

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>02/28/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☒ the final return/report; ☐ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan SOLSTAS LAB PARTNERS GROUP, LLC 401(K) SAVINGS PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/01/1998</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SOLSTAS LAB PARTNERS GROUP, LLC 4380 FEDERAL DRIVE SUITE 100 GREENSBORO, NC 27410	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>56-2017400</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>336-664-6133</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621510</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>56-2017400</u>	2c Plan Sponsor's telephone number <u>336-664-6133</u>	2d Business code (see instructions) <u>621510</u>	
2b Employer Identification Number (EIN) <u>56-2017400</u>					
2c Plan Sponsor's telephone number <u>336-664-6133</u>					
2d Business code (see instructions) <u>621510</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	LISA KING
	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	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 3722
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 0
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
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 2F 2G 2J 2K 2T 3B 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2015 and ending 02/28/2015		
A Name of plan SOLSTAS LAB PARTNERS GROUP, LLC 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLSTAS LAB PARTNERS GROUP, LLC		D Employer Identification Number (EIN) 56-2017400

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	385039-01	0	01/01/2015	02/28/2015

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

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

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

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

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

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

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

(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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year.....	7b	12227611
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c Additions: (1) Contributions deposited during the year.....	7c(1)	0	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	0	
(4) Transferred from separate account.....	7c(4)	0	
(5) Other (specify below)	7c(5)	0	
▶			

(6) Total additions.....	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	12227611
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	12227611	
(4) Other (specify below)	7e(4)	0	
▶			

(5) Total deductions.....	7e(5)	12227611
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2015 and ending 02/28/2015		
A Name of plan SOLSTAS LAB PARTNERS GROUP, LLC 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLSTAS LAB PARTNERS GROUP, LLC	D Employer Identification Number (EIN) 56-2017400	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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)

D.L. DAVIS & CO., INC.

1111 S. MARSHALL STREET
SUITE 250
WINSTON-SALEM, NC 27101

(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?
16	CONSULTING	42899	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	7419	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	2768	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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 ☐

(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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning 01/01/2015 and ending 02/28/2015		
A Name of plan SOLSTAS LAB PARTNERS GROUP, LLC 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOLSTAS LAB PARTNERS GROUP, LLC		D Employer Identification Number (EIN) 56-2017400

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	1601893	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	56410633	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	12227611	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	70240137	0

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	70240137	0
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	8489	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8489

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	5109	
(F) Other	2b(1)(F)	25092	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		30201

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	9432	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9432

(3) Rents	2b(3)		0
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1558086
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1606208

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4593216	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4593216
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	53086	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		53086
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4646302

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-3040094
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		67200043

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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: SMITH LEONARD ACCOUNTANTS & CON

(2) EIN: 20-5907591

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.).....

	Yes	No	Amount
4a		X	
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.)		X	
4c			
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.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?		X	
4g			
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?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
4i			
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.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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: 0

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)
THE PROFIT SHARING PLAN OF QUEST DIAGNOSTICS INCORPORATED	16-1387862	333

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2015 and ending 02/28/2015

A Name of plan <u>SOLSTAS LAB PARTNERS GROUP, LLC 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOLSTAS LAB PARTNERS GROUP, LLC</u>	D Employer Identification Number (EIN) <u>56-2017400</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>84-1455663</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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): _____

**Solstas Lab Partners Group, LLC
401(k) Savings Plan**

**Financial Statements and
Supplemental Schedule**
Period Ended February 28, 2015 and
Years Ended December 31, 2014 and 2013



SMITH LEONARD
Accountants & Consultants



Independent Auditor's Report

Plan Administrator
Solstas Lab Partners Group, LLC 401(k) Savings Plan
Greensboro, North Carolina

We were engaged to audit the accompanying financial statements of Solstas Lab Partners Group, LLC 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of February 28, 2015, December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the period ended February 28, 2015 and years ended December 31, 2014 and 2013, 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Great-West Trust Company, LLC, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the period ended February 28, 2015 and years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee was complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, as listed in the accompanying table of contents, as of or for the year ended December 31, 2014, is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



