

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 <div style="font-size: 24pt; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>11/30/2015</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 <u>SUMMIT HEALTH, INC. 401(K) PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SUMMIT HEALTH, INC.</u> <u>27175 HAGGERTY ROAD</u> <u>NOVI, MI 48377</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px;">001</div>
1c Effective date of plan <u>01/01/2007</u>		
2b Employer Identification Number (EIN) <u>20-1908041</u>		
2c Plan Sponsor's telephone number <u>248-864-4145</u>		
2d Business code (see instructions) <u>621900</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.	07/27/2016	MARY TUCKER
	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)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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	5 183
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) 170
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 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) ☐ 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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider 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>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 11/30/2015		
A Name of plan SUMMIT HEALTH, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMIT HEALTH, INC.	D Employer Identification Number (EIN) 20-1908041	

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	
ALLIANCEBERNSTEIN L.P.	
13-4064930	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO	1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN CENTURY INVESTMENT SERVICE	
44-0640487	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLACKROCK INVESTMENTS, INC.	
23-2784752	

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

DAVIS DISTRIBUTORS, LLC

85-0360310

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

DEAWM DISTRIBUTORS, INC.

36-3976708

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

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

FRED ALGER & COMPANY, INCORPORATED

13-2510833

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

GUARDIAN INVESTOR SERVICES, LLC

388 MARKET STREET
SAN FRANCISCO, CA 94111

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

NEUBERGER BERMAN

605 THIRD AVENUE
3RD FLOOR
NEW YORK, NY 10158

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PHOENIX - VIRTUS

56 PROSPECT STREET
PO BOX 150480
HARTFORD, CT 06115

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

PUTNAM RETAIL MANAGEMENT

ONE POST OFFICE SQUARE
BOSTON, MA 02109

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

STATE STREET CORPORATION

04-1867445

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VICTORY CAPITAL MANAGEMENT

13-2700161

(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 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)

ADP BROKER-DEALER

22-3319984

(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?
60 59 63 49 99	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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 ☐

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
ADP BROKER-DEALER	63 60 59	0
(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.	
ALLIANCEBERNSTEIN L.P. 13-4064930	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
AMERICAN CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	63 60 59	0

(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.
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
DAVIS DISTRIBUTORS, LLC 85-0360310	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0

(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.
DEAWM DISTRIBUTORS, INC. 36-3976708	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0
(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.	
FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE O3N SMITHFIELD, RI 02917	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(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.	
FRED ALGER & COMPANY, INCORPORATED 13-2510833	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
GUARDIAN INVESTOR SERVICES, LLC 388 MARKET STREET SAN FRANCISCO, CA 94111	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	63 60 59	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>INVESCO DISTRIBUTORS, INC.</p> <p>74-1894784</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>ADP BROKER-DEALER</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p>63 60 59</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>ADP BROKER-DEALER</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p>63 60 59</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>NEUBERGER BERMAN 605 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10158</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS</p> </div> </div>		

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
ADP BROKER-DEALER	63 60 59	0
(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.	
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
PHOENIX - VIRTUS 56 PROSPECT STREET PO BOX 150480 HARTFORD, CT 06115	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
PUTNAM RETAIL MANAGEMENT ONE POST OFFICE SQUARE BOSTON, MA 02109	ANNUAL RATE 0.00750 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	99	0
(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.	
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.00004 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00870 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00670 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00750 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
VICTORY CAPITAL MANAGEMENT 13-2700161	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 11/30/2015

A Name of plan <u>SUMMIT HEALTH, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SUMMIT HEALTH, INC.</u>	D Employer Identification Number (EIN) <u>20-1908041</u>	

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: SSGA INTL IDX SECLEND SER VIII

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN <u>90-0337987-336</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS SC IDX VIII

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN <u>90-0337987-340</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 IDX IX

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN <u>90-0337987-344</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA CASH SERIES US GOVT L

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO

c EIN-PN <u>90-0337987-383</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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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)
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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)
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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)
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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

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.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>11/30/2015</u>		
A Name of plan <u>SUMMIT HEALTH, INC. 401(K) 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>SUMMIT HEALTH, INC.</u>	D Employer Identification Number (EIN) <u>20-1908041</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	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)	41156	
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	500	
	(9) Value of interest in common/collective trusts.....	1c(9)	9531	
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	225996	
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	277183	0

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	277183	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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1890	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	2886	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4776
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	35	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		35
(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)	731	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		731
(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)		68
(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)		-746
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4864

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	42197	
(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)		42197
f Corrective distributions (see instructions)	2f		17175
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1394	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1394
j Total expenses. Add all expense amounts in column (b) and enter total	2j		60766

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-55902
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		221281

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: WIDLAK & PETRICHES, P.C.

(2) EIN: 38-3083072

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	N/A	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.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	Yes	No	N/A	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		
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		
e Was this plan covered by a fidelity bond?	X			28000
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		
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		
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		
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		
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		
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			
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
THE PS PLAN OF QUEST DIAG	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

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 11/30/2015

A Name of plan <u>SUMMIT HEALTH, INC. 401(K) 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>SUMMIT HEALTH, INC.</u>	D Employer Identification Number (EIN) <u>20-1908041</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>57-1198022</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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

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
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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): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

SUMMIT HEALTH, INC. 401(k) PLAN

BASIC FINANCIAL STATEMENTS

November 30, 2015 and December 31, 2014

SUMMIT HEALTH, INC. 401(k) PLAN
BASIC FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

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WIDLAK AND PETRICHES, P.C.

Certified Public Accountants

329 MAIN STREET, SUITE 2
ROCHESTER, MICHIGAN 48307
(248) 651-2324

POST OFFICE BOX 80247
ROCHESTER, MICHIGAN 48308
FAX (248) 651-0080

PAUL A. WIDLAK, C.P.A.
JAMES V. PETRICHES, C.P.A.
BRIAN J. CAIN, C.P.A.

MEMBERS
MICHIGAN ASSOCIATION OF
CERTIFIED PUBLIC ACCOUNTANTS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
the Summit Health, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Summit Health, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of November 30, 2015 and December 31, 2014, and the related statements of changes in net assets available for benefits for the eleven months ended November 30, 2015 and the year ended December 31, 2014, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 D, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the 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 a certification from the trustee as of and for the eleven months ended November 30, 2015 and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee 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.

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

The form and content of the information included in the financial statements, 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.

Widlak and Petriches, P.C.

