Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE QUEST DIAGNOSTICS PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 10/01/1973

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)
QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

500 PLAZA DRIVE
SECAUCUS, NJ 07094

2b Employer Identification Number (EIN) 38-2084239

2c Plan Sponsor's telephone number 800-222-0446

2d Business code (see instructions) 621510

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2023	NOREEN FARRELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	60942
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)**	48564
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	48635
b	Retired or separated participants receiving benefits	**6b**	459
c	Other retired or separated participants entitled to future benefits	**6c**	12528
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	61622
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	218
f	Total. Add lines **6d** and **6e**.	**6f**	61840
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	46349
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2H 2I 2J 2K 2O 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE QUEST DIAGNOSTICS PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

D Employer Identification Number (EIN)
38-2084239

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

AON INVESTMENTS USA INC

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	151000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER INVESTMENTS LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	81000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	39000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SEYFARTH SHAW LLP

36-2152202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 29 50 49	NONE	29000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GRANT THORNTON LLP

36-6055558

(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?
10 50	NONE	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 64 65	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
MFS GLOBAL EQUITY R4-MFS SERV CTR 04-2865649	.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE QUEST DIAGNOSTICS PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 333

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

D Employer Identification Number (EIN)
38-2084239

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: PRUDENTIAL CORE PLUS BOND FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

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)
23-6994310-165	C	22619000

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MANAGED INC PORTFOLIO II C

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-025	C	229723000

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND COMMINGLED POOL

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-133	C	255907000

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY OTC COMMINGLED POOL

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-143	C	200174000

a Name of MTIA, CCT, PSA, or 103-12 IE: GW&K SMALL /MID CAP FUND

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

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)
37-6558781-001	C	128119000

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET GOVERNMENT SHORT TERM

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

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)
04-0025081-000	C	1985000

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE QUEST DIAGNOSTICS PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

D Employer Identification Number (EIN)
38-2084239

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1282000	576000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1864000	82000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3034000	503000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1117000	1985000
(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)	610000	219000
(B) Common	1c(4)(B)	275531000	209132000
(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)	81523000	75733000
(9) Value of interest in common/collective trusts	1c(9)	1141847000	836542000
(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)	3823016000	3119776000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	419743000	363871000
(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	5749567000	4608419000
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	606000	791000
k Total liabilities (add all amounts in lines 1g through1j)	1k	606000	791000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5748961000	4607628000

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)	100604000	
(B) Participants	2a(1)(B)	205200000	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		305804000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1561000	
(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)	3818000	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5379000
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	9657000	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	239238000	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		248895000
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	93226000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	116493000	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-23267000
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-81942000	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-81942000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-236057000
(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)		-888480000
c Other income	2c		4379000
d Total income. Add all **income** amounts in column (b) and enter total	2d		-665289000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	475811000	
(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)		475811000
f Corrective distributions (see instructions)	2f		40000
g Certain deemed distributions of participant loans (see instructions)	2g		144000
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	39000	
(2) Contract administrator fees	2i(2)	272000	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	480000	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		791000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		476786000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1142075000
l Transfers of assets:			
(1) To this plan	2l(1)		742000
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE QUEST DIAGNOSTICS PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

D Employer Identification Number (EIN)
38-2084239

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☒ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☒ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☒ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☒ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

THE QUEST DIAGNOSTICS PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2022 and 2021

The Quest Diagnostics Profit Sharing Plan
Index to Financial Statements and Supplemental Schedule

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Financial Statements	
Report of Independent Certified Public Accountants	1
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Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2022	5
Notes to Financial Statements	6
Supplemental Schedule*	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2022	12

* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator and Plan Participants
The Quest Diagnostics Profit Sharing Plan

Opinion

We have audited the financial statements of The Quest Diagnostics Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audits of the financial statements in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of management for the financial statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with

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respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's responsibilities for the audit of the financial statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental schedule required by ERISA
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4(i), Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to

the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Grant Thornton LLP

Boston, Massachusetts
June 22, 2023

The Quest Diagnostics Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

(in thousands)

	2022	2021
Assets		
Cash	$ 576	$ 1,282
Investments, at fair value	4,531,525	5,661,864
Receivables		
Employer contributions receivable	82	1,864
Notes receivable from participants	75,733	81,523
Investment related receivables	503	3,034
Total assets	4,608,419	5,749,567
Liabilities		
Investment related payables	791	582
Other liabilities	—	24
Total liabilities	791	606
Net assets available for benefits	$ 4,607,628	$ 5,748,961

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

The Quest Diagnostics Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2022

(in thousands)

Investment income (loss)	
Net depreciation in fair value of investments	$ (1,225,367)
Dividends and interest	250,456
Total investment loss	(974,911)
Interest income on notes receivable from participants	3,818
Contributions	
Employer	100,604
Participants	205,200
Total contributions	305,804
Total reductions	(665,289)
Benefits paid to participants	475,995
Administrative expenses	791
Total deductions	476,786
Net decrease	(1,142,075)
Net transfer from other plans	742
Net assets available for benefits:	
Beginning of year	5,748,961
End of year	$ 4,607,628