High Point, North Carolina
October 13, 2015

Solstas Lab Partners Group, LLC 401(k) Savings Plan

EIN: 56-2017400

Plan Number: 001

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

December 31, 2014

(a)	(b) <i>Identity of Issue, Borrower, Lessor or Similar Party</i>	(c) <i>Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
*	Great-West Life & Annuity	Guaranteed Interest Fund	**	\$ 12,227,611
	Putnam	Equity Income Fund	**	10,623,018
	Alger	Capital Appreciation Fund	**	7,203,716
	American Funds	American Balanced Fund	**	5,143,466
	Janus	Triton Fund	**	4,585,439
	PIMCO	Total Return Fund	**	4,240,498
	American Funds	Europacific Growth Fund	**	3,279,425
	T. Rowe Price	Retirement 2025 Fund	**	2,494,482
	T. Rowe Price	Health Sciences Fund	**	2,336,105
	MFS	International Growth Fund	**	2,039,099
	John Hancock	Disciplined Value Mid Cap Fund	**	1,996,107
	Ivy Funds	Mid-Cap Growth Fund	**	1,836,255
	John Hancock	Income Fund	**	1,587,712
	T. Rowe Price	Retirement 2050 Fund	**	868,901
	Fidelity Investments	Real Estate Income Fund	**	865,959
	T. Rowe Price	Global Technology Fund	**	803,925
	T. Rowe Price	Retirement Balanced Fund	**	797,642
	T. Rowe Price	Retirement 2035 Fund	**	710,122
	Columbia	Mid Cap Index Fund	**	604,714
	Columbia	Large Cap Index Fund	**	497,388
	T. Rowe Price	Retirement 2015 Fund	**	461,639
	T. Rowe Price	Retirement 2040 Fund	**	385,367
	T. Rowe Price	Retirement 2030 Fund	**	379,687
	Invesco	Energy Fund	**	373,562
	Oppenheimer Funds	Developing Markets Fund	**	330,497
	PIMCO	Real Return Fund	**	322,331
	Columbia	Small Cap Index Fund	**	318,982
	T. Rowe Price	Retirement 2020 Fund	**	269,212
	T. Rowe Price	Retirement 2045 Fund	**	262,991
	PIMCO	Real Estate Real Return Strategy Fund	**	229,228
	Franklin Templeton Investment Funds	Global Bond Fund	**	218,942
	Heartland	Value Plus Fund	**	176,351
	Franklin Templeton Investment Funds	Foreign Fund	**	112,789
	T. Rowe Price	Retirement 2055 Fund	**	36,943
	T. Rowe Price	Retirement 2010 Fund	**	15,216
	T. Rowe Price	Retirement 2005 Fund	**	2,923
*	Notes Receivable from Participants	Interest Rates of 3.75% - 4.25%	**	1,601,893
				\$ 70,240,137

* – A party-in-interest as defined by ERISA.

** – The cost of participant-directed investments is not required to be disclosed.

See accompanying independent auditor's report.

**Solstas Lab Partners Group, LLC
401(k) Savings Plan**

**Financial Statements and
Supplemental Schedule**
Period Ended February 28, 2015 and
Years Ended December 31, 2014 and 2013

Solstas Lab Partners Group, LLC 401(k) Savings Plan

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Independent Auditor's Report

Plan Administrator
Solstas Lab Partners Group, LLC 401(k) Savings Plan
Greensboro, North Carolina

We were engaged to audit the accompanying financial statements of Solstas Lab Partners Group, LLC 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of February 28, 2015, December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the period ended February 28, 2015 and years ended December 31, 2014 and 2013, 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Great-West Trust Company, LLC, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the period ended February 28, 2015 and years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee was complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, as listed in the accompanying table of contents, as of or for the year ended December 31, 2014, is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



High Point, North Carolina
October 13, 2015

Solstas Lab Partners Group, LLC 401(k) Savings Plan

Statements of Net Assets Available for Benefits

	February 28, 2015	December 31, 2014	December 31, 2013
Assets			
Investments at fair value	\$ -	\$ 68,638,244	\$ 66,101,429
Notes receivable from participants	-	1,601,893	1,597,729
Total assets	-	70,240,137	67,699,158
Liabilities			
Excess contribution payable	-	-	218,374
Net assets available for benefits	\$ -	\$ 70,240,137	\$ 67,480,784

See accompanying independent auditor's report and notes to financial statements.