WIDLAK AND PETRICHES, P.C.

Certified Public Accountants

June 13, 2016

SUMMIT HEALTH, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
November 30, 2015 and December 31, 2014

	November 30, 2015	December 31, 2014
ASSETS		
Investments (at fair value)		
Value of interest in common/collective trusts	\$ -	\$ 50,687
Value of interests in registered investment companies (e.g., mutual funds)	-	225,995
Total investments (at fair value)	-	276,682
Participant loans	-	500
TOTAL ASSETS	-	277,182
LIABILITIES		
Excess contributions payable	-	17,175
TOTAL LIABILITIES	-	17,175
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 260,007</u>

See notes to financial statements.

SUMMIT HEALTH, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the eleven months ended November 30, 2015 and for the year ended December 31, 2014

	For the eleven months ended November 30, 2015	For the year ended December 31, 2014
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net depreciation in fair value of investments	\$ (677)	\$ (190)
Dividends	731	12,653
Total investment income	54	12,463
Interest income on participant loans	35	24
Contributions:		
Participant	-	134,294
Other	4,776	4,570
Total contributions	4,776	138,864
TOTAL ADDITIONS	4,865	151,351
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	42,197	101,231
Administrative expenses	1,394	675
TOTAL DEDUCTIONS	43,591	101,906
Net (decrease) increase	(38,726)	49,445
Transfer out	(221,281)	-
NET ASSETS AVAILABLE FOR BENEFITS		
- BEGINNING OF YEAR	260,007	210,562
NET ASSETS AVAILABLE FOR BENEFITS		
- END OF YEAR	\$ -	\$ 260,007

See notes to financial statements.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE A - DESCRIPTION OF PLAN:

The following description of the Summit Health, Inc. 401(k) Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

PLAN MERGER

On April 18, 2014, Summit Health, Inc. ("the Plan Sponsor") was acquired by Quest Diagnostics Incorporated ("Quest"). As a result of the acquisition, effective December 31, 2014, the Board of Directors of the Plan Sponsor authorized the ceasing of the Plan Sponsor's participation in the Plan and, effective January 1, 2015, participation in the Profit Sharing Plan of Quest Diagnostics Incorporated ("the Quest Plan") and at the appropriate time, merger of the Plan into the Quest Plan. See Note F.

GENERAL

The Plan was a defined contribution plan covering all full-time employees of the Plan Sponsor who had at least three months of service. It was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan administrator oversaw governance of the Plan and determined the appropriateness of the Plan's investment offerings.

CONTRIBUTIONS

Each year, participants could contribute up to 90% of pretax annual compensation, as defined in the Plan documents. Participants who had attained age 50 before the end of the Plan year were eligible to make catch-up contributions. Participants could also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants directed their contributions into various investment options offered by the Plan. The Plan offered various mutual funds and common/collective trusts as investment options for participants. The Plan Sponsor could, in its sole discretion, contribute a percentage of each participant's elective deferrals. These matching contributions, if any, were to be made at the end of the Plan year. No such contributions were made in the eleven months ended November 30, 2015 and in the year ended December 31, 2014.

As part of the integration process, the Plan stopped accepting contributions withheld from participant payroll beginning January 1, 2015, with Summit Health, Inc. employees becoming eligible to participate in the Quest Plan. A participant rolled over \$2,886 from another qualified defined contribution plan during the eleven months ended November 30, 2015. In addition, the Plan Sponsor contributed \$1,890 as qualified non-elective contributions to account for past service credit of selected employees.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE A - CONTINUED:

PARTICIPANT ACCOUNTS

Each participant's account was credited with the participant's contribution and allocations of Plan earnings (losses) and charged with an allocation of any administrative expenses paid by the Plan. Allocations were based on participant earnings or account balances, as defined by the Plan documents. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

VESTING

Participants were immediately vested in their contributions plus actual earnings thereon. Vesting in the Plan Sponsor's contribution portion of their accounts was based on years of continuous service. A participant was 100% vested after three years of credited service. As part of the integration process, Summit Health, Inc. employees received credit for their Summit Health Inc. service for purposes of vesting and eligibility under the Quest Plan.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants could borrow from their fund accounts a minimum of \$500 and up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The notes were secured by the balance in the participant's account and bore interest at prime plus 2%. Principal and interest was paid ratably through monthly payroll deductions and must have been repaid within five years unless used for the purchase of the participant's primary residence. Loans used to purchase the participant's primary residence could be repaid in a period not to exceed 30 years. There were no outstanding loans as of November 30, 2015.

PAYMENT OF BENEFITS

On termination of service due to death, disability or retirement, a participant may have elected to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or installment payments for a period not to exceed the participant's life expectancy or the joint life expectancy of the participant and his or her beneficiary. For termination of service due to other reasons, a participant may have received the value of the vested interest in his or her account as a lump-sum distribution. In connection with the merger of the Plan, each participant's account balance was transferred to the corresponding account of the participant in the Quest Plan.

FORFEITED ACCOUNTS

If a participant terminated employment for reasons other than death, disability or normal retirement age before any amounts received as annual discretionary Plan Sponsor's contributions were vested, the unvested amount was forfeited. Forfeited balances would be first allocated to

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE A - CONTINUED:

participants who were reemployed and would be entitled to reinstatement of portions of their annual discretionary Plan Sponsor's contributions that were forfeited previously and then the remainder, if any, was used to reduce future Plan Sponsor's contributions or pay administrative expenses of the Plan.

There were no forfeited balances as of November 30, 2015 and December 31, 2014.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

DATE OF MANAGEMENT'S REVIEW

Subsequent events were evaluated through June 13, 2016, which is the date the financial statements were available to be issued.

ESTIMATES

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported assets and liabilities and changes therein, and disclosures of contingent assets and liabilities and disclosures. Accordingly, actual results may differ from those estimates.

BASIS OF ACCOUNTING

The financial statements of the Plan were prepared on the accrual basis of accounting.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants were measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income was recorded on the accrual basis. Related fees were charged directly to the borrowing participant's account and were included in administrative expenses when incurred. As of November 30, 2015 and December 31, 2014, no allowance for credit losses has been recorded. If a participant did not make loan repayments and the plan administrator considered the participant loan to be in default, the loan balance was reduced, and the delinquent participant note receivable was recorded as a benefit payment based on the terms of the Plan document. There were no delinquent loans in the periods ended November 30, 2015 and December 31, 2014.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments were 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

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE B - CONTINUED:

measurement date. See Note C for discussion of fair value measurements.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation included the Plan's gains and losses on investments bought and sold as well as held during the year.

EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants totaling \$17,175 for contributions in excess of amounts allowed by the IRS were recorded as accounts payable at December 31, 2014 with a corresponding reduction of \$16,785 to contributions and \$390 to net appreciation in fair value of investments for the year ended December 31, 2014. The Plan distributed the 2014 excess contributions prior to March 15, 2015. There were no excess contributions payable at November 30, 2015.

PAYMENT OF BENEFITS

Benefits were recorded when paid.

OPERATING EXPENSES

Costs incident to the purchase and sale of securities, such as brokerage commissions and stock transfer taxes, were paid by the respective funds. All other administrative expenses incurred in the administration of the Plan were charged against the respective funds, unless the Plan Sponsor elected to pay such amounts. The Plan paid \$1,394 and \$675 for administrative fees in the eleven months ended November 30, 2015 and the year ended December 31, 2014, respectively. The Plan Sponsor has elected to pay audit, legal and certain other expenses of maintaining the Plan.

RECENT ACCOUNTING PRONOUNCEMENTS

In May, 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2015-07 ("ASU 2015-07"), "Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)." ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value per share as a practical expedient. For non-public business entities, ASU 2015-07 is effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. The Plan had chosen not to adopt ASU 2015-07 early.

NOTE C - FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE C - CONTINUED:

unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB 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.

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;
- 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Registered Investment companies (Mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end 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.

Collective trust fund: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE C - CONTINUED:

expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common/collective trusts	\$ 8,096	\$ 42,591	\$ -	\$ 50,687
Registered investment companies	225,995	-	-	225,995
Participant Loans	-	500	-	500
Total assets at fair value	\$ 234,091	\$ 43,091	\$ -	\$ 277,182

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as well as their redemption frequency as of December 31, 2014:

Collective trust funds:

SSgA Cash Series U.S. Government Fund - Class L	\$ 41,156	Daily
SSgA International Index Securities Lending Series Fund - Class VIII	933	Daily
SSgA Russell Small Cap Index Securities Lending Series Fund - Class VIII	6,171	Daily
SSgA S&P 500 Index Securities Lending Series Fund - Class IX	2,427	Daily

The Plan had no unfunded purchase commitments to any of the collective trust funds. There was no redemption notice period identified.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE D - INVESTMENTS:

The Plan's assets were held by State Street Bank and Trust Company (the "Trustee"). All investment information disclosed in the accompanying financial statements, including investments held and notes receivable from participants held at December 31, 2014, net realized/unrealized appreciation in fair value of investments, interest income on notes receivable from participants, investment income, investment expenses and transfer out for the eleven months ended November 30, 2015 and the year ended December 31, 2014, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee. The Plan's independent accountants did not perform auditing procedures with respect to the information, except for comparing such information to the related information included in the financial statements.

The following investments represent 5% or more of the Plan's net assets at December 31, 2014:

Invesco Real Estate Fund - Class A, 675.8037 shares	\$ 17,882
RS Value Fund - Class A, 548.6034 shares	18,126
SSgA Cash Series U.S. Government Fund - Class L, 41,155.5800 shares	41,156
T. Rowe Price Retirement 2020 Fund - Class R, 1,129.4086 shares	23,063
T. Rowe Price Retirement 2030 Fund - Class R, 1,030.9279 shares	23,402
T. Rowe Price Retirement 2040 Fund - Class R, 2,423.7428 shares	57,273

No assets were held at November 30, 2015.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE D - CONTINUED:

During the eleven months ended November 30, 2015 and during the year ended December 31, 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value as follows:

	<u>2015</u>	<u>2014</u>
Registered investment companies (Mutual funds)	\$ (746)	\$ (124)
Collective investment trusts	69	324
	(677)	200
Less: Earnings to be refunded with excess contributions	-	(390)
Total depreciation in value	\$ (677)	\$ (190)

NOTE E - RELATED PARTY TRANSACTIONS

Certain Plan investments were shares of collective investment trusts managed by State Street Global Advisors, an affiliate of the Trustee. Certain administrative and recordkeeping services for the Plan were provided by ADP. Therefore, the investment in the funds of the Trustee and entities affiliated with the Trustee as well as management transactions and administrative services of the recordkeeper qualified as party-in-interest transactions. Fees paid by the Plan for the investment management and administrative services amounted to \$1,394 and \$675 for the eleven months ended November 30, 2015 and the year ended December 31, 2014, respectively. Permissible Plan loans to participants were also party-in-interest transactions.

All of these party-in-interest transactions were exempt from the prohibited transaction rules of ERISA.

NOTE F - PLAN MERGER:

On April 18, 2014, the Plan Sponsor was acquired by Quest Diagnostics Incorporated. As a result of the acquisition, effective December 31, 2014, the Board of Directors of the Plan Sponsor authorized the merger of the Plan into the Quest Plan and the discontinuation of participation of the Summit Health Inc. in the Plan. As of January 1, 2015, Summit Health, Inc. became a participating employer in the Quest Plan with respect to prospective contributions of its eligible employees and Quest was delegated authority and responsibility to supervise the administration and operation of the Plan. These employees became eligible to participate in the Quest Plan and were credited with the length of service for Summit Health, Inc. under the eligibility service and vesting service provisions of the Quest Plan. On November 30, 2015, all of the assets of the Plan were transferred to the Quest Plan which concluded the integration process. The accompanying statement of changes in net assets available for benefits includes a net decrease in assets of \$38,726 and a transfer of Plan assets due to merger of \$221,281.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

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

	<u>2015</u>	<u>2014</u>
Net assets available for benefits per the financial statements	\$ -	\$ 260,007
Amounts related to excess contribution	-	17,175
Net assets available for benefits per Schedule H of Form 5500	\$ -	\$ 277,182

The following was a reconciliation of benefits paid to participants per the financial statements for the eleven months ended November 30, 2015 and for the year ended December 31, 2014 to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Benefits paid to participants per financial statements	\$ 42,197	\$ 101,231
Adjustment difference inclusive of earnings related to 2013 excess contribution paid in 2014	-	(194)
Benefits Paid to participants per Schedule H of Form 5500	\$ 42,197	\$ 101,037