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

1. Description of the Plan

Background - The Quest Diagnostics Profit Sharing Plan (the "Plan") is a defined contribution plan. The Plan was established by Quest Diagnostics Incorporated ("Quest Diagnostics" or the "Company"), which is the parent entity of a controlled group of corporations and other entities (the "Quest Control Group"). Effective August 15, 2021, sponsorship of the Plan was transferred from the Company to Quest Diagnostics Clinical Laboratories, Inc. (the "Plan Sponsor"), a wholly owned subsidiary of the Company. The Plan provides retirement benefits to eligible employees of the Quest Control Group. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The following description of the Plan provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Eligibility and Participant Contributions - Eligible employees can participate in the Plan as soon as administratively feasible upon becoming an employee of a member of the Quest Control Group. Participants may contribute an amount between 1% and 35% of their eligible compensation, as defined, for the contribution period. Catch-up contributions, as defined in the Internal Revenue Code (the "Code"), are permissible for eligible participants. Participants may modify their contribution percentage at any time.

Employer Matching Contributions - Members of the Quest Control Group match 100% of a participant's contribution, up to 5% of eligible compensation, in cash after the participant completes 12 months of service, as defined, with the Quest Control Group. Employer matching contributions are remitted to the Plan at the same time that the corresponding participants' contributions are remitted.

Participant Accounts - A separate individual account is established for each Plan participant. Each participant's account is credited with the participant's contributions and the employer matching contributions, plus actual earnings thereon. Earnings are allocated by fund based on the ratio of the participant's account invested in a particular fund to all participants' investments in that fund.

Vesting - Participants immediately vest in their voluntary contributions and employer matching contributions plus actual earnings thereon. Certain participants who were active in plans sponsored by previous employers have vesting requirements applied to their previous employer contribution accounts consistent with the vesting requirements in effect before the assets were merged into the Plan.

Investment Options - Participants may elect to have their voluntary contributions and employer matching contributions invested in any or all of the available investment options, most of which are managed by Fidelity Management & Research Company ("FMRC"). Participants may also elect to have their voluntary contributions and employer matching contributions invested in shares of the Company's common stock through the Quest Diagnostics stock fund. Participants have the ability to modify their investment elections daily, subject to certain short-term trading restrictions imposed by FMRC and the Company's securities trading policy, which prohibits trading in the Company's common stock on a short-term basis and while in possession of material non-public information about the Company.

Participants cannot contribute greater than 25% per pay period of pre-tax contributions into the Quest Diagnostics stock fund. In addition, participants can transfer monies into the Quest Diagnostics stock fund only to the extent the percentage of holdings in the Quest Diagnostics stock fund after the transfer remains below 25% of the participant's entire account balance.

Participants may elect to receive their dividends on investments in the Quest Diagnostics stock fund as a taxable cash payment or to have those dividends automatically reinvested.

Distribution Options - Participants can elect to have their benefit distributions, equal to the value of the vested portion of their account balance, paid in the form of a lump sum distribution, a direct rollover into another eligible retirement plan or traditional individual retirement account, installment payments, or for appropriate assets, an annuity.

Withdrawals - Withdrawals may be made for qualified emergencies, as defined in the Code. Depending upon the type of withdrawal and the status of the contribution, penalties upon withdrawal may apply. Participants may also begin to make withdrawals without penalty at age 59 ½, subject to certain limitations as defined by the Plan.

Forfeitures - Employer contributions in forfeited nonvested accounts may be used to reduce future employer contributions or pay the Plan's expenses. The forfeiture activity and account balance was not material as of December 31, 2022 and 2021.

Parties-in-Interest - Certain investments of the Plan, as of December 31, 2022 and 2021, are shares of mutual funds and collective funds managed by FMRC. These transactions qualify as party-in-interest transactions.

The Company also is a party-in-interest to the Plan under the definition provided in Section 3(14) of ERISA. Therefore, Quest Diagnostics stock transactions qualify as party-in-interest transactions. As of December 31, 2022 and 2021, the total fair value of the Plan's investment in Quest Diagnostics stock was $363,871 and $419,743, respectively. During 2022, total purchases and sales of Quest Diagnostics stock by the Plan were $4,198 and $18,058, respectively.

In addition, the Plan receives revenue sharing credits, as described below, which is considered a party-in-interest transaction.

Revenue Sharing Credits - A portion of the Plan's operating expenses and management fees are paid by the Plan using revenue sharing credits which are included in net depreciation in fair value of investments. Any amount of revenue sharing credits in excess of the fees is allocated to participant accounts. Revenue sharing credits earned for the year ended December 31, 2022 were $6,755. During the year ended December 31, 2022, $1,570 of revenue sharing credits were used for permissible management and recordkeeping fees, and $4,552 of revenue sharing credits were allocated to participant accounts. As of December 31, 2022 and 2021, the revenue sharing credit balance was $3,196 and $2,523, respectively. Effective January 2023, revenue sharing credits were no longer used to pay any portion of the operating expenses or management fees.

Notes Receivable from Participants - Participants are permitted to obtain loans in amounts not less than one thousand dollars and up to the lesser of (1) fifty thousand dollars, subject to certain limitations as defined by the Plan, or (2) 50% of the participant's vested portion of their account value. Except with respect to pre-existing loans transferred or merged into the Plan and as set forth below, a participant may have only one outstanding loan at a time and loans are repayable over a period of up to five years, unless the proceeds are used to purchase a primary residence, in which case a period of up to ten years is permitted. Loans are secured by one-half of a participant's vested account balance and bear interest at prime plus 1%. Rates range from 3.75% to 10.25%; maturities vary by participant. Principal and interest are repaid to the Plan through payroll deductions for active employees. Participants can elect to pay the entire outstanding balance of a loan directly to Fidelity Management Trust Company ("FMTC"). Actively employed participants can also submit a partial loan repayment directly to FMTC outside the normal payroll deductions, accelerating the payoff date. Participants who are no longer active employees may continue to repay outstanding loan balances directly to FMTC.

