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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/2009

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)

PEDIATRIC ACADEMIC ASSOCIATION,INC.

C/O NATIONWIDE CHILDREN'S HOSPITAL

700 CHILDREN'S DRIVE
COLUMBUS, OH 43205

2b Employer Identification Number (EIN)
31-1024403

2c Plan Sponsor's telephone number
614-355-3170

2d Business code (see instructions)
813000

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.	10/10/2018	TIMOTHY C. ROBINSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	505
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)**	476
a(2) Total number of active participants at the end of the plan year	**6a(2)**	468
b Retired or separated participants receiving benefits	**6b**	70
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	538
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	538
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	365
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:

2F 2G 2L

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	6	**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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PEDIATRIC ACADEMIC ASSOCIATION,INC.

D Employer Identification Number (EIN)
31-1024403

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

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

1 Coverage Information:

(a) Name of insurance carrier
AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	716356-001	1	01/01/2017	12/31/2017

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	21099
5	Current value of plan's interest under this contract in separate accounts at year end	5	130427

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTEREST OPTION

b	Balance at the end of the previous year			7b	20485
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	614		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	614
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	21099
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	21099

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PEDIATRIC ACADEMIC ASSOCIATION,INC.

D Employer Identification Number (EIN)
31-1024403

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

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

1 Coverage Information:

(a) Name of insurance carrier
RIVERSOURCE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0823832	65005	16016354-001	1	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
224	0

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

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

DEMETRIOS PARASKEVOPOULOS
STE 405100 QUENTIN ROOSEVELT BLVD
GARDEN CITY, NY 11530-4844

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
224			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	114190

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ BASED ON ANTICIPATED BENEFIT PAYMENTS AND EXPENSE COSTS, INVESTMENT EARNINGS AND PROFITS OBJECTIVES

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

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

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

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

(3) [ ] guaranteed investment (4) [ ] other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PEDIATRIC ACADEMIC ASSOCIATION,INC.

D Employer Identification Number (EIN)
31-1024403

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VC2880	11	01/01/2017	09/01/2017

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
786	0

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

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

EDWARD MOBLEY
VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
526			3

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

GLENN LEWIS
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
127			3

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

JOSEPH FREDERICK

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
53			3

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

DALE VAN VALKENBURG

7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
46			3

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

SAM WALSH

7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13			3

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

JAMES BROWNING

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10			3

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

KARL RUBIN

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4			3

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

EDWARD BACHER
19801 CHAPEL TRCE
ESTERO, FL 33928

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

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

NICHOLAS DISALLE
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

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

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

DALE LADERACH
VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1			3

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	927497
5	Current value of plan's interest under this contract in separate accounts at year end	5	267219

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ UNALLOCATED ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	914576
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	24075		
	(4) Transferred from separate account	7c(4)	56		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	24131
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	938707
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11135		
	(2) Administration charge made by carrier	7e(2)	75		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	11210
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	927497

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PEDIATRIC ACADEMIC ASSOCIATION,INC.

D Employer Identification Number (EIN)
31-1024403

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

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

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	08213	2	01/01/2017	12/31/2017

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	38382
5	Current value of plan's interest under this contract in separate accounts at year end	5	67769

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	29509
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	656		
	(4) Transferred from separate account	7c(4)	8401		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	9057
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	38566
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	184		
	▶ CONTRACT SURRENDER CHARGES				
	(5) Total deductions			7e(5)	184
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	38382

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PEDIATRIC ACADEMIC ASSOCIATION,INC.

D Employer Identification Number (EIN)
31-1024403

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	405905	139	01/01/2017	12/31/2017

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3999693
5	Current value of plan's interest under this contract in separate accounts at year end	5	10620392

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	3856748
c	Additions: (1) Contributions deposited during the year	7c(1)	190082		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	115918		
	(4) Transferred from separate account	7c(4)	734362		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	1040362
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	4897110
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	434568		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	462849		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	897417
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3999693

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PEDIATRIC ACADEMIC ASSOCIATION,INC.

