growth	1,440,602	1,163,193
Black Rock Global All	1,454,478	1,257,014
ING Small Company Po	1,132,236	1,244,698
ING TRowePrice Cap Apprec. Pt Srv	718,141	614,801
Investments that individually represent less than 5% of net assets available for benefits	7,373,868	5,630,011
Total investments	$ 13,019,922	$ 10,573,479

During the year ended December 31, 2012, the Plan's investments in common stock, mutual funds and pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,410,981, and the Plan's investment in common stock, mutual funds, pooled separate accounts and guaranteed earned interest and dividend income of $64,194.

NOTE 7 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

NOTE 7 - FAIR VALUE MEASUREMENTS - CONTINUED

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset 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.

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, 2012 and 2011.

Cash and cash equivalents: Due to the nature of the interest-bearing cash account, there are no specific underlying assets assigned. Fair value of the interest-bearing cash account represents the amount that would be received if amounts were withdrawn at the reporting date.

Money market and 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 stock: Valued at the quoted net asset value of shares in active markets held by the Plan at year end.

Pooled separate accounts: The fair value of the pooled separate accounts' assets is based on the NAV's of the underlying mutual funds that are actively traded. The accounts' value is adjusted to included any applicable dividend income, less any charges.

General account: The fair value of the general account is determined by calculating the approximate amount that would have been paid if the contract had terminated as of Plan year end and potential surrender charges and market value adjustments were applied as of that date.

NOTE 7 - FAIR VALUE MEASUREMENTS - CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2012 and 2011:

Fair Value Measurement at December 31, 2012

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 21,470	$ -	$ -	$ 21,470
Money market	68,735	-	-	68,735
General account	-	-	652,388	652,388
Pooled separate accounts:				
Balanced	-	718,141	-	718,141
Large cap value	-	1,676,218	-	1,676,218
Large cap growth	-	1,582,893	-	1,582,893
Small/Mid/Specialty	-	2,296,015	-	2,296,015
Global / International	-	3,618,564	-	3,618,564
Bond funds	-	541,488	-	541,488
Total pooled separate accounts	-	10,433,319	-	10,433,319
Common Stock:				
Aerospace & Defense	6,758	-	-	6,758
Agricultural Inputs	115,185	-	-	115,185
Asset Management	4,701	-	-	4,701
Banking	105,724	-	-	105,724
Beverages - Soft Drinks	5,132	-	-	5,132
Building Materials	73,980	-	-	73,980
Capital Markets	3,346	-	-	3,346
Chemicals	6,747	-	-	6,747
Consumer Electronics	29,163	-	-	29,163
Copper	13,493	-	-	13,493
Discount Stores	8,529	-	-	8,529
Diversified Industrials	31,887	-	-	31,887
Drug Manufacturers - Major	40,076	-	-	40,076
Farm & Construction Equipment	6,721	-	-	6,721
Food	10,094	-	-	10,094
Food Distribution	3,166	-	-	3,166
Home Improvement Stores	6,494	-	-	6,494
Household & Personal Products	11,815	-	-	11,815
Industrial Metals & Minerals	8,077	-	-	8,077
Information Technology Services	14,366	-	-	14,366
Integrated Shipping & Logistics	13,335	-	-	13,335
Lumber & Wood Production	18,902	-	-	18,902
Medical Devices	9,825	-	-	9,825
Oil & Gas	174,985	-	-	174,985
Pharmaceutical Retailers	4,835	-	-	4,835
Railroads	19,374	-	-	19,374
REIT	63,318	-	-	63,318