In addition, notes receivable from participants qualify as party-in-interest transactions. As of December 31, 2022 and 2021, the carrying value of the Plan's notes receivable from participants was $75,733 and $81,523, respectively.

Plan Administration - The plan administrator is the Benefits Administration Committee (the "Plan Administrator"), which is appointed by the Plan Sponsor's Board of Directors. The Plan's trustee and recordkeeper for the Plan investments are FMTC and Fidelity Investments Institutional Operations Company LLC, respectively.

Tax Status - The Internal Revenue Service ("IRS") has determined and informed the Company by letter dated September 22, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Code. The Plan Sponsor believes that the Plan, which has been amended since the IRS determination, continues to be designed and operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and related trust is tax-exempt.

Accounting principles generally accepted in the United States ("US GAAP") requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021 there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

Administrative Expenses - Accounting fees and certain administrative expenses of the Plan may be paid by the Plan or the Quest Control Group. Loan origination and certain distribution fees are charged against participant accounts.

Investment Management Fees - Investment management fees and operating expenses charged to the Plan for investments in the Plan are deducted from income earned on a daily basis and are not separately reflected. Consequently, investment management fees and operating expenses are reflected as a reduction of investment return for such investments.

Plan Termination - The Plan Sponsor intends to continue the Plan indefinitely, but reserves the right to change or discontinue the Plan at its discretion. Participants will become fully vested in their rights under the Plan if it is terminated or if employer matching contributions are completely discontinued.

Net Transfer from Other Plans - Following the acquisition of Pack Health, LLC by the Company, the Pack Health 401k plan was merged into the Plan on November 1, 2022.

2. Summary of Significant Accounting Policies

Basis of Presentation - The Plan maintains its financial records on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities, if any, at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan provides for participant-directed investment of their voluntary contributions and employer matching contributions in a number of investment funds. Certain underlying investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, changes in these risks could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Benefits paid to participants - Benefits payments to participants are recorded when paid.

Valuation of Investments - Investments are stated at fair value at year end. Refer to Note 3 for additional information related to the valuation of Plan investments.

Security Transactions and Income - Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income from investments is recorded as earned on an accrual basis.

Net depreciation in fair value of investments represents the Plan's net realized and unrealized gains (losses) on investments held by the Plan.

Notes Receivable from Participants - Notes receivable from participants are valued at their unpaid principal balance, plus any accrued but unpaid interest. Interest income from notes receivable from participants is recorded on an accrual basis.

3. Fair Value Measurements

Fair value measurements are based upon the exit price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants, and are determined by either the principal market or the most advantageous market.

Inputs used in the valuation techniques to derive fair values are classified based on a three-level hierarchy to prioritize the inputs used in the valuation techniques to derive fair values. The basis for fair value measurements for each level within the hierarchy is described below with Level 1 having the highest priority and Level 3 having the lowest.

Level 1:	Quoted prices in active markets for identical assets or liabilities.
Level 2:	Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs are observable in active markets.
Level 3:	Valuations derived from valuation techniques in which one or more significant inputs are unobservable.

During the year ended December 31, 2022, certain investments in shares of common stock, which were previously classified in Level 3 of the fair value hierarchy, are now classified within Level 1 of the fair value hierarchy as they are now actively traded. Excluding this, there were no transfers between levels.

The following table provides a summary of the assets in the Plan that are measured at fair value on a recurring basis:

		Basis of Fair Value Measurements		
December 31, 2022	**Total**	**Level 1**	**Level 2**	**Level 3**
Mutual funds	$ 3,119,776	$ 3,119,776	$ —	$ —
Quest Diagnostics common stock	363,871	363,871	—	—
Other common stock	209,132	209,069	—	63
Preferred stock	219	219	—	—
Subtotal	$ 3,692,998	$ 3,692,935	$ —	$ 63
Investments measured at NAV as a practical expedient: (A)	838,527			
Total investments, at fair value	$ 4,531,525			

		Basis of Fair Value Measurements		
December 31, 2021	**Total**	**Level 1**	**Level 2**	**Level 3**
Mutual funds	$ 3,823,016	$ 3,823,016	$ —	$ —
Quest Diagnostics common stock	419,743	419,743	—	—
Other common stock	275,531	272,444	—	3,087
Preferred stock	610	610	—	—
Subtotal	$ 4,518,900	$ 4,515,813	$ —	$ 3,087
Investments measured at NAV as a practical expedient: (A)	1,142,964			
Total investments, at fair value	$ 5,661,864			

(A) Certain investments, including the Collective Funds, that were measured at fair value using the net asset value ("NAV") per share (or its equivalent) practical expedient were not classified in the fair value hierarchy. There are no unfunded commitments or redemption restrictions related to these investments.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no significant changes in the methodologies used as of December 31, 2022 and 2021.