Solstas Lab Partners Group, LLC

401(k) Savings Plan

Statements of Changes in Net Assets Available for Benefits

	Period ended February 28, 2015	Year ended December 31, 2014	Year ended December 31, 2013
Additions			
Investment income:			
Interest and dividends	\$ 34,524	\$ 4,397,569	\$ 2,568,649
Net appreciation in value of investments	1,558,086	725,335	7,987,792
Total investment income	1,592,610	5,122,904	10,556,441
Interest income on notes receivable from participants	5,109	56,457	57,563
Contributions:			
Employee	-	4,167,482	4,469,735
Employer	-	675,918	-
Rollover	8,489	546,653	831,364
Total additions	1,606,208	10,569,414	15,915,103
Deductions			
Benefits paid to participants	4,593,216	7,523,681	5,546,986
Administrative expenses	53,086	286,380	324,992
Total deductions	4,646,302	7,810,061	5,871,978
Net increase (decrease)	(3,040,094)	2,759,353	10,043,125
Transfer out	(67,200,043)	-	-
Net assets available for benefits, beginning of year	70,240,137	67,480,784	57,437,659
Net assets available for benefits, end of year	\$ -	\$ 70,240,137	\$ 67,480,784

See accompanying independent auditor's report and notes to financial statements.

Solstas Lab Partners Group, LLC 401(k) Savings Plan

Statements of Changes in Net Assets Available for Benefits

1. Plan Description

The following description of the Solstas Lab Partners Group, LLC (the “Company”) 401(k) Savings Plan provides only general information. Participants should refer to the plan agreement or summary plan description for a more complete description of the Plan’s provisions.

General – The Plan is a defined contribution 401(k) plan available to eligible employees of the Company. Solstas Lab Partners Group, LLC is the plan administrator. Employees are immediately eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

As a result of its acquisition by Quest Diagnostics in March 2014, eligible employees of the Company became participants of The Profit Sharing Plan of Quest Diagnostics Incorporated beginning January 2015. In February 2015, the assets of Solstas Lab Partners Group, LLC 401(k) Savings Plan were merged into The Profit Sharing Plan of Quest Diagnostics Incorporated.

Contributions – Participants may elect to contribute up to 50% of their pre-tax or after-tax annual compensation, subject to certain limitations. Participants who have attained age 50 are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. During 2014, the Company made matching contributions of 25% of the first 6% of compensation that a participant contributed to the Plan. No matching contributions were made during 2013.

The Company may also make a discretionary profit sharing contribution. The profit sharing contribution is allocated to the account of each participant employed at December 31 who earned a year of service, as well as each participant who retired, became disabled or died during the year. The amount allocated to all participants is the percentage of each participant’s total compensation to total compensation of all eligible participants. No profit sharing contributions were made in 2015, 2014 and 2013.

Participant Accounts – Each participant’s account is credited with the participant’s contributions and an allocation of the Company’s contributions and plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. Participants may direct the investment of their account balances into various investment options offered by the Plan.

See accompanying independent auditor’s report.

Solstas Lab Partners Group, LLC

401(k) Savings Plan

Statements of Changes in Net Assets Available for Benefits

1. Plan Description (Concluded)

Vesting – Participants are immediately vested in their voluntary contributions, and any income or loss thereon. Participants become 25% vested after two years of service, continue to vest an additional 25% each year, and are 100% vested in the Company contributions after five years. Effective January 1, 2011, participants will be immediately vested in the Company's safe harbor matching contributions. Matching contributions made prior to 2011 will continue to vest as described above. Employees receive credit for years of service with companies acquired by the plan sponsor for vesting purposes.

Payment of Benefits – Upon termination of service due to death, disability, retirement or separation, a participant may elect to either roll over funds to another plan or take a lump-sum distribution. All distributions are equal to the value of the participant's vested interest in his or her account. In-service distributions may be taken by participants who have reached age 59½. Additionally, under certain circumstances of financial hardship, participants are allowed to withdraw funds from the Plan.

Forfeitures – Forfeitures from non-vested participant accounts are used to reduce future Company contributions or offset plan expenses. During 2015, 2014 and 2013, forfeitures of \$50,318, \$51,179 and \$148,358 were used to reduce administrative expenses and Company matching contributions. Forfeited non-vested accounts of \$221,247 were available to reduce future matching contributions or to offset plan expenses of the Company at December 31, 2014.

Notes Receivable from Participants – Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The maximum note term shall generally be five years. The notes are secured by the balance in the participant's account and bear interest at prime plus 0.5%. Principal and interest is paid ratably through payroll deductions.

Administrative Expenses – The Company absorbs certain expenses incidental to the administration of the Plan, including internal administrative costs. Other fees, such as recordkeeping and consulting, are paid for by the Plan. Distribution and loan fees are paid from the affected participants' accounts.

See accompanying independent auditor's report.

Solstas Lab Partners Group, LLC

401(k) Savings Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements have been prepared under the accrual method of accounting.