The following was a reconciliation of corrective distributions per the financial statements for the eleven months ended November 30, 2015 and for the year ended December 31, 2014 to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Corrective distributions per financial statements	\$ -	\$ -
Excess contribution paid	17,175	17,839
Corrective distributions per Schedule H to the Form 5500	\$ 17,175	\$ 17,839

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE G - CONTINUED:

The following was a reconciliation of total contributions per the financial statements for the eleven months ended November 30, 2015 and for the year ended December 31, 2014 to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Total contributions per the financial statements	\$ 4,776	\$ 138,864
Excess contribution	-	17,175
Earnings on excess contribution	-	(390)
Total contributions per Schedule H of Form 5500	\$ 4,776	\$ 155,649

The following was a reconciliation of net appreciation of investments per the financial statements for the eleven months ended November 30, 2015 and for the year ended December 31, 2014 to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Net depreciation in fair value of investments per the financial statements	\$ (677)	\$ (190)
Amounts related to earnings on excess contribution	-	390
Net investment gain from registered investment companies and from common/collective trusts per Schedule H of Form 5500	\$ (677)	\$ 200

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE H - TAX STATUS:

The Plan Sponsor utilized a prototype plan from Automatic Data Processing, Inc. (ADP). The Internal Revenue Service (IRS) has determined and informed ADP by a letter dated July 8, 2014, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan had not been amended since receiving the letter and the plan administrator believes that the Plan was designed and was operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.

SUMMIT HEALTH, INC. 401(k) PLAN

BASIC FINANCIAL STATEMENTS

November 30, 2015 and December 31, 2014

SUMMIT HEALTH, INC. 401(k) PLAN
BASIC FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

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WIDLAK AND PETRICHES, P.C.

Certified Public Accountants

329 MAIN STREET, SUITE 2
ROCHESTER, MICHIGAN 48307
(248) 651-2324

POST OFFICE BOX 80247
ROCHESTER, MICHIGAN 48308
FAX (248) 651-0080

PAUL A. WIDLAK, C.P.A.
JAMES V. PETRICHES, C.P.A.
BRIAN J. CAIN, C.P.A.

MEMBERS
MICHIGAN ASSOCIATION OF
CERTIFIED PUBLIC ACCOUNTANTS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
the Summit Health, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Summit Health, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of November 30, 2015 and December 31, 2014, and the related statements of changes in net assets available for benefits for the eleven months ended November 30, 2015 and the year ended December 31, 2014, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 D, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the 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 a certification from the trustee as of and for the eleven months ended November 30, 2015 and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee 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.

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

The form and content of the information included in the financial statements, 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.

Widlak and Petriches, P.C.

WIDLAK AND PETRICHES, P.C.

Certified Public Accountants

June 13, 2016

SUMMIT HEALTH, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
November 30, 2015 and December 31, 2014

	November 30, 2015	December 31, 2014
ASSETS		
Investments (at fair value)		
Value of interest in common/collective trusts	\$ -	\$ 50,687
Value of interests in registered investment companies (e.g., mutual funds)	-	225,995
Total investments (at fair value)	-	276,682
Participant loans	-	500
TOTAL ASSETS	-	277,182
LIABILITIES		
Excess contributions payable	-	17,175
TOTAL LIABILITIES	-	17,175
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 260,007</u>

See notes to financial statements.

SUMMIT HEALTH, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the eleven months ended November 30, 2015 and for the year ended December 31, 2014

	For the eleven months ended November 30, 2015	For the year ended December 31, 2014
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net depreciation in fair value of investments	\$ (677)	\$ (190)
Dividends	731	12,653
Total investment income	54	12,463
Interest income on participant loans	35	24
Contributions:		
Participant	-	134,294
Other	4,776	4,570
Total contributions	4,776	138,864
TOTAL ADDITIONS	4,865	151,351
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	42,197	101,231
Administrative expenses	1,394	675
TOTAL DEDUCTIONS	43,591	101,906
Net (decrease) increase	(38,726)	49,445
Transfer out	(221,281)	-
NET ASSETS AVAILABLE FOR BENEFITS		
- BEGINNING OF YEAR	260,007	210,562
NET ASSETS AVAILABLE FOR BENEFITS		
- END OF YEAR	\$ -	\$ 260,007

See notes to financial statements.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE A - DESCRIPTION OF PLAN:

The following description of the Summit Health, Inc. 401(k) Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

PLAN MERGER

On April 18, 2014, Summit Health, Inc. ("the Plan Sponsor") was acquired by Quest Diagnostics Incorporated ("Quest"). As a result of the acquisition, effective December 31, 2014, the Board of Directors of the Plan Sponsor authorized the ceasing of the Plan Sponsor's participation in the Plan and, effective January 1, 2015, participation in the Profit Sharing Plan of Quest Diagnostics Incorporated ("the Quest Plan") and at the appropriate time, merger of the Plan into the Quest Plan. See Note F.

GENERAL

The Plan was a defined contribution plan covering all full-time employees of the Plan Sponsor who had at least three months of service. It was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan administrator oversaw governance of the Plan and determined the appropriateness of the Plan's investment offerings.

CONTRIBUTIONS

Each year, participants could contribute up to 90% of pretax annual compensation, as defined in the Plan documents. Participants who had attained age 50 before the end of the Plan year were eligible to make catch-up contributions. Participants could also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants directed their contributions into various investment options offered by the Plan. The Plan offered various mutual funds and common/collective trusts as investment options for participants. The Plan Sponsor could, in its sole discretion, contribute a percentage of each participant's elective deferrals. These matching contributions, if any, were to be made at the end of the Plan year. No such contributions were made in the eleven months ended November 30, 2015 and in the year ended December 31, 2014.

As part of the integration process, the Plan stopped accepting contributions withheld from participant payroll beginning January 1, 2015, with Summit Health, Inc. employees becoming eligible to participate in the Quest Plan. A participant rolled over \$2,886 from another qualified defined contribution plan during the eleven months ended November 30, 2015. In addition, the Plan Sponsor contributed \$1,890 as qualified non-elective contributions to account for past service credit of selected employees.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE A - CONTINUED:

PARTICIPANT ACCOUNTS

Each participant's account was credited with the participant's contribution and allocations of Plan earnings (losses) and charged with an allocation of any administrative expenses paid by the Plan. Allocations were based on participant earnings or account balances, as defined by the Plan documents. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

VESTING

Participants were immediately vested in their contributions plus actual earnings thereon. Vesting in the Plan Sponsor's contribution portion of their accounts was based on years of continuous service. A participant was 100% vested after three years of credited service. As part of the integration process, Summit Health, Inc. employees received credit for their Summit Health Inc. service for purposes of vesting and eligibility under the Quest Plan.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants could borrow from their fund accounts a minimum of \$500 and up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The notes were secured by the balance in the participant's account and bore interest at prime plus 2%. Principal and interest was paid ratably through monthly payroll deductions and must have been repaid within five years unless used for the purchase of the participant's primary residence. Loans used to purchase the participant's primary residence could be repaid in a period not to exceed 30 years. There were no outstanding loans as of November 30, 2015.