Mutual Funds: Valued at the NAV of shares held by the Plan at year end reported on an active market.

Quest Diagnostics Common Stock, Other Common Stock and Preferred Stock classified as level 1: Valued at the closing price reported on the active market on which the individual securities are traded.

Other Common Stock classified as level 3: Valued using a valuation technique based on available information, which may consider market-based valuation multiples; a discount or premium from market value of a similar, freely traded equity security of the same issuer; or some combination. These fair value measurements are classified within Level 3 of the fair value hierarchy as the fair value is based on significant inputs that are not observable.

Collective Funds: Valued at NAV per unit as determined by the trustee at year end. The NAV is used as a practical expedient to estimate fair value.

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

4. Commitments and Contingencies

In 2020, two putative class action lawsuits were filed in the U.S. District Court for New Jersey against the Company and other defendants with respect to the Plan. The complaint alleges, among other things, that the fiduciaries of the Plan breached their duties by failing to disclose the expenses and risks of plan investment options, allowing unreasonable administration expenses to be charged to plan participants, and selecting and retaining high cost and poor performing investments. The Plan itself is not named as a defendant. In October 2020, the court consolidated the two lawsuits under the caption In re: Quest Diagnostics ERISA Litigation and plaintiffs filed a consolidated amended complaint. In May 2021, the court denied the Company's motion to dismiss the complaint. Discovery is proceeding.

The Quest Diagnostics Profit Sharing Plan

EIN: #38-2084239 Plan: #333

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2022 (dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
	Vanguard Total International Stock Index Fund Institutional Shares	Mutual Fund	***	$ 30,450
	T Rowe Price Government Reserve Investment Fund	Mutual Fund	***	2,310
	Vanguard Extended Market Index Fund Institutional Shares	Mutual Fund	***	37,785
	Vanguard Total Bond Market Index Fund - Institutional Plus Share Class	Mutual Fund	***	90,772
	MFS Global Equity Fund Class R4	Mutual Fund	***	18,238
*	Fidelity Diversified International Fund Class K6	Mutual Fund	***	76,969
*	Fidelity Freedom K 2005 Fund	Mutual Fund	***	5,727
*	Fidelity Freedom K 2010 Fund	Mutual Fund	***	17,365
*	Fidelity Freedom K 2015 Fund	Mutual Fund	***	45,983
*	Fidelity Freedom K 2020 Fund	Mutual Fund	***	155,671
*	Fidelity Freedom K 2025 Fund	Mutual Fund	***	332,230
*	Fidelity Freedom K 2030 Fund	Mutual Fund	***	390,201
*	Fidelity Freedom K 2035 Fund	Mutual Fund	***	331,027
*	Fidelity Freedom K 2040 Fund	Mutual Fund	***	248,092
*	Fidelity Freedom K 2045 Fund	Mutual Fund	***	190,917
*	Fidelity Freedom K 2050 Fund	Mutual Fund	***	125,184
*	Fidelity Freedom K 2055 Fund	Mutual Fund	***	67,544
*	Fidelity Freedom K 2060 Fund	Mutual Fund	***	32,450
*	Fidelity Freedom K 2065 Fund	Mutual Fund	***	6,336
*	Fidelity Freedom K Income Fund	Mutual Fund	***	14,099
*	Fidelity Puritan Fund Class K	Mutual Fund	***	336,073
*	Fidelity 500 Index Fund - Institutional Premium Class	Mutual Fund	***	465,272
*	Fidelity Investments Money Market Government Portfolio - Institutional Class	Mutual Fund	***	99,081
	Total Interest in Mutual Funds			$ 3,119,776
*	Fidelity Managed Income Portfolio II - Class 3	Collective Fund	***	$ 229,723
*	Fidelity Contrafund Comingled Pool	Collective Fund	***	255,907
*	Fidelity OTC Comingled Pool	Collective Fund	***	200,174
	GW&K Small/Mid Cap Fund	Collective Fund	***	128,119
	Prudential Core Plus Bond Fund Class 15	Collective Fund	***	22,619
	State Street Short Term Investment Fund	Collective Fund	***	1,985
	Total Interest in Collective Funds			$ 838,527
*	Quest Diagnostics Incorporated	Common Stock	***	$ 363,871