Management 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 assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are primarily stated 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. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a group annuity contract. Therefore, the statements of net assets available for benefits present the fair value of the group annuity contract, as well as the adjustment from fair value to contract value, if any. As of December 31, 2014 and 2013, the contract value of the Plan's interest in the Guaranteed Interest Fund approximated fair value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

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. No allowance for credit losses has been recorded as of February 28, 2015, December 31, 2014 and 2013. Delinquent notes receivable are reclassified as distributions based upon the terms of the plan document.

See accompanying independent auditor's report.

Solstas Lab Partners Group, LLC

401(k) Savings Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies (Concluded)

Payment of Benefits – Benefits are recorded when paid.

Recent Accounting Pronouncement – In July 2015, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update 2015-12, *(Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient* (“ASU 2015-12”). ASU 2015-12 is intended to reduce complexity in employee benefit plan accounting and financial statement disclosures and is effective for reporting periods beginning after December 15, 2015, though early adoption is allowed. The adoption of ASU 2015-12 is not expected to have a material impact on the Plan’s statements of net assets available for benefits or statements of changes in net assets available for benefits, though certain investment-related disclosures will be eliminated or reduced as provided for in the guidance.

Subsequent Events – Management has evaluated events occurring subsequent to the date of the statements of net assets available for benefits through October 13, 2015, the date that the financial statements were available to be issued, determining no events require adjustment to or additional disclosure in the financial statements.

3. Investments

The Plan’s investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	February 28, 2015	December 31, 2014	December 31, 2013
Mutual funds	\$ 1,558,086	\$ 725,335	\$7,987,792

See accompanying independent auditor’s report.

Solstas Lab Partners Group, LLC 401(k) Savings Plan

Notes to Financial Statements

3. Investments (Concluded)

The current value of individual investments that represent five percent or more of the Plan's net assets are as follows:

	Period ended February 28, 2015	Year ended December 31, 2014	Year ended December 31, 2013
At contract value:			
Guaranteed Interest Fund	\$ *	\$12,227,611	\$ 12,886,328
At fair value:			
Equity Income Fund	*	10,623,018	9,795,322
Capital Appreciation Fund	*	7,203,716	6,576,258
American Balanced Fund	*	5,143,466	4,646,170
Triton Fund	*	4,585,439	4,525,811
Total Return Fund	*	4,240,498	4,287,846
Europacific Growth Fund	*	*	3,502,516

* Less than 5%

4. Information Certified by the Plan's Trustee

The plan administrator has elected the method of annual reporting compliance permitted by Section 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

	February 28, 2015	December 31, 2014	December 31, 2013
Investments	\$ -	\$68,638,244	\$ 66,101,429
Notes receivable from participants	-	1,601,893	1,597,729

	Period ended February 28, 2015	Year ended December 31, 2014	Year ended December 31, 2013
Interest and dividends	\$ 34,524	\$ 4,397,569	\$ 2,568,649
Net appreciation in value of investments	1,558,086	725,335	7,987,792
Interest income on notes receivable from participants	5,109	56,457	57,563

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

See accompanying independent auditor's report.

Solstas Lab Partners Group, LLC

401(k) Savings Plan

Notes to Financial Statements

5. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risk. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

6. Income Tax Status

The Plan has adopted a prototype plan document sponsored by Orchard Trust Company ("Orchard"), a subsidiary of Great-West Trust Company, LLC. The Internal Revenue Service ("IRS") has determined and informed Orchard, in a letter dated March 31, 2008, that the Plan is qualified and the related trust established under the Plan is tax-exempt under the appropriate sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter; however, the Company and the plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt.

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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of February 28, 2015 and December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits relative to the Plan for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

7. Plan Merger

Effective February 28, 2015, the Plan merged into The Profit Sharing Plan of Quest Diagnostics Incorporated.

See accompanying independent auditor's report.

Solstas Lab Partners Group, LLC 401(k) Savings Plan

Notes to Financial Statements

8. Party-In-Interest Transactions

Certain Plan investments are managed by Great-West Trust Company, LLC (“Great-West”). Fees paid by the Plan to Great-West for trustee and recordkeeping services were \$7,419, \$106,295 and \$101,243 in 2015, 2014 and 2013. Great-West is the trustee of the Plan, and, therefore, those transactions qualify as party-in-interest.

Fees paid by the Plan to D.L. Davis and Co., Inc. for investment consulting services were \$42,899, \$167,729 and \$148,358 in 2015, 2014 and 2013.