PAYMENT OF BENEFITS

On termination of service due to death, disability or retirement, a participant may have elected to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or installment payments for a period not to exceed the participant's life expectancy or the joint life expectancy of the participant and his or her beneficiary. For termination of service due to other reasons, a participant may have received the value of the vested interest in his or her account as a lump-sum distribution. In connection with the merger of the Plan, each participant's account balance was transferred to the corresponding account of the participant in the Quest Plan.

FORFEITED ACCOUNTS

If a participant terminated employment for reasons other than death, disability or normal retirement age before any amounts received as annual discretionary Plan Sponsor's contributions were vested, the unvested amount was forfeited. Forfeited balances would be first allocated to

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE A - CONTINUED:

participants who were reemployed and would be entitled to reinstatement of portions of their annual discretionary Plan Sponsor's contributions that were forfeited previously and then the remainder, if any, was used to reduce future Plan Sponsor's contributions or pay administrative expenses of the Plan.

There were no forfeited balances as of November 30, 2015 and December 31, 2014.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

DATE OF MANAGEMENT'S REVIEW

Subsequent events were evaluated through June 13, 2016, which is the date the financial statements were available to be issued.

ESTIMATES

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported assets and liabilities and changes therein, and disclosures of contingent assets and liabilities and disclosures. Accordingly, actual results may differ from those estimates.

BASIS OF ACCOUNTING

The financial statements of the Plan were prepared on the accrual basis of accounting.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants were measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income was recorded on the accrual basis. Related fees were charged directly to the borrowing participant's account and were included in administrative expenses when incurred. As of November 30, 2015 and December 31, 2014, no allowance for credit losses has been recorded. If a participant did not make loan repayments and the plan administrator considered the participant loan to be in default, the loan balance was reduced, and the delinquent participant note receivable was recorded as a benefit payment based on the terms of the Plan document. There were no delinquent loans in the periods ended November 30, 2015 and December 31, 2014.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments were 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

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE B - CONTINUED:

measurement date. See Note C for discussion of fair value measurements.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation included the Plan's gains and losses on investments bought and sold as well as held during the year.

EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants totaling \$17,175 for contributions in excess of amounts allowed by the IRS were recorded as accounts payable at December 31, 2014 with a corresponding reduction of \$16,785 to contributions and \$390 to net appreciation in fair value of investments for the year ended December 31, 2014. The Plan distributed the 2014 excess contributions prior to March 15, 2015. There were no excess contributions payable at November 30, 2015.

PAYMENT OF BENEFITS

Benefits were recorded when paid.

OPERATING EXPENSES

Costs incident to the purchase and sale of securities, such as brokerage commissions and stock transfer taxes, were paid by the respective funds. All other administrative expenses incurred in the administration of the Plan were charged against the respective funds, unless the Plan Sponsor elected to pay such amounts. The Plan paid \$1,394 and \$675 for administrative fees in the eleven months ended November 30, 2015 and the year ended December 31, 2014, respectively. The Plan Sponsor has elected to pay audit, legal and certain other expenses of maintaining the Plan.

RECENT ACCOUNTING PRONOUNCEMENTS

In May, 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2015-07 ("ASU 2015-07"), "Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)." ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value per share as a practical expedient. For non-public business entities, ASU 2015-07 is effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. The Plan had chosen not to adopt ASU 2015-07 early.

NOTE C - FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE C - CONTINUED:

unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB 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.

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;
- 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Registered Investment companies (Mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end 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.

Collective trust fund: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE C - CONTINUED:

expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common/collective trusts	\$ 8,096	\$ 42,591	\$ -	\$ 50,687
Registered investment companies	225,995	-	-	225,995
Participant Loans	-	500	-	500
Total assets at fair value	\$ 234,091	\$ 43,091	\$ -	\$ 277,182

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as well as their redemption frequency as of December 31, 2014:

Collective trust funds:

SSgA Cash Series U.S. Government Fund - Class L	\$ 41,156	Daily
SSgA International Index Securities Lending Series Fund - Class VIII	933	Daily
SSgA Russell Small Cap Index Securities Lending Series Fund - Class VIII	6,171	Daily
SSgA S&P 500 Index Securities Lending Series Fund - Class IX	2,427	Daily

The Plan had no unfunded purchase commitments to any of the collective trust funds. There was no redemption notice period identified.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE D - INVESTMENTS:

The Plan's assets were held by State Street Bank and Trust Company (the "Trustee"). All investment information disclosed in the accompanying financial statements, including investments held and notes receivable from participants held at December 31, 2014, net realized/unrealized appreciation in fair value of investments, interest income on notes receivable from participants, investment income, investment expenses and transfer out for the eleven months ended November 30, 2015 and the year ended December 31, 2014, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee. The Plan's independent accountants did not perform auditing procedures with respect to the information, except for comparing such information to the related information included in the financial statements.

The following investments represent 5% or more of the Plan's net assets at December 31, 2014:

Invesco Real Estate Fund - Class A, 675.8037 shares	\$ 17,882
RS Value Fund - Class A, 548.6034 shares	18,126
SSgA Cash Series U.S. Government Fund - Class L, 41,155.5800 shares	41,156
T. Rowe Price Retirement 2020 Fund - Class R, 1,129.4086 shares	23,063
T. Rowe Price Retirement 2030 Fund - Class R, 1,030.9279 shares	23,402
T. Rowe Price Retirement 2040 Fund - Class R, 2,423.7428 shares	57,273

No assets were held at November 30, 2015.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE D - CONTINUED:

During the eleven months ended November 30, 2015 and during the year ended December 31, 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value as follows:

	<u>2015</u>	<u>2014</u>
Registered investment companies (Mutual funds)	\$ (746)	\$ (124)
Collective investment trusts	69	324
	(677)	200
Less: Earnings to be refunded with excess contributions	-	(390)
Total depreciation in value	\$ (677)	\$ (190)

NOTE E - RELATED PARTY TRANSACTIONS

Certain Plan investments were shares of collective investment trusts managed by State Street Global Advisors, an affiliate of the Trustee. Certain administrative and recordkeeping services for the Plan were provided by ADP. Therefore, the investment in the funds of the Trustee and entities affiliated with the Trustee as well as management transactions and administrative services of the recordkeeper qualified as party-in-interest transactions. Fees paid by the Plan for the investment management and administrative services amounted to \$1,394 and \$675 for the eleven months ended November 30, 2015 and the year ended December 31, 2014, respectively. Permissible Plan loans to participants were also party-in-interest transactions.