NOTE 7 - FAIR VALUE MEASUREMENTS - CONTINUED

Fair Value Measurement at December 31, 2012 - continued

	Level 1	Level 2	Level 3	Total
Restaurants	$ 4,411	$ -	$ -	$ 4,411
Semiconductors	6,232	-	-	6,232
Software - Infrastructure	3,072	-	-	3,072
Staffing & Outsourcing Services	2,644	-	-	2,644
Telecom Services	31,005	-	-	31,005
Utilities	52,269	-	-	52,269
Waste Management	25,440	-	-	25,440
Total common stock	935,101	-	-	935,101
Mutual funds:				
Short-term bond	40,193	-	-	40,193
Bank Loan	442,524	-	-	442,524
Commodities Broad Basket	31,168	-	-	31,168
Diversified Emerging Mkts	54,364	-	-	54,364
Emerging Markets Bond	35,527	-	-	35,527
Equity Energy	122,814	-	-	122,814
Managed Futures	29,444	-	-	29,444
Multisector Bond	34,368	-	-	34,368
Nontraditional Bond	32,198	-	-	32,198
World Allocation	86,309	-	-	86,309
Total mutual funds	908,909	-	-	908,909
Total assets at fair value	$ 1,934,215	$ 10,433,319	$ 652,388	$ 13,019,922

Fair Value Measurement at December 31, 2011

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 90,450	$ -	$ -	$ 90,450
Money market	21,030	-	-	21,030
General account	-	-	527,463	527,463
Pooled separate accounts:				
Balanced	-	614,801	-	614,801
Large cap value	-	1,366,936	-	1,366,936
Large cap growth	-	1,283,512	-	1,283,512
Small/Mid/Specialty	-	2,283,193	-	2,283,193
Global / International	-	2,874,242	-	2,874,242
Bond funds	-	308,506	-	308,506
Total pooled separate accounts	-	8,731,190	-	8,731,190

NOTE 7 - FAIR VALUE MEASUREMENTS - CONTINUED

Fair Value Measurement at December 31, 2011 - continued

	Level 1	Level 2	Level 3	Total
Common stock:				
Aerospace & Defense	$ 5,848	$ -	$ -	$ 5,848
Agricultural Inputs	88,253	-	-	88,253
Asset Management	4,031	-	-	4,031
Banking	56,258	-	-	56,258
Beverages - Soft Drinks	4,976	-	-	4,976
Building Materials	57,440	-	-	57,440
Capital Markets	2,648	-	-	2,648
Chemicals	6,867	-	-	6,867
Consumer Electronics	20,655	-	-	20,655
Copper	12,030	-	-	12,030
Discount Stores	7,470	-	-	7,470
Diversified Industrials	26,188	-	-	26,188
Drug Manufacturers - Major	34,161	-	-	34,161
Farm & Construction Equipment	6,795	-	-	6,795
Food	9,457	-	-	9,457
Food Distribution	2,933	-	-	2,933
Home Improvement Stores	4,414	-	-	4,414
Household & Personal Products	10,990	-	-	10,990
Industrial Metals & Minerals	5,792	-	-	5,792
Information Technology Services	13,791	-	-	13,791
Integrated Shipping & Logistics	12,747	-	-	12,747
Lumber & Wood Production	12,942	-	-	12,942
Medical Devices	8,435	-	-	8,435
Oil & Gas	189,380	-	-	189,380
Pay TV	42,660	-	-	42,660
Pharmaceutical Retailers	4,078	-	-	4,078
Railroads	18,609	-	-	18,609
REIT	34,945	-	-	34,945
Restaurants	5,017	-	-	5,017
Semiconductors	19,911	-	-	19,911
Software - Infrastructure	2,985	-	-	2,985
Staffing & Outsourcing Services	2,559	-	-	2,559
Telecom Services	31,913	-	-	31,913
Waste Management	20,640	-	-	20,640
Total common stock	787,818	-	-	787,818

NOTE 7 - FAIR VALUE MEASUREMENTS - CONTINUED

Fair Value Measurement at December 31, 2011 - continued

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Short-term bond	$ 31,523	$ -	$ -	$ 31,523
Commodities Broad Basket	25,861	-	-	25,861
Diversified Emerging Mkts	12,422	-	-	12,422
Diversified Emerging Mkts	24,353	-	-	24,353
Emerging Markets Bond	25,675	-	-	25,675
Equity Energy	124,333	-	-	124,333
Managed Futures	26,677	-	-	26,677
Minerals	28,799	-	-	28,799
Multisector Bond	26,097	-	-	26,097
Nontraditional Bond	26,156	-	-	26,156
World Allocation	63,632	-	-	63,632
Total mutual funds	415,528	-	-	415,528
Total assets at fair value	$ 1,314,826	$ 8,731,190	$ 527,463	$ 10,573,479