D Employer Identification Number (EIN)
31-1024403

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	8659	VC2880	11	09/02/2017	12/31/2017

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
403	0

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

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

EDWARD L MOBLEY
VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
269			3

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

GLENN R LEWIS
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
67			3

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

JOSEPH B FREDERICK

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
28			3

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

DALE D VAN VALKENBURG

7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
24			3

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

SAM S WALSH

7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7			3

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

JAMES E BROWNING

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

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

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

KARL B. RUBIN

VOYA
7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

NICHOLAS T DISALLE

7965 N HIGH ST STE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

EDWARD F BACHER

19801 CHAPEL TRCE
ESTERO, FL 33928

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1			3

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	893168
5	Current value of plan's interest under this contract in separate accounts at year end	5	285517

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ UNALLOCATED ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	927497
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	11831		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	11831
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	939328
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	46107		
	(2) Administration charge made by carrier	7e(2)	53		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	46160
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	893168

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PEDIATRIC ACADEMIC ASSOCIATION,INC.

D Employer Identification Number (EIN)
31-1024403

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

AXA EQUITABLE LIFE INS. COMPANY

13-5570651

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

FIDELITY INVEST INST OPER CO, INC.

04-2647786

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

VOYA RETIREMENT INS. AND ANNUITY CO

71-0294708

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

TIAA

13-1624203

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

VARIABLE ANNUITY LIFE INSURANCE CO.

74-1625348

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

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

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

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

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

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

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

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

AXA EQUITABLE LIFE INS. COMPANY

13-5570651

(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 58 28 25 59 60 62 63 67	RECORDKEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	2647	Yes [ ] No [X]

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

FIDELITY INVEST INST OPER CO, INC.

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?
64 65	RECORDKEEPER	288	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PEDIATRIC ACADEMIC ASSOCIATION,INC.

D Employer Identification Number (EIN)
31-1024403

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: VARIABLE ANNUITY ACCOUNT C

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY 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)
71-0294708-000	P	285517

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

b Name of sponsor of entity listed in (a): TIAA-CREF

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)
13-1624203-004	P	2190884

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/COM STCK INDEX

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE 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)
13-5570651-001	P	30798

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/QUALITY BOND PLUS

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE 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)
13-5570651-001	P	14050

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA LG CAP VAL MANAGED VOL

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE 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)
13-5570651-001	P	25241

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERNATIONAL EQUITY INDEX

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE 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)
13-5570651-001	P	21565

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/SMALL COMPANY INDEX

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE 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)
13-5570651-001	P	18941

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MI CAP VAL MANAGED VOL

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19832

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

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANE COMPANY

c EIN-PN 13-5570651-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21099

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PEDIATRIC ACADEMIC ASSOCIATION,INC.

D Employer Identification Number (EIN)
31-1024403

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2290955	2606828
(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)	38589541	50084584
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4821316	4952344
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	45701812	57643756
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	45701812	57643756

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)		
	(B) Participants	2a(1)(B)	4367976	
	(C) Others (including rollovers)	2a(1)(C)	17159	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4385135
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1077485	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1077485
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7137396
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		12600016
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	675798	
(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)		675798
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1664	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1664
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		677462
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11922554
l Transfers of assets:			
(1) To this plan	2l(1)		19390
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BDO USA, LLP **(2)** EIN: 13-5381590

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	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PEDIATRIC ACADEMIC ASSOCIATION,INC.

D Employer Identification Number (EIN)
31-1024403

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): 13-1624203 23-2640992

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% 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):

Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan

Financial Statements
and Supplemental Schedule
As of and for the Years Ended December 31, 2017
and 2016

The report accompanying these financial statements was issued by

BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Pediatric Academic Association, Inc.

403(b) Tax-Sheltered Annuity Plan

Financial Statements
and Supplemental Schedule
As of and for the Years Ended December 31, 2017 and 2016

Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan

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Supplemental Schedule

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules (DOL) and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not applicable.