All of these party-in-interest transactions were exempt from the prohibited transaction rules of ERISA.

NOTE F - PLAN MERGER:

On April 18, 2014, the Plan Sponsor was acquired by Quest Diagnostics Incorporated. As a result of the acquisition, effective December 31, 2014, the Board of Directors of the Plan Sponsor authorized the merger of the Plan into the Quest Plan and the discontinuation of participation of the Summit Health Inc. in the Plan. As of January 1, 2015, Summit Health, Inc. became a participating employer in the Quest Plan with respect to prospective contributions of its eligible employees and Quest was delegated authority and responsibility to supervise the administration and operation of the Plan. These employees became eligible to participate in the Quest Plan and were credited with the length of service for Summit Health, Inc. under the eligibility service and vesting service provisions of the Quest Plan. On November 30, 2015, all of the assets of the Plan were transferred to the Quest Plan which concluded the integration process. The accompanying statement of changes in net assets available for benefits includes a net decrease in assets of \$38,726 and a transfer of Plan assets due to merger of \$221,281.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

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

	<u>2015</u>	<u>2014</u>
Net assets available for benefits per the financial statements	\$ -	\$ 260,007
Amounts related to excess contribution	-	17,175
Net assets available for benefits per Schedule H of Form 5500	\$ -	\$ 277,182

The following was a reconciliation of benefits paid to participants per the financial statements for the eleven months ended November 30, 2015 and for the year ended December 31, 2014 to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Benefits paid to participants per financial statements	\$ 42,197	\$ 101,231
Adjustment difference inclusive of earnings related to 2013 excess contribution paid in 2014	-	(194)
Benefits Paid to participants per Schedule H of Form 5500	\$ 42,197	\$ 101,037

The following was a reconciliation of corrective distributions per the financial statements for the eleven months ended November 30, 2015 and for the year ended December 31, 2014 to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Corrective distributions per financial statements	\$ -	\$ -
Excess contribution paid	17,175	17,839
Corrective distributions per Schedule H to the Form 5500	\$ 17,175	\$ 17,839

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE G - CONTINUED:

The following was a reconciliation of total contributions per the financial statements for the eleven months ended November 30, 2015 and for the year ended December 31, 2014 to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Total contributions per the financial statements	\$ 4,776	\$ 138,864
Excess contribution	-	17,175
Earnings on excess contribution	-	(390)
Total contributions per Schedule H of Form 5500	\$ 4,776	\$ 155,649

The following was a reconciliation of net appreciation of investments per the financial statements for the eleven months ended November 30, 2015 and for the year ended December 31, 2014 to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Net depreciation in fair value of investments per the financial statements	\$ (677)	\$ (190)
Amounts related to earnings on excess contribution	-	390
Net investment gain from registered investment companies and from common/collective trusts per Schedule H of Form 5500	\$ (677)	\$ 200

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE H - TAX STATUS:

The Plan Sponsor utilized a prototype plan from Automatic Data Processing, Inc. (ADP). The Internal Revenue Service (IRS) has determined and informed ADP by a letter dated July 8, 2014, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan had not been amended since receiving the letter and the plan administrator believes that the Plan was designed and was operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.

SUMMIT HEALTH, INC. 401(k) PLAN

BASIC FINANCIAL STATEMENTS

November 30, 2015 and December 31, 2014

SUMMIT HEALTH, INC. 401(k) PLAN
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November 30, 2015 and December 31, 2014

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WIDLAK AND PETRICHES, P.C.

Certified Public Accountants

329 MAIN STREET, SUITE 2
ROCHESTER, MICHIGAN 48307
(248) 651-2324

POST OFFICE BOX 80247
ROCHESTER, MICHIGAN 48308
FAX (248) 651-0080

PAUL A. WIDLAK, C.P.A.
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MEMBERS
MICHIGAN ASSOCIATION OF
CERTIFIED PUBLIC ACCOUNTANTS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
the Summit Health, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Summit Health, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of November 30, 2015 and December 31, 2014, and the related statements of changes in net assets available for benefits for the eleven months ended November 30, 2015 and the year ended December 31, 2014, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 D, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the 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 a certification from the trustee as of and for the eleven months ended November 30, 2015 and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee 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.

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

The form and content of the information included in the financial statements, 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.

Widlak and Petriches, P.C.

WIDLAK AND PETRICHES, P.C.

Certified Public Accountants

June 13, 2016

SUMMIT HEALTH, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
November 30, 2015 and December 31, 2014

	November 30, 2015	December 31, 2014
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TOTAL ASSETS	-	277,182
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Excess contributions payable	-	17,175
TOTAL LIABILITIES	-	17,175
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 260,007</u>

See notes to financial statements.

SUMMIT HEALTH, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the eleven months ended November 30, 2015 and for the year ended December 31, 2014

	For the eleven months ended November 30, 2015	For the year ended December 31, 2014
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net depreciation in fair value of investments	\$ (677)	\$ (190)
Dividends	731	12,653
Total investment income	54	12,463
Interest income on participant loans	35	24
Contributions:		
Participant	-	134,294
Other	4,776	4,570
Total contributions	4,776	138,864
TOTAL ADDITIONS	4,865	151,351
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	42,197	101,231
Administrative expenses	1,394	675
TOTAL DEDUCTIONS	43,591	101,906
Net (decrease) increase	(38,726)	49,445
Transfer out	(221,281)	-
NET ASSETS AVAILABLE FOR BENEFITS		
- BEGINNING OF YEAR	260,007	210,562
NET ASSETS AVAILABLE FOR BENEFITS		
- END OF YEAR	\$ -	\$ 260,007

See notes to financial statements.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE A - DESCRIPTION OF PLAN:

The following description of the Summit Health, Inc. 401(k) Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

PLAN MERGER

On April 18, 2014, Summit Health, Inc. ("the Plan Sponsor") was acquired by Quest Diagnostics Incorporated ("Quest"). As a result of the acquisition, effective December 31, 2014, the Board of Directors of the Plan Sponsor authorized the ceasing of the Plan Sponsor's participation in the Plan and, effective January 1, 2015, participation in the Profit Sharing Plan of Quest Diagnostics Incorporated ("the Quest Plan") and at the appropriate time, merger of the Plan into the Quest Plan. See Note F.