The Quest Diagnostics Profit Sharing Plan

EIN: #38-2084239 Plan: #333

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2022 (dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
	Abbvie Inc	Other Common Stock	***	$ 1,603
	Accenture Plc Cl A	Other Common Stock	***	574
	Advanced Micro Devices Inc	Other Common Stock	***	619
	Affirm Holdings Inc	Other Common Stock	***	94
	Alphabet Inc Cl A	Other Common Stock	***	7,179
	Alphabet Inc Cl C	Other Common Stock	***	577
	Amazon.Com Inc	Other Common Stock	***	6,295
	Ameren Corp	Other Common Stock	***	1,285
	American International Group	Other Common Stock	***	2,476
	Amphenol Corporation Cl A	Other Common Stock	***	1,657
	Apple Inc	Other Common Stock	***	7,290
	Applied Materials Inc	Other Common Stock	***	282
	Arista Networks Inc	Other Common Stock	***	1,262
	Asml Hldg Nv (Ny Reg Shs) New York Registered Shar	Other Common Stock	***	2,154
	Atlassian Corp Plc Cls A	Other Common Stock	***	728
	Avalonbay Communities Inc Reit	Other Common Stock	***	2,464
	Avantor Inc	Other Common Stock	***	676
	Bank Of America Corporation	Other Common Stock	***	1,945
	Becton Dickinson & Co	Other Common Stock	***	4,008
	Best Buy Co Inc	Other Common Stock	***	1,155
	Bristol-Myers Squibb Co	Other Common Stock	***	872
	Cadence Design Systems Inc	Other Common Stock	***	1,141
	Cf Industries Holdings Inc	Other Common Stock	***	839
	Chipotle Mexican Grill Inc	Other Common Stock	***	765
	Chubb Ltd	Other Common Stock	***	2,850
	Cigna Group (The)	Other Common Stock	***	6,250
	Cisco Systems Inc	Other Common Stock	***	664
	Citigroup Inc	Other Common Stock	***	1,020
	Coca Cola Co	Other Common Stock	***	922
	Comcast Corp Cl A	Other Common Stock	***	799
	Conagra Brands Inc	Other Common Stock	***	2,166
	Conocophillips	Other Common Stock	***	1,859
	Coupang Inc A	Other Common Stock	***	511
	Cummins Inc	Other Common Stock	***	1,823
	Cvs Health Corp	Other Common Stock	***	986
	Daiichi Sankyo Co-Spon Adr	Other Common Stock	***	535
	Disney (Walt) Co	Other Common Stock	***	1,790
	Dollar General Corp	Other Common Stock	***	1,578
	Dominion Energy Inc	Other Common Stock	***	1,220

The Quest Diagnostics Profit Sharing Plan

EIN: #38-2084239 Plan: #333

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2022 (dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
	Elanco Animal Health Inc	Other Common Stock	***	$ 697
	Elevance Health Inc	Other Common Stock	***	2,355
	Entergy Corp	Other Common Stock	***	458
	Equinix Inc	Other Common Stock	***	1,063
	Equitable Holdings Inc	Other Common Stock	***	1,509
	Exxon Mobil Corp	Other Common Stock	***	1,892
	Fifth Third Bancorp	Other Common Stock	***	897
	Fiserv Inc	Other Common Stock	***	5,864
	Fortinet Inc	Other Common Stock	***	400
	General Electric Co	Other Common Stock	***	1,975
	Global Payments Inc	Other Common Stock	***	1,152
	Goldman Sachs Group Inc	Other Common Stock	***	716
	Hartford Finl Svcs Group Inc	Other Common Stock	***	1,746
	Hashicorp Inc	Other Common Stock	***	105
	Hologic Inc	Other Common Stock	***	679
	Humana Inc	Other Common Stock	***	1,354
	Huntington Bancshares Inc	Other Common Stock	***	1,412
	Iac Inc	Other Common Stock	***	252
	Illumina Inc	Other Common Stock	***	179
	Ingersoll Rand Inc	Other Common Stock	***	1,335
	Insulet Corp	Other Common Stock	***	776
	International Flavors & Fragra	Other Common Stock	***	1,487
	International Paper Co	Other Common Stock	***	1,864
	Intuit Inc	Other Common Stock	***	3,701
	Intuitive Surgical Inc	Other Common Stock	***	2,418
	Johnson & Johnson	Other Common Stock	***	3,336
	Kimberly Clark Corp	Other Common Stock	***	1,735
	Kohls Corp	Other Common Stock	***	475
	L3Harris Technologies Inc	Other Common Stock	***	1,757
	Las Vegas Sands Corp	Other Common Stock	***	621
	Lilly (Eli) & Co	Other Common Stock	***	1,921
	Live Nation Entertainment Inc	Other Common Stock	***	519
	Lululemon Athletica Inc	Other Common Stock	***	462
	Magna Intl Inc	Other Common Stock	***	502
	Mastercard Inc Cl A	Other Common Stock	***	2,878
	Match Group Inc	Other Common Stock	***	282
	Medtronic Plc	Other Common Stock	***	1,736
	Merck & Co Inc New	Other Common Stock	***	1,518
	Meta Platforms Inc Cl A	Other Common Stock	***	2,139