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300 Spruce Street, Suite 100
Columbus, OH 43215

Independent Auditor's Report

To the Trustee and Pension Plan and Benefits Committee of
Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan
Columbus, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Pediatric Academic Association, Inc. 403(b) Tax-Sheltered Annuity Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3-5 which were certified by Ameriprise Trust Company and RiverSource Life Insurance Company; AXA Equitable Life Insurance Company; Fidelity Management Trust Company; Teachers Insurance and Annuity Association College Retirement Equities Fund (TIAA-CREF); T. Rowe Price Trust Company; Vanguard Fiduciary Trust Company; Variable Annuity Life Insurance Company; and Voya Retirement Insurance and Annuity Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2017 and 2016, and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the custodians is complete and accurate.

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

As described in Note 2, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental schedule, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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

BDO USA, LLP

September 27, 2018

Financial Statements

Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan
Statements of Net Assets Available for Benefits

As of December 31,		**2017**		2016
Assets				
Investments at fair value	**$**	**54,130,699**	$	41,872,044
Investments at contract value		**3,513,057**		3,829,768
Net Assets Available for Benefits	**$**	**57,643,756**	$	45,701,812

See accompanying notes to financial statements.

Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan

Statements of Changes in Net Assets Available for Benefits

For the Years ended December 31,		**2017**		2016
Additions to Net Assets Attributed To:				
Investment income:				
Net appreciation in fair value of investments	**$**	**7,137,396**	$	2,232,376
Interest and dividends		**1,096,875**		812,916
Total investment income, net		**8,234,271**		3,045,292
Contributions:				
Participant		**4,367,976**		3,988,369
Rollover		**17,159**		578,079
Total contributions		**4,385,135**		4,566,448
Total additions		**12,619,406**		7,611,740
Deductions from Net Assets Attributed To:				
Benefits paid to participants		**675,798**		373,146
Investment management fees		**1,664**		1,803
Total deductions		**677,462**		374,949
Net Increase		**11,941,944**		7,236,791
Net Assets Available for Benefits:				
Beginning of year		**45,701,812**		38,465,021
End of year	**$**	**57,643,756**	$	45,701,812

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the Pediatric Academic Association, Inc. (the Association) 403(b) Tax-Sheltered Annuity Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established in 1982 and is a tax-sheltered annuity plan meeting the requirements of Section 403(b) of the Internal Revenue Code (the Code). The Plan was amended and restated effective January 1, 2009 to incorporate regulatory changes under Section 403(b) of the Code and provisions of the Pension Protection Act of 2006. All employees are eligible to participate in the salary reduction contribution on the first date of employment. The Plan is subject to the provisions of ERISA.

Contributions

Participants may elect to contribute up to 100% of their pretax annual compensation as defined by the Plan not to exceed the limits imposed by the Internal Revenue Service (IRS). A participant who is also an active employee may contribute to the Plan, as a rollover contribution, a distribution from another qualified retirement plan. During 2017 and 2016, rollover contributions totaled $17,159 and $578,079, respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of plan earnings. The Plan's earnings are allocated based on the participant account balances as defined.

Vesting and Forfeitures

Participants are immediately vested in their contributions plus actual earnings/losses thereon, thus, there would not be any forfeitures in relation to participant deferrals.

Investments

Under the terms of the agreement between the plan custodians and the Plan, the custodians manage the funds on behalf of the Plan. Plan participants may select how their accounts are invested from investments offered by each custodian. Effective October 1, 2012, TIAA-CREF became the only custodian approved to hold new participant contributions. Plan contributions made prior to October 1, 2012 were permitted to remain with the custodians previously approved to hold plan assets. See Note 3 for the fair value of investments.

Payment of Benefits

At termination of service due to death, disability, or normal retirement, a participant or his or her beneficiary may receive an annuity distribution or lump-sum amount equal to 100 percent of the participant's account balance. Normal retirement age is 65, with in-service withdrawals allowable at age 59 ½. For termination of service due to other reasons, a participant will receive the value of the vested interest as a lump-sum or an annuity distribution. Benefits are recorded when paid.