GENERAL

The Plan was a defined contribution plan covering all full-time employees of the Plan Sponsor who had at least three months of service. It was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan administrator oversaw governance of the Plan and determined the appropriateness of the Plan's investment offerings.

CONTRIBUTIONS

Each year, participants could contribute up to 90% of pretax annual compensation, as defined in the Plan documents. Participants who had attained age 50 before the end of the Plan year were eligible to make catch-up contributions. Participants could also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants directed their contributions into various investment options offered by the Plan. The Plan offered various mutual funds and common/collective trusts as investment options for participants. The Plan Sponsor could, in its sole discretion, contribute a percentage of each participant's elective deferrals. These matching contributions, if any, were to be made at the end of the Plan year. No such contributions were made in the eleven months ended November 30, 2015 and in the year ended December 31, 2014.

As part of the integration process, the Plan stopped accepting contributions withheld from participant payroll beginning January 1, 2015, with Summit Health, Inc. employees becoming eligible to participate in the Quest Plan. A participant rolled over \$2,886 from another qualified defined contribution plan during the eleven months ended November 30, 2015. In addition, the Plan Sponsor contributed \$1,890 as qualified non-elective contributions to account for past service credit of selected employees.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE A - CONTINUED:

PARTICIPANT ACCOUNTS

Each participant's account was credited with the participant's contribution and allocations of Plan earnings (losses) and charged with an allocation of any administrative expenses paid by the Plan. Allocations were based on participant earnings or account balances, as defined by the Plan documents. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

VESTING

Participants were immediately vested in their contributions plus actual earnings thereon. Vesting in the Plan Sponsor's contribution portion of their accounts was based on years of continuous service. A participant was 100% vested after three years of credited service. As part of the integration process, Summit Health, Inc. employees received credit for their Summit Health Inc. service for purposes of vesting and eligibility under the Quest Plan.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants could borrow from their fund accounts a minimum of \$500 and up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The notes were secured by the balance in the participant's account and bore interest at prime plus 2%. Principal and interest was paid ratably through monthly payroll deductions and must have been repaid within five years unless used for the purchase of the participant's primary residence. Loans used to purchase the participant's primary residence could be repaid in a period not to exceed 30 years. There were no outstanding loans as of November 30, 2015.

PAYMENT OF BENEFITS

On termination of service due to death, disability or retirement, a participant may have elected to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or installment payments for a period not to exceed the participant's life expectancy or the joint life expectancy of the participant and his or her beneficiary. For termination of service due to other reasons, a participant may have received the value of the vested interest in his or her account as a lump-sum distribution. In connection with the merger of the Plan, each participant's account balance was transferred to the corresponding account of the participant in the Quest Plan.

FORFEITED ACCOUNTS

If a participant terminated employment for reasons other than death, disability or normal retirement age before any amounts received as annual discretionary Plan Sponsor's contributions were vested, the unvested amount was forfeited. Forfeited balances would be first allocated to

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE A - CONTINUED:

participants who were reemployed and would be entitled to reinstatement of portions of their annual discretionary Plan Sponsor's contributions that were forfeited previously and then the remainder, if any, was used to reduce future Plan Sponsor's contributions or pay administrative expenses of the Plan.

There were no forfeited balances as of November 30, 2015 and December 31, 2014.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

DATE OF MANAGEMENT'S REVIEW

Subsequent events were evaluated through June 13, 2016, which is the date the financial statements were available to be issued.

ESTIMATES

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported assets and liabilities and changes therein, and disclosures of contingent assets and liabilities and disclosures. Accordingly, actual results may differ from those estimates.

BASIS OF ACCOUNTING

The financial statements of the Plan were prepared on the accrual basis of accounting.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants were measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income was recorded on the accrual basis. Related fees were charged directly to the borrowing participant's account and were included in administrative expenses when incurred. As of November 30, 2015 and December 31, 2014, no allowance for credit losses has been recorded. If a participant did not make loan repayments and the plan administrator considered the participant loan to be in default, the loan balance was reduced, and the delinquent participant note receivable was recorded as a benefit payment based on the terms of the Plan document. There were no delinquent loans in the periods ended November 30, 2015 and December 31, 2014.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments were 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

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE B - CONTINUED:

measurement date. See Note C for discussion of fair value measurements.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation included the Plan's gains and losses on investments bought and sold as well as held during the year.

EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants totaling \$17,175 for contributions in excess of amounts allowed by the IRS were recorded as accounts payable at December 31, 2014 with a corresponding reduction of \$16,785 to contributions and \$390 to net appreciation in fair value of investments for the year ended December 31, 2014. The Plan distributed the 2014 excess contributions prior to March 15, 2015. There were no excess contributions payable at November 30, 2015.

PAYMENT OF BENEFITS

Benefits were recorded when paid.

OPERATING EXPENSES

Costs incident to the purchase and sale of securities, such as brokerage commissions and stock transfer taxes, were paid by the respective funds. All other administrative expenses incurred in the administration of the Plan were charged against the respective funds, unless the Plan Sponsor elected to pay such amounts. The Plan paid \$1,394 and \$675 for administrative fees in the eleven months ended November 30, 2015 and the year ended December 31, 2014, respectively. The Plan Sponsor has elected to pay audit, legal and certain other expenses of maintaining the Plan.

RECENT ACCOUNTING PRONOUNCEMENTS

In May, 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2015-07 ("ASU 2015-07"), "Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)." ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value per share as a practical expedient. For non-public business entities, ASU 2015-07 is effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. The Plan had chosen not to adopt ASU 2015-07 early.

NOTE C - FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE C - CONTINUED:

unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB 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.

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;
- 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Registered Investment companies (Mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end 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.