The Quest Diagnostics Profit Sharing Plan

EIN: #38-2084239 Plan: #333

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2022 (dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
	Microsoft Corp	Other Common Stock	***	$ 13,147
	Mongodb Inc Cl A	Other Common Stock	***	499
	Monster Beverage Corp	Other Common Stock	***	1,153
	Netflix Inc	Other Common Stock	***	1,291
	News Corp New Cl A	Other Common Stock	***	1,609
	Nike Inc Cl B	Other Common Stock	***	737
	Nvidia Corp	Other Common Stock	***	1,966
	Old Dominion Freight Lines Inc	Other Common Stock	***	376
	Peloton Interactive Inc Cl A	Other Common Stock	***	368
	Pfizer Inc	Other Common Stock	***	1,222
	Philip Morris Intl Inc	Other Common Stock	***	2,573
	Qualcomm Inc	Other Common Stock	***	2,354
	Rivian Automotive Inc	Other Common Stock	***	1,401
	Ross Stores Inc	Other Common Stock	***	2,429
	Rpm International Inc	Other Common Stock	***	793
	Salesforce Inc	Other Common Stock	***	1,444
	Sempra Energy	Other Common Stock	***	2,222
	Servicenow Inc	Other Common Stock	***	1,587
	Siemens Ag Spon Adr	Other Common Stock	***	1,662
	Southern Co	Other Common Stock	***	3,558
	Southwest Airlines Co	Other Common Stock	***	480
	Spotify Technology Sa	Other Common Stock	***	541
	Stanley Black & Decker Inc	Other Common Stock	***	1,209
	Stericycle Inc	Other Common Stock	***	196
	Stripe Inc Class B Pp	Other Common Stock	***	63
	Stryker Corp	Other Common Stock	***	2,526
	Tc Energy Corp	Other Common Stock	***	1,895
	Te Connectivity Ltd	Other Common Stock	***	338
	Texas Instruments Inc	Other Common Stock	***	742
	The Booking Holdings Inc	Other Common Stock	***	1,286
	Thermo Fisher Scientific Inc	Other Common Stock	***	881
	Tjx Companies Inc New	Other Common Stock	***	663
	Totalenergies Se Adr	Other Common Stock	***	3,487
	Trade Desk Inc	Other Common Stock	***	321
	United Parcel Service Inc Cl B	Other Common Stock	***	1,803
	Unitedhealth Group Inc	Other Common Stock	***	5,202
	Us Bancorp Del	Other Common Stock	***	1,275
	Verizon Communications Inc	Other Common Stock	***	319

The Quest Diagnostics Profit Sharing Plan

EIN: #38-2084239 Plan: #333

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2022 (dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
	Vertex Pharmaceuticals Inc	Other Common Stock	***	$ 1,008
	Visa Inc Cl A	Other Common Stock	***	2,604
	Walmart Inc	Other Common Stock	***	2,532
	Wells Fargo & Co	Other Common Stock	***	3,230
	Western Digital Corp	Other Common Stock	***	1,098
	Weyerhaeuser Co	Other Common Stock	***	1,727
	Zimmer Biomet Hldgs Inc	Other Common Stock	***	2,235
	Total Interest in Other Common Stock			$ 209,132
	Becton Dickinson And Co 6.5% PC 06/01/2023	Preferred Stock	***	$ 206
	Elanco Animal Health Inc 5% PC 02/01/2023	Preferred Stock	***	13
	Total Interest in Preferred Stock			$ 219
	Investments at Fair Value			$ 4,531,525
*	Notes Receivable from Participants**	Loans		$ 75,733
	TOTAL			$ 4,607,258

* Party-in-interest to the Plan.

** Rates range from 3.75% to 10.25%; maturities vary by participant.

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

Multiple Employer Plan Participating Employer Information

The Quest Diagnostics Profit Sharing Plan
EIN/PN: 38-2084239/333

Name of participating employer	EIN	Percent of Total Contributions for Plan Year	Aggregate Account Balances at End of Year Attributable to Participating Employer
Quest Diagnostics Incorporated (DE)	38-2084239	97.58%	$4,422,389,859
Desert Pathologists Medical Group, Inc.	95-2938200	0.07%	$2,965,957
Diagnostics Laboratory of Oklahoma LLC (OK)	73-1560760	1.31%	$59,319,136
Quest Diagnostics Venture LLC (PA)	23-2933949	1.04%	$47,084,564
Total		**100%**	**$4,531,759,516**

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Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE QUEST DIAGNOSTICS PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 10/01/1973

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)

QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

500 PLAZA DRIVE

SECAUCUS NJ 07094

2b Employer Identification Number (EIN) 38-2084239

2c Plan Sponsor's telephone number 800-222-0446

2d Business code (see instructions) 621510

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

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

SIGN HERE	Noreen M. Farrell	10/4/2023	NOREEN FARRELL
	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

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5 Total number of participants at the beginning of the plan year	**5**	60,942
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)**	48,564
a(2) Total number of active participants at the end of the plan year	**6a(2)**	48,635
b Retired or separated participants receiving benefits	**6b**	459
c Other retired or separated participants entitled to future benefits	**6c**	12,528
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	61,622
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	218
f Total. Add lines **6d** and **6e**.	**6f**	61,840
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	46,349
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2H 2I 2J 2K 2O 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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_____