Administrative Fees

All administrative expenses of maintaining the Plan are paid by the Association.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investment securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. See Note 3 for discussion of fair value measurements.

Excluded Contracts and Accounts

The plan administrator has elected to exclude certain contracts and accounts from plan assets in accordance with DOL field assistance bulletin 2009-02 due to the fact that:

- The contract or account was issued to a current or former employee before January 1, 2009;
- The employer ceased to have any obligation to make contributions (including employee salary reduction contributions), and in fact stopped making contributions to the contract or account before January 1, 2009;
- All the rights under the contract or account are legally enforceable against the insurer or custodian by the individual owner of the contract or account without any involvement by the employer; and
- The individual owner of the contract is fully vested in the contract or account.

Risks and Uncertainties

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Subsequent Events

The Plan has evaluated events and transactions that occurred between January 1, 2018 and September 27, 2018, which is the date that the financial statements were available to be issued for possible recognition or disclosure in the financial statements.

3. Fair Value Measurements

The accounting principles generally accepted in the United States of America establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 *Fair Value Measurement* are described below:

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

Level 2: Inputs to the valuation methodology includes:

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

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

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

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Variable annuity contracts: The accounts invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. Account investments are primarily valued using market quotations or prices obtained from independent pricing sources who may employ various pricing methods to value the investments including matrix pricing. CREF Money Market holdings are generally valued at amortized cost. Each Account determines its unit value each day.

Fixed annuity contracts: Valued at contract value which approximates fair value, using a guaranteed minimum interest rate between 1% and 3%, plus additional interest if declared.

Pooled separate accounts: Valued at net asset values of such accounts which are provided by the custodian. The net asset value is based on the underlying assets owned by the account less liabilities and then divided by the number of shares outstanding. The accounts, with the exception of TIAA Real Estate Account, allow for daily redemptions and contributions. The TIAA Real Estate Account restricts redemptions to 1 per calendar quarter.

Guaranteed interest accounts: Valued at fair market value, using a guaranteed minimum crediting interest rate.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

	Assets at Fair Value as of December 31, 2017			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	**$ 41,473,116**	**$ -**	**$ -**	**$ 41,473,116**
Variable annuity contracts	**-**	**8,611,468**	**-**	**8,611,468**
Fixed annuity contracts	**-**	**-**	**486,637**	**486,637**
Pooled separate accounts	**-**	**415,944**	**2,190,884**	**2,606,828**
Guaranteed interest accounts	**-**	**-**	**952,650**	**952,650**
Total assets at fair value	**$ 41,473,116**	**$ 9,027,412**	**$ 3,630,171**	**$ 54,130,699**

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2017:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Fixed annuity contracts	Pooled separate accounts	Guaranteed interest accounts
Balance, beginning of year	**$ 26,979**	**$ 1,935,601**	**$ 964,569**
Purchases	**467,150**	**174,597**	**45,578**
Sales	**(7,492)**	**(8,489)**	**(57,497)**
Unrealized gains relating to instruments held at the reporting date	**-**	**89,175**	**-**
Balance, end of year	**$ 486,637**	**$ 2,190,884**	**$ 952,650**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 31,389,420	$ -	$ -	$ 31,389,420
Variable annuity contracts	-	7,200,121	-	7,200,121
Fixed annuity contracts	-	-	26,979	26,979
Pooled separate accounts	-	355,354	1,935,601	2,290,955
Guaranteed interest accounts	-	-	964,569	964,569
Total assets at fair value	$ 31,389,420	$ 7,555,475	$ 2,927,149	$ 41,872,044

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2016:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Fixed annuity contracts	Pooled separate accounts	Guaranteed interest accounts
Balance, beginning of year	$ 33,252	$ 1,621,439	$ 949,759
Purchases	1,277	235,589	27,647
Sales	(7,550)	(10,533)	(12,837)
Unrealized gains relating to instruments held at the reporting date	-	89,106	-
Balance, end of year	$ 26,979	$ 1,935,601	$ 964,569