9. Group Annuity Contracts

The Guaranteed Interest Fund is a general account product of Great-West Life & Annuity Insurance Company (“GWLAIC”) held in the general account of GWLAIC. The interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term portfolio compared to the minimum interest crediting rate as stated in the contract and prevailing market conditions. The interest crediting rate is generally reset quarterly and cannot be less than 0%. Principal and accumulated interest are guaranteed by GWLAIC.

Participants will receive the principal and interest credited to their accounts on withdrawal for normal plan benefits such as retirement, death, disability or termination. In addition, no market value or surrender adjustments will be charged on transfers of assets into or out of the contract, with the exception of transfers to competing investment options as defined by the contract. Certain Company initiated events may limit the Plan to transact at contract value; however, the Company’s management does not believe the occurrence of such events is probable.

The crediting rates and average yields for the period and years ended February 28, 2015, December 31, 2014 and 2013 were as follows:

	February 28, 2015	December 31, 2014	December 31, 2013
Average yield	1.45%	1.50%	1.51%
Actual average yield	1.70%	1.75%	1.76%

See accompanying independent auditor’s report.

Solstas Lab Partners Group, LLC

401(k) Savings Plan

Notes to Financial Statements

10. Fair Value Measurements

The Plan has adopted Accounting Standards Codification, “Fair Value Measurements and Disclosures” (“ASC 820”) which establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy under ASC 820 are as follows:

Basis of Fair Value Measurements

- Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;
- Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument’s level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2014 and 2013.

Mutual funds: Valued at the net asset value (“NAV”) of shares held by the Plan at year-end. The NAV for these investments is a quoted price in an active market and is classified within Level 1 of the valuation hierarchy.

Group annuity contract: Valued at NAV as determined by the issuer based on the fair market value of the underlying investments, minus liabilities, which are valued primarily through the use of directly and indirectly observable inputs. There are no reserves for credit risk of the contract issuer or otherwise. These investments are classified within Level 2 of the valuation hierarchy.

See accompanying independent auditor’s report.

Solstas Lab Partners Group, LLC

401(k) Savings Plan

Notes to Financial Statements

10. Fair Value Measurements (Continued)

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

The following table summarizes the investments by level as defined within the fair value hierarchy as of December 31, 2014.

	Investment Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large value	\$10,623,018	\$ -	\$ -	\$10,623,018
Large growth	7,203,716	-	-	7,203,716
Target date	5,887,483	-	-	5,887,483
Moderate allocation	5,143,466	-	-	5,143,466
Small growth	4,585,439	-	-	4,585,439
Intermediate-term bond	4,240,498	-	-	4,240,498
Foreign large blend	3,279,425	-	-	3,279,425
Health	2,336,105	-	-	2,336,105
Foreign large growth	2,039,099	-	-	2,039,099
Mid-cap value	1,996,107	-	-	1,996,107
Mid-cap growth	1,836,255	-	-	1,836,255
Multisector bond	1,587,712	-	-	1,587,712
Real estate	1,095,187	-	-	1,095,187
Technology	803,925	-	-	803,925
Conservative allocation	797,642	-	-	797,642
Mid-cap blend	604,714	-	-	604,714
Large blend	497,388	-	-	497,388
Equity energy	373,562	-	-	373,562
Diversified emerging markets	330,497	-	-	330,497
Inflation-protected bond	322,331	-	-	322,331
Small blend	318,982	-	-	318,982
World bond	218,942	-	-	218,942
Small value	176,351	-	-	176,351
Foreign large value	112,789	-	-	112,789
Group annuity contracts	-	12,227,611	-	12,227,611
	\$56,410,633	\$12,227,611	\$ -	\$68,638,244

See accompanying independent auditor's report.

Solstas Lab Partners Group, LLC

401(k) Savings Plan

Notes to Financial Statements

10. Fair Value Measurements (Concluded)

The following table summarizes the investments by level as defined within the fair value hierarchy as of December 31, 2013.