The Quest Diagnostics Profit Sharing Plan

EIN: #38-2084239 Plan: #333

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2022 (dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
	Vanguard Total International Stock Index Fund Institutional Shares	Mutual Fund	***	$ 30,450
	T Rowe Price Government Reserve Investment Fund	Mutual Fund	***	2,310
	Vanguard Extended Market Index Fund Institutional Shares	Mutual Fund	***	37,785
	Vanguard Total Bond Market Index Fund - Institutional Plus Share Class	Mutual Fund	***	90,772
	MFS Global Equity Fund Class R4	Mutual Fund	***	18,238
*	Fidelity Diversified International Fund Class K6	Mutual Fund	***	76,969
*	Fidelity Freedom K 2005 Fund	Mutual Fund	***	5,727
*	Fidelity Freedom K 2010 Fund	Mutual Fund	***	17,365
*	Fidelity Freedom K 2015 Fund	Mutual Fund	***	45,983
*	Fidelity Freedom K 2020 Fund	Mutual Fund	***	155,671
*	Fidelity Freedom K 2025 Fund	Mutual Fund	***	332,230
*	Fidelity Freedom K 2030 Fund	Mutual Fund	***	390,201
*	Fidelity Freedom K 2035 Fund	Mutual Fund	***	331,027
*	Fidelity Freedom K 2040 Fund	Mutual Fund	***	248,092
*	Fidelity Freedom K 2045 Fund	Mutual Fund	***	190,917
*	Fidelity Freedom K 2050 Fund	Mutual Fund	***	125,184
*	Fidelity Freedom K 2055 Fund	Mutual Fund	***	67,544
*	Fidelity Freedom K 2060 Fund	Mutual Fund	***	32,450
*	Fidelity Freedom K 2065 Fund	Mutual Fund	***	6,336
*	Fidelity Freedom K Income Fund	Mutual Fund	***	14,099
*	Fidelity Puritan Fund Class K	Mutual Fund	***	336,073
*	Fidelity 500 Index Fund - Institutional Premium Class	Mutual Fund	***	465,272
*	Fidelity Investments Money Market Government Portfolio - Institutional Class	Mutual Fund	***	99,081
	Total Interest in Mutual Funds			$ 3,119,776
*	Fidelity Managed Income Portfolio II - Class 3	Collective Fund	***	$ 229,723
*	Fidelity Contrafund Comingled Pool	Collective Fund	***	255,907
*	Fidelity OTC Comingled Pool	Collective Fund	***	200,174
	GW&K Small/Mid Cap Fund	Collective Fund	***	128,119
	Prudential Core Plus Bond Fund Class 15	Collective Fund	***	22,619
	State Street Short Term Investment Fund	Collective Fund	***	1,985
	Total Interest in Collective Funds			$ 838,527
*	Quest Diagnostics Incorporated	Common Stock	***	$ 363,871

The Quest Diagnostics Profit Sharing Plan

EIN: #38-2084239 Plan: #333

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2022 (dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
	Abbvie Inc	Other Common Stock	***	$ 1,603
	Accenture Plc Cl A	Other Common Stock	***	574
	Advanced Micro Devices Inc	Other Common Stock	***	619
	Affirm Holdings Inc	Other Common Stock	***	94
	Alphabet Inc Cl A	Other Common Stock	***	7,179
	Alphabet Inc Cl C	Other Common Stock	***	577
	Amazon.Com Inc	Other Common Stock	***	6,295
	Ameren Corp	Other Common Stock	***	1,285
	American International Group	Other Common Stock	***	2,476
	Amphenol Corporation Cl A	Other Common Stock	***	1,657
	Apple Inc	Other Common Stock	***	7,290
	Applied Materials Inc	Other Common Stock	***	282
	Arista Networks Inc	Other Common Stock	***	1,262
	Asml Hldg Nv (Ny Reg Shs) New York Registered Shar	Other Common Stock	***	2,154
	Atlassian Corp Plc Cls A	Other Common Stock	***	728
	Avalonbay Communities Inc Reit	Other Common Stock	***	2,464
	Avantor Inc	Other Common Stock	***	676
	Bank Of America Corporation	Other Common Stock	***	1,945
	Becton Dickinson & Co	Other Common Stock	***	4,008
	Best Buy Co Inc	Other Common Stock	***	1,155
	Bristol-Myers Squibb Co	Other Common Stock	***	872
	Cadence Design Systems Inc	Other Common Stock	***	1,141
	Cf Industries Holdings Inc	Other Common Stock	***	839
	Chipotle Mexican Grill Inc	Other Common Stock	***	765
	Chubb Ltd	Other Common Stock	***	2,850
	Cigna Group (The)	Other Common Stock	***	6,250
	Cisco Systems Inc	Other Common Stock	***	664
	Citigroup Inc	Other Common Stock	***	1,020
	Coca Cola Co	Other Common Stock	***	922
	Comcast Corp Cl A	Other Common Stock	***	799
	Conagra Brands Inc	Other Common Stock	***	2,166
	Conocophillips	Other Common Stock	***	1,859
	Coupang Inc A	Other Common Stock	***	511
	Cummins Inc	Other Common Stock	***	1,823
	Cvs Health Corp	Other Common Stock	***	986
	Daiichi Sankyo Co-Spon Adr	Other Common Stock	***	535
	Disney (Walt) Co	Other Common Stock	***	1,790
	Dollar General Corp	Other Common Stock	***	1,578
	Dominion Energy Inc	Other Common Stock	***	1,220