Quantitative information about significant unobservable inputs used in Level 3 fair value measurements

The following table represents the Plan's Level 3 financial instruments as of December 31, 2017 and 2016, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	December 31, 2017 Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
TIAA Real Estate	**$ 2,190,884**	**External appraisals**	**Discount rate**	**5.00% -10.50%**
			Terminal capitalization rate	**3.50% - 8.80%**
			Overall capitalization rate	**3.30% - 8.80%**
VOYA Fixed Account	**$ 881,864**	**Discounted cash flow**	**Credited rate**	**4.00%**
TIAA Traditional Non Benefit Responsive 1 and 2	**$ 486,637**	**Discounted cash flow / Theoretical transfer (exit value)**	**Risk-adjusted discount rate applied**	**4.00%**
VOYA Fixed Plus Account	**$ 11,305**	**Discounted cash flow**	**Credited rate**	**3.00%**
VALIC Fixed Account Plus	**$ 38,382**	**Modified new money interest crediting**	**Credited rate**	**1.40% - 1.65%**
AXA Equitable Guaranteed Interest Account	**$ 21,099**	**Discounted cash flow**	**Credited rate**	**3.00%**

Instrument	December 31, 2016 Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
TIAA Real Estate	$ 1,935,601	External appraisals	Discount rate	5.00% - 10.40%
			Terminal capitalization rate	3.80% - 8.50%
			Overall capitalization rate	3.30% - 8.30%
VOYA Fixed Account	$ 892,593	Discounted cash flow	Credited rate	4.00%
TIAA Traditional Non Benefit Responsive	$ 26,979	Discounted cash flow / Theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.50% - 4.00%
VOYA Fixed Plus Account	$ 21,983	Discounted cash flow	Credited rate	3.00%
VALIC Fixed Account Plus	$ 29,509	Modified new money interest crediting	Credited rate	1.00% - 1.85%
AXA Equitable Guaranteed Interest Account	$ 20,484	Discounted cash flow	Credited rate	3.00%

Fair value of investments in entities that use NAV

The following table summarizes investments measured at fair value based on NAV per share as of:

	Fair Value	Redemption Frequency	Redemption Notice Period
December 31, 2017			
Variable annuity contracts	**$ 8,611,468**	**Daily / 90 day restriction if purchase, sale, repurchase is made during 60 day period**	**Daily**
Pooled separate accounts:			
Real Estate Account	**$ 2,190,884**	**Quarterly**	**Quarterly**
Other	**$ 415,944**	**Daily**	**Daily**

	Fair Value	Redemption Frequency	Redemption Notice Period
December 31, 2016			
Variable annuity contracts	$ 7,200,121	Daily / 90 day restriction if purchase, sale, repurchase is made during 60 day period	Daily
Pooled separate accounts:			
Real Estate Account	$ 1,935,601	Quarterly	Quarterly
Other	$ 355,354	Daily	Daily

4. Investment in Fully Benefit-Responsive Contract

The Plan contains benefit-responsive investment contracts with TIAA-CREF (TIAA Traditional Benefit Responsive and TIAA Stable Value). TIAA-CREF maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

The contract is included in the financial statements at contract value as reported to the Plan by TIAA-CREF. Contract value is the relevant measure for the fully benefit-responsive investment contracts because this is the amount received by participant if they were to initiate permitted transactions under the terms of the Plan. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan.

The contract has no stated maturity date. At December 31, 2017 and 2016, there were no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract was $3,513,057 and $3,829,768, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. The contract provides a guaranteed minimum rate of interest between 1-3% before deductions for contract fees with the potential for crediting of additional interest above the guaranteed minimum.

The repayment of principal and interest credited to participants holding the investments is a financial obligation of TIAA-CREF. However, if an event should ever occur such that realization of full contract value for a particular investment contract is no longer probable, for example, a significant decline in the creditworthiness of TIAA-CREF, the TIAA Traditional Benefit Responsive or TIAA Stable Value investment choice will no longer be considered fully benefit-responsive. The occurrence of an event that limits the ability of the investment to transact at contract value with TIAA-CREF and participants holding the investment is not probable.