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2012:

General account:	
Balance as of January 1, 2012	$ 527,463
Contributions	265,394
Loan repayments	12,368
Dividends/earnings	12,685
Market value adjustment	12,985
Loan issue	(15,182)
Distributions	(26,524)
Transfer, net	(136,303)
Fees	(498)
Balance as of December 31, 2012	$ 652,388

NOTE 8 - GENERAL ACCOUNT

As an investment option, participants may invest any portion of their account balance in the ING Fixed Account. The ING Fixed Account is an investment contract entered into with ING Life Insurance and Annuity Company (ING). ING maintains the contributions to the contract in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value as reported to the Plan by ING with an adjustment to contract value. Contract value represents contributions made under the contract, plus any earnings, less participant withdrawals and administrative expenses. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2012 and 2011 is $652,388 and $527,463, respectively. The average yield and crediting interest rate was 3.25% for the years ended December 20 12 and 2011. The crediting interest rate is based on a formula agreed upon with ING, but may not be less than 3.25% for the year ended December 31, 2012. Such interest rates are reviewed and reset on a monthly basis by ING, with the floor rate guaranteed for one year.

NOTE 9 - RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

Net assets available for benefits per the financial statements	$	13,350,315
Employer contributions receivables		(83,073)
Net assets available for benefits per Form 5500	$	13,267,242

NOTE 10 - RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL INFORMATION

PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN
EIN 74-2593607
PN 002
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions: Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	$ 20,577	$ 20,577	$ -	$ -	$ -
	19,292	19,292	-	-	-
	15,540	15,540	-	-	-
	14,969	14,969	-	-	-
	13,112	13,112	-	-	-
	3,496	3,496	-	-	-
	3,538	3,538	-	-	-
	18,999	18,999	-	-	-
Total	$ 109,523	$ 109,523	$ -	$ -	$ -

See independent auditor's report.

PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN
EIN 74-2593607
PN 002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2012

(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
	Participant notes receivable	4.25% - 5.25% Various maturity dates	$ -	$ 260,305
	Cash and cash equivalents	Cash	N/A	21,470
*	MS Liquid Asset Fund	Money market	N/A	68,735
*	ING Fixed Account	General account	N/A	652,388
*	Allianz NFJ Dividend Value Fund R	Pool separate account	N/A	122,123
*	American Funds Cap W	Pool separate account	N/A	900,597
*	American Funds EuroP	Pool separate account	N/A	622,994
*	American Funds Fdmnt	Pool separate account	N/A	665,546
*	American Funds Growth	Pool separate account	N/A	1,440,602
*	Black Rock Equity Dividend Fund R	Pool separate account	N/A	609,045
*	Black Rock Global All	Pool separate account	N/A	1,454,478
*	ING FMR Diversified Md Cp Port Srv	Pool separate account	N/A	414,846
*	ING GNMA Income Fund	Pool separate account	N/A	36,491
*	ING Large Cap Growth Portflio Srv	Pool separate account	N/A	142,290
*	ING PIMCO HIgh Yield Portfolio Srv	Pool separate account	N/A	151,520
*	ING Small Company Po	Pool separate account	N/A	1,132,236
*	ING TRowePrice Cap Apprec. Pt Srv	Pool separate account	N/A	718,141
*	ING U.S. Stock Index Portfolio Srv 2	Pool separate account	N/A	279,505
*	Oppenhiemer Developing Markets Fnd A	Pool separate account	N/A	640,495
*	Perkins Mid Cap Valu	Pool separate account	N/A	471,743
*	PIMCO Real Return Fund	Pool separate account	N/A	252,881
*	The Harford Floting Rate Fund R3	Pool separate account	N/A	100,596
*	Wanger USA	Pool separate account	N/A	277,190
*	Abbott Laboratories	Common stock	N/A	9,825
*	Apple Inc	Common stock	N/A	29,163
*	AT&T Inc.	Common stock	N/A	5,899
*	Bank Of America Corp	Common stock	N/A	4,064
*	Bank Of Ireland Spons Adr New	Common stock	N/A	78,650

PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN
EIN 74-2593607
PN 002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR) - CONTINUED
DECEMBER 31, 2012

(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
*	Bhp Billiton Ltd	Common stock	N/A	$ 8,077
*	Bk Montreal	Common stock	N/A	17,102
*	Bristol Myers Squibb Co	Common stock	N/A	16,592
*	Caterpillar Inc	Common stock	N/A	6,721
*	Chevron Corp	Common stock	N/A	10,814
*	Clorox Co De	Common stock	N/A	8,420
*	Conocophillips	Common stock	N/A	9,568
*	Cullen Frost Bankers Inc	Common stock	N/A	2,714
*	CVS Caremark Corp	Common stock	N/A	4,835
*	Digital Realty Trust Inc	Common stock	N/A	17,448
*	Du Pont Ei De Nemours & Co	Common stock	N/A	6,747
*	EOG Resources Inc	Common stock	N/A	19,098
*	Exxon Mobil Corp	Common stock	N/A	8,655
*	Fedex Corp	Common stock	N/A	5,962
*	Freeport Mcmoran Cp&Gld	Common stock	N/A	13,493
*	Fuelcell Energy Inc	Common stock	N/A	52,269
*	General Electric Co	Common stock	N/A	7,871
*	H J Heinz Co	Common stock	N/A	10,094
*	HCP Incorporated	Common stock	N/A	9,393
*	Home Depot Inc	Common stock	N/A	6,494
*	Honeywell International Inc	Common stock	N/A	11,107
*	Ill Tool Works Inc	Common stock	N/A	4,561
*	Ingersoll-Rand Plc Shs	Common stock	N/A	3,837
*	Intel Corp	Common stock	N/A	2,371
*	Intl Business Machines Corp	Common stock	N/A	14,366
*	Johnson & Johnson	Common stock	N/A	23,484
*	Mc Donalds Corp	Common stock	N/A	4,411
*	Microsoft Corp	Common stock	N/A	3,072
*	Monsanto Co/New	Common stock	N/A	2,840
*	Morgan Stanley	Common stock	N/A	3,346
*	Norfolk Southern Corp	Common stock	N/A	6,802
*	Northrop Grumman Cp Hldg Co	Common stock	N/A	6,758

PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN
EIN 74-2593607
PN 002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR) - CONTINUED
DECEMBER 31, 2012

(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
*	Occidental Petroleum Corp De	Common stock	N/A	$ 19,306
*	Owens Corning Inc	Common stock	N/A	73,980
*	Paychex Inc	Common stock	N/A	2,644
*	Pepsico Inc Nc	Common stock	N/A	5,132
*	Phillips 66 Com	Common stock	N/A	4,354
*	Plum Creek Timber Co Inc Rei	Common stock	N/A	18,902
*	Potash Cp Of Saskatchewan Inc	Common stock	N/A	112,344
*	Procter & Gamble	Common stock	N/A	3,395
*	Realty Income Corp	Common stock	N/A	18,818
*	Sandridge Energy Inc	Common stock	N/A	50,800
*	Sandridge Energy Inc	Common stock	N/A	19,947
*	Schlumberger Ltd	Common stock	N/A	7,276
*	Seadrill Ltd	Common stock	N/A	25,168
*	Senior Hsg Ppty Tr Sbi	Common stock	N/A	17,659
*	State Street Corp	Common stock	N/A	4,701
*	Sysco Corp	Common stock	N/A	3,166
*	Texas Instruments	Common stock	N/A	3,861
*	U S Bancorp Com New	Common stock	N/A	3,194
*	Union Pacific Corp	Common stock	N/A	12,572
*	United Parcel Service Inc Cl-B	Common stock	N/A	7,373
*	United Technologies Corp	Common stock	N/A	4,511
*	Velatel Global Comm Ser A	Common stock	N/A	96
*	Verizon Communications	Common stock	N/A	25,010
*	Wal Mart Stores Inc	Common stock	N/A	8,529
*	Waste Mgmt Inc Dela	Common stock	N/A	25,440
*	American New World F2	Mutual fund	N/A	17,596
*	Clearbridge Energy Mlp Fd Inc	Mutual fund	N/A	41,638
*	Clearbridge Energy Mlp Opp Fd	Mutual fund	N/A	81,176
*	Eaton Vance Glb Mcro Abs Reti	Mutual fund	N/A	32,198
*	Goldman Sachs Comm Strat Inst	Mutual fund	N/A	31,168
*	Goldman Sachs Emeg Mkts Debt I	Mutual fund	N/A	17,395
*	Goldman Sachs N-11 Equity I	Mutual fund	N/A	19,110

See independent auditor's report.

PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN
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SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR) - CONTINUED
DECEMBER 31, 2012

(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
*	Goldman Sachs Satllte Strat I	Mutual fund	N/A	$ 86,309
*	Guggenheim Mngd Futrs Strat H	Mutual fund	N/A	29,444
*	Hartford Emrg Mkt Loc Deb I	Mutual fund	N/A	18,132
*	Hartford Floating Rate R3	Mutual fund	N/A	442,524
*	Henderson Strategic Income I	Mutual fund	N/A	17,296
*	Lord Abbett Sht Duration Inc F	Mutual fund	N/A	40,193
*	Oppenheimer Developing Mkts Y	Mutual fund	N/A	17,658
*	Oppenheimer Glb Strat Inc A	Mutual fund	N/A	17,072
				$ 13,280,227

* Represents a party-in-interest

See independent auditor's report.

PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN
EIN 74-2593607
PN 002
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2012

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
None								

See independent auditor's report.

PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN
EIN 74-2593607
PN 002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2012

(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
	Participant notes receivable	4.25% - 5.25% Various maturity dates	$ -	$ 260,305
	Cash and cash equivalents	Cash	N/A	21,470
*	MS Liquid Asset Fund	Money market	N/A	68,735
*	ING Fixed Account	General account	N/A	652,388
*	Allianz NFJ Dividend Value Fund R	Pool separate account	N/A	122,123
*	American Funds Cap W	Pool separate account	N/A	900,597
*	American Funds EuroP	Pool separate account	N/A	622,994
*	American Funds Fdmnt	Pool separate account	N/A	665,546
*	American Funds Growth	Pool separate account	N/A	1,440,602
*	Black Rock Equity Dividend Fund R	Pool separate account	N/A	609,045
*	Black Rock Global All	Pool separate account	N/A	1,454,478
*	ING FMR Diversified Md Cp Port Srv	Pool separate account	N/A	414,846
*	ING GNMA Income Fund	Pool separate account	N/A	36,491
*	ING Large Cap Growth Portflio Srv	Pool separate account	N/A	142,290
*	ING PIMCO HIgh Yield Portfolio Srv	Pool separate account	N/A	151,520
*	ING Small Company Po	Pool separate account	N/A	1,132,236
*	ING TRowePrice Cap Apprec. Pt Srv	Pool separate account	N/A	718,141
*	ING U.S. Stock Index Portfolio Srv 2	Pool separate account	N/A	279,505
*	Oppenhiemer Developing Markets Fnd A	Pool separate account	N/A	640,495
*	Perkins Mid Cap Valu	Pool separate account	N/A	471,743
*	PIMCO Real Return Fund	Pool separate account	N/A	252,881
*	The Harford Floting Rate Fund R3	Pool separate account	N/A	100,596
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PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN
EIN 74-2593607
PN 002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR) - CONTINUED
DECEMBER 31, 2012

(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
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PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN
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SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR) - CONTINUED
DECEMBER 31, 2012

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PATHOLOGY ASSOCIATES OF SAN ANTONIO 401(K) PLAN
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SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR) - CONTINUED
DECEMBER 31, 2012

(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
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*	Guggenheim Mngd Futrs Strat H	Mutual fund	N/A	29,444
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*	Lord Abbett Sht Duration Inc F	Mutual fund	N/A	40,193
*	Oppenheimer Developing Mkts Y	Mutual fund	N/A	17,658
*	Oppenheimer Glb Strat Inc A	Mutual fund	N/A	17,072
				$ 13,280,227

* Represents a party-in-interest

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