Collective trust fund: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE C - CONTINUED:

expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common/collective trusts	\$ 8,096	\$ 42,591	\$ -	\$ 50,687
Registered investment companies	225,995	-	-	225,995
Participant Loans	-	500	-	500
Total assets at fair value	\$ 234,091	\$ 43,091	\$ -	\$ 277,182

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as well as their redemption frequency as of December 31, 2014:

Collective trust funds:

SSgA Cash Series U.S. Government Fund - Class L	\$ 41,156	Daily
SSgA International Index Securities Lending Series Fund - Class VIII	933	Daily
SSgA Russell Small Cap Index Securities Lending Series Fund - Class VIII	6,171	Daily
SSgA S&P 500 Index Securities Lending Series Fund - Class IX	2,427	Daily

The Plan had no unfunded purchase commitments to any of the collective trust funds. There was no redemption notice period identified.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
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NOTE D - INVESTMENTS:

The Plan's assets were held by State Street Bank and Trust Company (the "Trustee"). All investment information disclosed in the accompanying financial statements, including investments held and notes receivable from participants held at December 31, 2014, net realized/unrealized appreciation in fair value of investments, interest income on notes receivable from participants, investment income, investment expenses and transfer out for the eleven months ended November 30, 2015 and the year ended December 31, 2014, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee. The Plan's independent accountants did not perform auditing procedures with respect to the information, except for comparing such information to the related information included in the financial statements.

The following investments represent 5% or more of the Plan's net assets at December 31, 2014:

Invesco Real Estate Fund - Class A, 675.8037 shares	\$ 17,882
RS Value Fund - Class A, 548.6034 shares	18,126
SSgA Cash Series U.S. Government Fund - Class L, 41,155.5800 shares	41,156
T. Rowe Price Retirement 2020 Fund - Class R, 1,129.4086 shares	23,063
T. Rowe Price Retirement 2030 Fund - Class R, 1,030.9279 shares	23,402
T. Rowe Price Retirement 2040 Fund - Class R, 2,423.7428 shares	57,273

No assets were held at November 30, 2015.

SUMMIT HEALTH, INC. 401(k) PLAN
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NOTE D - CONTINUED:

During the eleven months ended November 30, 2015 and during the year ended December 31, 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value as follows:

	<u>2015</u>	<u>2014</u>
Registered investment companies (Mutual funds)	\$ (746)	\$ (124)
Collective investment trusts	69	324
	(677)	200
Less: Earnings to be refunded with excess contributions	-	(390)
Total depreciation in value	\$ (677)	\$ (190)

NOTE E - RELATED PARTY TRANSACTIONS

Certain Plan investments were shares of collective investment trusts managed by State Street Global Advisors, an affiliate of the Trustee. Certain administrative and recordkeeping services for the Plan were provided by ADP. Therefore, the investment in the funds of the Trustee and entities affiliated with the Trustee as well as management transactions and administrative services of the recordkeeper qualified as party-in-interest transactions. Fees paid by the Plan for the investment management and administrative services amounted to \$1,394 and \$675 for the eleven months ended November 30, 2015 and the year ended December 31, 2014, respectively. Permissible Plan loans to participants were also party-in-interest transactions.

All of these party-in-interest transactions were exempt from the prohibited transaction rules of ERISA.

NOTE F - PLAN MERGER:

On April 18, 2014, the Plan Sponsor was acquired by Quest Diagnostics Incorporated. As a result of the acquisition, effective December 31, 2014, the Board of Directors of the Plan Sponsor authorized the merger of the Plan into the Quest Plan and the discontinuation of participation of the Summit Health Inc. in the Plan. As of January 1, 2015, Summit Health, Inc. became a participating employer in the Quest Plan with respect to prospective contributions of its eligible employees and Quest was delegated authority and responsibility to supervise the administration and operation of the Plan. These employees became eligible to participate in the Quest Plan and were credited with the length of service for Summit Health, Inc. under the eligibility service and vesting service provisions of the Quest Plan. On November 30, 2015, all of the assets of the Plan were transferred to the Quest Plan which concluded the integration process. The accompanying statement of changes in net assets available for benefits includes a net decrease in assets of \$38,726 and a transfer of Plan assets due to merger of \$221,281.

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
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NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

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

	<u>2015</u>	<u>2014</u>
Net assets available for benefits per the financial statements	\$ -	\$ 260,007
Amounts related to excess contribution	-	17,175
Net assets available for benefits per Schedule H of Form 5500	\$ -	\$ 277,182

The following was a reconciliation of benefits paid to participants per the financial statements for the eleven months ended November 30, 2015 and for the year ended December 31, 2014 to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Benefits paid to participants per financial statements	\$ 42,197	\$ 101,231
Adjustment difference inclusive of earnings related to 2013 excess contribution paid in 2014	-	(194)
Benefits Paid to participants per Schedule H of Form 5500	\$ 42,197	\$ 101,037

The following was a reconciliation of corrective distributions per the financial statements for the eleven months ended November 30, 2015 and for the year ended December 31, 2014 to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Corrective distributions per financial statements	\$ -	\$ -
Excess contribution paid	17,175	17,839
Corrective distributions per Schedule H to the Form 5500	\$ 17,175	\$ 17,839

SUMMIT HEALTH, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2015 and December 31, 2014

NOTE G - CONTINUED:

The following was a reconciliation of total contributions per the financial statements for the eleven months ended November 30, 2015 and for the year ended December 31, 2014 to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Total contributions per the financial statements	\$ 4,776	\$ 138,864
Excess contribution	-	17,175
Earnings on excess contribution	-	(390)
Total contributions per Schedule H of Form 5500	\$ 4,776	\$ 155,649

The following was a reconciliation of net appreciation of investments per the financial statements for the eleven months ended November 30, 2015 and for the year ended December 31, 2014 to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Net depreciation in fair value of investments per the financial statements	\$ (677)	\$ (190)
Amounts related to earnings on excess contribution	-	390
Net investment gain from registered investment companies and from common/collective trusts per Schedule H of Form 5500	\$ (677)	\$ 200

SUMMIT HEALTH, INC. 401(k) PLAN
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NOTE H - TAX STATUS:

The Plan Sponsor utilized a prototype plan from Automatic Data Processing, Inc. (ADP). The Internal Revenue Service (IRS) has determined and informed ADP by a letter dated July 8, 2014, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan had not been amended since receiving the letter and the plan administrator believes that the Plan was designed and was operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.