5. Summary of Financial Data Certified by the Custodians

Certain Plan investments are held and administered by the following custodians: Ameriprise Trust Company and RiverSource Life Insurance Company; AXA Equitable Life Insurance Company; Fidelity Management Trust Company; TIAA-CREF; T. Rowe Price Trust Company; Vanguard Fiduciary Trust

Company; Variable Annuity Life Insurance Company; and Voya Retirement Insurance and Annuity Company. These custodians have prepared and certified as complete and accurate the Plan's schedule of investment assets, transactions, and net realized and unrealized gains and losses on investments, and interest and dividend income, which was used to prepare the accompanying financial statements and supplemental schedule. The Plan also holds investments with two custodians, American Century Investments and American Funds, amounting to $2,332,423 and $1,917,796 at December 31, 2017 and 2016, respectively, that have not been certified as complete and accurate by the custodians.

In accordance with 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosures under ERISA, the custodians have certified complete and accurate the following information at December 31, 2017 and 2016 including the comparable information in the accompanying supplemental schedule:

As of December 31,	**2017**	2016
Investments:		
Mutual funds	**$ 39,140,693**	$ 29,471,624
Variable annuity contracts	**8,611,468**	7,200,121
Fixed annuity contracts	**3,999,694**	3,856,747
Pooled separate accounts	**2,606,828**	2,290,955
Guaranteed interest accounts	**952,650**	964,569
Certified net assets available for benefits	**$ 55,311,333**	$ 43,784,016

For the Years Ended December 31,	**2017**	2016
Net appreciation in the fair value of investments:		
Mutual funds	**$ 5,068,131**	$ 1,520,644
Variable annuity contracts	**1,534,607**	503,904
Pooled separate accounts	**149,845**	122,300
Certified net appreciation in fair value of investments	**$ 6,752,583**	$ 2,146,848

As directed by the plan administrator, no auditing procedures have been performed on the above certified information except to compare such information to the information included in the accompanying financial statements and supplemental schedule.

6. Party-in-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain professional fees for the administration and audit of the Plan are paid by the Association on behalf of the Plan.

The Plan invests in mutual funds, variable annuity contracts, fixed annuity contracts, pooled separate accounts, and guaranteed interest accounts sponsored by the plan's custodians, as defined

by the Plan, and therefore, these investments and all transactions with them qualify as party-in-interest transactions.

7. Plan Termination

Although it has not expressed any intent to do so, the Association has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

8. Tax Status

The Internal Revenue Service (IRS) is currently not issuing determination letters on 403(b) plans. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization 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, 2017 and 2016, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statement. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Subsequent Events

Effective, January 1, 2018, the Association has amended the plan document to allow participants to request hardship distributions and loans. Participants may request a hardship distribution based on immediate and heavy financial need and distributions are made from the participant's elective deferral account. Loans are restricted to the lesser of $50,000 or one half of the participant's vested balance. A participant's total loan balance may not exceed $50,000 at any given time.