	Investment Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large value	\$ 9,795,322	\$ -	\$ -	\$ 9,795,322
Large growth	6,576,258	-	-	6,576,258
Target date	5,558,245	-	-	5,558,245
Moderate allocation	4,646,170	-	-	4,646,170
Small growth	4,525,811	-	-	4,525,811
Intermediate-term bond	4,287,846	-	-	4,287,846
Foreign large blend	3,502,516	-	-	3,502,516
Foreign large growth	2,235,892	-	-	2,235,892
Mid-cap value	1,996,797	-	-	1,996,797
Mid-cap growth	1,861,039	-	-	1,861,039
Health	1,734,314	-	-	1,734,314
Multisector bond	1,577,589	-	-	1,577,589
Real estate	940,016	-	-	940,016
Conservative allocation	722,210	-	-	722,210
Technology	649,038	-	-	649,038
Equity energy	501,324	-	-	501,324
Large blend	501,266	-	-	501,266
Mid-cap blend	337,187	-	-	337,187
Diversified emerging markets	313,736	-	-	313,736
Small blend	261,553	-	-	261,553
Inflation-protected bond	256,141	-	-	256,141
Foreign large value	181,906	-	-	181,906
World bond	167,719	-	-	167,719
Small value	85,206	-	-	85,206
Group annuity contracts	-	12,886,328	-	12,886,328
	\$53,215,101	\$12,886,328	\$ -	\$66,101,429

See accompanying independent auditor's report.

Solstas Lab Partners Group, LLC

401(k) Savings Plan

Notes to Financial Statements

11. Reconciliation of Financial Statements to the Form 5500

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

	February 28, 2015	December 31, 2014	December 31, 2013
Net assets available for benefits – financial statements	\$ -	\$70,240,137	\$ 67,480,784
Excess contribution payable, end of year	-	-	218,374
Net assets available for benefits – Form 5500	\$ -	\$70,240,137	\$ 67,699,158

The following is a reconciliation of total deductions per the financial statements to the Form 5500:

	December 31, 2014
Total deductions – financial statements	\$ 7,810,061
Excess contributions payable, beginning of year	218,374
Total deductions – Form 5500	\$ 8,028,435

See accompanying independent auditor's report.

Solstas Lab Partners Group, LLC 401(k) Savings Plan

EIN: 56-2017400

Plan Number: 001

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

December 31, 2014

(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
*	Great-West Life & Annuity	Guaranteed Interest Fund	**	\$ 12,227,611
	Putnam	Equity Income Fund	**	10,623,018
	Alger	Capital Appreciation Fund	**	7,203,716
	American Funds	American Balanced Fund	**	5,143,466
	Janus	Triton Fund	**	4,585,439
	PIMCO	Total Return Fund	**	4,240,498
	American Funds	Europacific Growth Fund	**	3,279,425
	T. Rowe Price	Retirement 2025 Fund	**	2,494,482
	T. Rowe Price	Health Sciences Fund	**	2,336,105
	MFS	International Growth Fund	**	2,039,099
	John Hancock	Disciplined Value Mid Cap Fund	**	1,996,107
	Ivy Funds	Mid-Cap Growth Fund	**	1,836,255
	John Hancock	Income Fund	**	1,587,712
	T. Rowe Price	Retirement 2050 Fund	**	868,901
	Fidelity Investments	Real Estate Income Fund	**	865,959
	T. Rowe Price	Global Technology Fund	**	803,925
	T. Rowe Price	Retirement Balanced Fund	**	797,642
	T. Rowe Price	Retirement 2035 Fund	**	710,122
	Columbia	Mid Cap Index Fund	**	604,714
	Columbia	Large Cap Index Fund	**	497,388
	T. Rowe Price	Retirement 2015 Fund	**	461,639
	T. Rowe Price	Retirement 2040 Fund	**	385,367
	T. Rowe Price	Retirement 2030 Fund	**	379,687
	Invesco	Energy Fund	**	373,562
	Oppenheimer Funds	Developing Markets Fund	**	330,497
	PIMCO	Real Return Fund	**	322,331
	Columbia	Small Cap Index Fund	**	318,982
	T. Rowe Price	Retirement 2020 Fund	**	269,212
	T. Rowe Price	Retirement 2045 Fund	**	262,991
	PIMCO	Real Estate Real Return Strategy Fund	**	229,228
	Franklin Templeton Investment Funds	Global Bond Fund	**	218,942
	Heartland	Value Plus Fund	**	176,351
	Franklin Templeton Investment Funds	Foreign Fund	**	112,789
	T. Rowe Price	Retirement 2055 Fund	**	36,943
	T. Rowe Price	Retirement 2010 Fund	**	15,216
	T. Rowe Price	Retirement 2005 Fund	**	2,923
*	Notes Receivable from Participants	Interest Rates of 3.75% - 4.25%	**	1,601,893
				\$ 70,240,137

* – A party-in-interest as defined by ERISA.

** – The cost of participant-directed investments is not required to be disclosed.

See accompanying independent auditor's report.