The Quest Diagnostics Profit Sharing Plan

EIN: #38-2084239 Plan: #333

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2022 (dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
	Elanco Animal Health Inc	Other Common Stock	***	$ 697
	Elevance Health Inc	Other Common Stock	***	2,355
	Entergy Corp	Other Common Stock	***	458
	Equinix Inc	Other Common Stock	***	1,063
	Equitable Holdings Inc	Other Common Stock	***	1,509
	Exxon Mobil Corp	Other Common Stock	***	1,892
	Fifth Third Bancorp	Other Common Stock	***	897
	Fiserv Inc	Other Common Stock	***	5,864
	Fortinet Inc	Other Common Stock	***	400
	General Electric Co	Other Common Stock	***	1,975
	Global Payments Inc	Other Common Stock	***	1,152
	Goldman Sachs Group Inc	Other Common Stock	***	716
	Hartford Finl Svcs Group Inc	Other Common Stock	***	1,746
	Hashicorp Inc	Other Common Stock	***	105
	Hologic Inc	Other Common Stock	***	679
	Humana Inc	Other Common Stock	***	1,354
	Huntington Bancshares Inc	Other Common Stock	***	1,412
	Iac Inc	Other Common Stock	***	252
	Illumina Inc	Other Common Stock	***	179
	Ingersoll Rand Inc	Other Common Stock	***	1,335
	Insulet Corp	Other Common Stock	***	776
	International Flavors & Fragra	Other Common Stock	***	1,487
	International Paper Co	Other Common Stock	***	1,864
	Intuit Inc	Other Common Stock	***	3,701
	Intuitive Surgical Inc	Other Common Stock	***	2,418
	Johnson & Johnson	Other Common Stock	***	3,336
	Kimberly Clark Corp	Other Common Stock	***	1,735
	Kohls Corp	Other Common Stock	***	475
	L3Harris Technologies Inc	Other Common Stock	***	1,757
	Las Vegas Sands Corp	Other Common Stock	***	621
	Lilly (Eli) & Co	Other Common Stock	***	1,921
	Live Nation Entertainment Inc	Other Common Stock	***	519
	Lululemon Athletica Inc	Other Common Stock	***	462
	Magna Intl Inc	Other Common Stock	***	502
	Mastercard Inc Cl A	Other Common Stock	***	2,878
	Match Group Inc	Other Common Stock	***	282
	Medtronic Plc	Other Common Stock	***	1,736
	Merck & Co Inc New	Other Common Stock	***	1,518
	Meta Platforms Inc Cl A	Other Common Stock	***	2,139

The Quest Diagnostics Profit Sharing Plan

EIN: #38-2084239 Plan: #333

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2022 (dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
	Microsoft Corp	Other Common Stock	***	$ 13,147
	Mongodb Inc Cl A	Other Common Stock	***	499
	Monster Beverage Corp	Other Common Stock	***	1,153
	Netflix Inc	Other Common Stock	***	1,291
	News Corp New Cl A	Other Common Stock	***	1,609
	Nike Inc Cl B	Other Common Stock	***	737
	Nvidia Corp	Other Common Stock	***	1,966
	Old Dominion Freight Lines Inc	Other Common Stock	***	376
	Peloton Interactive Inc Cl A	Other Common Stock	***	368
	Pfizer Inc	Other Common Stock	***	1,222
	Philip Morris Intl Inc	Other Common Stock	***	2,573
	Qualcomm Inc	Other Common Stock	***	2,354
	Rivian Automotive Inc	Other Common Stock	***	1,401
	Ross Stores Inc	Other Common Stock	***	2,429
	Rpm International Inc	Other Common Stock	***	793
	Salesforce Inc	Other Common Stock	***	1,444
	Sempra Energy	Other Common Stock	***	2,222
	Servicenow Inc	Other Common Stock	***	1,587
	Siemens Ag Spon Adr	Other Common Stock	***	1,662
	Southern Co	Other Common Stock	***	3,558
	Southwest Airlines Co	Other Common Stock	***	480
	Spotify Technology Sa	Other Common Stock	***	541
	Stanley Black & Decker Inc	Other Common Stock	***	1,209
	Stericycle Inc	Other Common Stock	***	196
	Stripe Inc Class B Pp	Other Common Stock	***	63
	Stryker Corp	Other Common Stock	***	2,526
	Tc Energy Corp	Other Common Stock	***	1,895
	Te Connectivity Ltd	Other Common Stock	***	338
	Texas Instruments Inc	Other Common Stock	***	742
	The Booking Holdings Inc	Other Common Stock	***	1,286
	Thermo Fisher Scientific Inc	Other Common Stock	***	881
	Tjx Companies Inc New	Other Common Stock	***	663
	Totalenergies Se Adr	Other Common Stock	***	3,487
	Trade Desk Inc	Other Common Stock	***	321
	United Parcel Service Inc Cl B	Other Common Stock	***	1,803
	Unitedhealth Group Inc	Other Common Stock	***	5,202
	Us Bancorp Del	Other Common Stock	***	1,275
	Verizon Communications Inc	Other Common Stock	***	319

The Quest Diagnostics Profit Sharing Plan

EIN: #38-2084239 Plan: #333

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2022 (dollars in thousands)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
	Vertex Pharmaceuticals Inc	Other Common Stock	***	$ 1,008
	Visa Inc Cl A	Other Common Stock	***	2,604
	Walmart Inc	Other Common Stock	***	2,532
	Wells Fargo & Co	Other Common Stock	***	3,230
	Western Digital Corp	Other Common Stock	***	1,098
	Weyerhaeuser Co	Other Common Stock	***	1,727
	Zimmer Biomet Hldgs Inc	Other Common Stock	***	2,235
	Total Interest in Other Common Stock			$ 209,132
	Becton Dickinson And Co 6.5% PC 06/01/2023	Preferred Stock	***	$ 206
	Elanco Animal Health Inc 5% PC 02/01/2023	Preferred Stock	***	13
	Total Interest in Preferred Stock			$ 219
	Investments at Fair Value			$ 4,531,525
*	Notes Receivable from Participants**	Loans		$ 75,733
	TOTAL			$ 4,607,258

* Party-in-interest to the Plan.

** Rates range from 3.75% to 10.25%; maturities vary by participant.

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