Supplemental Schedule

Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan

Employer Identification Number 31-1024403, Plan Number 004
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Mutual funds:		
*	Vanguard	Vanguard Institutional Index I	**	$ 8,319,085
*	Vanguard	Vanguard Instl Trgt Retire 2040 Instl	**	4,985,440
*	American Funds	Europacific Growth R6	**	2,898,490
*	Vanguard	Vanguard Instl Trgt Retire 2030 Instl	**	2,133,784
*	Vanguard	Vanguard Instl Trgt Retire 2020 Instl	**	1,933,725
*	Vanguard	Vanguard Instl Trgt Retire 2025 Instl	**	1,933,533
*	Vanguard	Vanguard Mid Cap Index Adm	**	1,877,618
*	Vanguard	Vanguard Instl Trgt Retire 2045 Instl	**	1,857,587
*	Vanguard	Vanguard Instl Trgt Retire 2035 Instl	**	1,751,673
*	Vanguard	Vanguard Total Bond Market Index Adm	**	1,467,168
*	Vanguard	Vanguard Small Cap Index Adm	**	1,074,052
	JPMorgan	JPMorgan US Equity R5	**	986,031
*	Vanguard	Vanguard Instl Trgt Retire 2050 Instl	**	596,981
*	BlackRock	BlackRock Inflation Protected Bond Instl	**	564,662
*	American Funds	Smallcap World Fund	**	443,858
*	Vanguard	Vanguard Value Index Inst	**	443,538
*	American Century	American Century One Choice 2045 Instl	**	440,851
*	Metropolitan West Funds	Metropolitan West Total Return Bond I	**	385,436
*	Fidelity	Fidelity 500 Index Premium	**	376,610
*	American Funds	Capital World Growth & Income Fund	**	356,845
*	Vanguard	Vanguard Health Care Inv	**	341,162
*	Vanguard	Vanguard Total Stock Market Index	**	326,704
*	Neuberger Berman	Neuberger Berman RealEstate In	**	312,293
*	Vanguard	Vanguard Life Strategy Growth	**	275,271
*	William Blair	William Blair Small Cap Val N	**	242,433
*	Vanguard	Vanguard Inst Tg Rtm 2015 Inst	**	208,327
	American Funds	The Income Fund of America	**	205,105
*	Eagle Funds	Eagle Small Cap Growth Class I	**	202,069
*	Causeway	Causeway Emerging Markets Instl	**	197,768
*	Fidelity	Fidelity Contrafund	**	179,067
*	Fidelity	Fidelity Balanced	**	176,252
*	Vanguard	Vanguard 500 Index Inv	**	174,901
*	Vanguard	Vanguard Inst Tg Rtm Inc Inst	**	173,017
*	American Funds	Washington Mutual Investors Fund	**	166,140
*	T. Rowe Price	T. Rowe Price Target 2035	**	136,337
*	Vanguard	Vanguard Target Retirement 2015 Inv	**	134,966
*	Fidelity	Fidelity Blue Chip Growth	**	120,964
*	Fidelity	Fidelity Growth Company	**	119,787
*	Fidelity	Fidelity Overseas	**	116,636
*	Vanguard	Vanguard Target Retirement 2035 Inv	**	112,621
*	Vanguard	Vanguard Extended Market Idx Inv	**	100,316
*	American Funds	Europacific Growth Fund	**	97,046
*	Fidelity	Fidelity Growth Discovery	**	96,055
*	Fidelity	Fidelity Mid-Cap Stock	**	95,340
*	American Funds	New Perspective Fund	**	91,613
*	Fidelity	Fidelity Government Money Market Fund	**	86,643
*	American Funds	International Growth & Income Fund	**	83,718

See independent auditor's report.

Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan

Employer Identification Number 31-1024403, Plan Number 004
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December 31, 2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Mutual funds (continued):		
	Delaware Funds by Macquarie	Delaware US Growth Fund Inst	**	$ 77,900
*	Fidelity	Fidelity Low-Priced Stock	**	70,327
*	Fidelity	Fidelity Freedom 2025	**	69,957
*	Fidelity	Fidelity International Discovery	**	64,020
*	Vanguard	Vanguard Prime Money Market	**	63,861
*	American Funds	New World Fund	**	56,984
*	Vanguard	Vang Small-Cap	**	56,578
*	Vanguard	Vang Growth Index Fd	**	55,399
*	Fidelity	Fidelity Emerging Markets	**	54,679
*	American Funds	The Economy Fund	**	53,765
*	American Funds	2040 Target Date A-Class	**	53,579
*	Fidelity	Fidelity Short Term Bond	**	51,260
*	Vanguard	Vang Equity Income Fd	**	50,862
*	Fidelity	Fidelity Small Cap Stock	**	46,311
*	Vanguard	Vang Mid-Cap Growth Indx	**	45,361
*	Fidelity	Fidelity Freedom 2035	**	44,916
*	Fidelity	Fidelity Select Biotechnology	**	41,215
*	Vanguard	Vang Target Ret 2025	**	39,999
*	Vanguard	Vanguard Total Bond Market Index Inv	**	37,904
*	Fidelity	Fidelity International Index Premium	**	34,358
*	American Funds	American Balance Fund	**	34,196
*	American Funds	Capital Income Builder	**	33,925
*	Vanguard	Vanguard Long-Term Bond Index Inv	**	33,391
*	Vanguard	Vang Intl Growth Fd	**	33,195
*	Vanguard	Vanguard Total Stock Mkt Idx Inv	**	33,132
*	T. Rowe Price	Spectrum G	**	32,550
	John Hancock Capital	Jhancock Classic Value I	**	31,254
*	American Funds	Fundamental Investors	**	30,064
*	American Funds	Capital World Bond Fund	**	29,425
*	Fidelity	Fidelity Japan	**	28,301
*	Fidelity	Fidelity GNMA	**	27,965
*	American Funds	Fundamental Investors A-Class	**	27,237
*	American Funds	The Growth Fund Of America	**	25,983
	Baird	Baird Mid Cap Fd Institutional	**	24,196
*	Vanguard	Vanguard International Value Inv	**	24,003
	John Hancock Capital	Jhancock US Global Leaders Growth I	**	23,796
	iShares	iShares Core S&P 500 ETF	**	21,508
*	Fidelity	Fidelity Freedom 2030	**	20,877
*	American Funds	The Bond Fund of America	**	19,302
*	American Funds	New Economy Fund	**	19,292
*	T. Rowe Price	Midcap Gro	**	19,279
*	American Funds	Amcap Fund	**	18,745
*	Fidelity	Fidelity Select It Services	**	18,714
*	Fidelity	Fidelity Real Estate Investment Port	**	17,384
	Dreyfus	DreyFus Govt Cash Mgmt Administ	**	17,184
*	Vanguard	Vanguard Developed Markets Idx Admiral	**	16,870
*	Vanguard	Vanguard Value ETF	**	16,480
*	T. Rowe Price	T. Rowe Price Spectrum International	**	16,290

See independent auditor's report.

Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan

Employer Identification Number 31-1024403, Plan Number 004
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Mutual funds (continued):		
*	American Funds	Capital World Bond Fund C-Class	**	$ 16,062
*	T. Rowe Price	T. Rowe Price Capital Appreciation	**	15,959
	Oppenheimer Global Value	Oppenheimer Global Value Y	**	15,725
*	Fidelity	Fidelity Select Consumer Discret Port	**	15,095
*	American Funds	Investment Co Of America	**	14,623
*	Vanguard	Vanguard Large Cap Index Inv	**	14,420
	John Hancock Funds601	Jhancock Strategic Income Opps I	**	14,003
*	Vanguard	Vanguard Value Index Inv	**	13,973
	John Nuveen & Co	Nuveen NWQ International Value I	**	12,500
	Janus Investment Fund151	Janus Henderson Global Value I	**	12,425
	Columbia Funds Series Trust	Columbia Select Large Cap Growth Inst	**	11,302
*	Vanguard	Vang Inflat Protect Sec	**	11,191
*	T. Rowe Price	Spectrum I	**	10,201
	Wells Fargo Funds Trust525	Wells Fargo International Value Inst	**	9,925
*	Fidelity	Fidelity Select Health Care	**	8,290
*	Fidelity	Fidelity Small Cap Discovery	**	8,186
	Legg Mason Global Asset	BrandywineGLOBAL Global Unconst Bond I	**	8,095
	iShares	iShares Core MSCI Emerging Markets ETF	**	7,682
	AIM Investment Funds11	Invesco Balanced-Risk Commodity Stat Y	**	7,613
	Wells Fargo Funds Trust525	Wells Fargo C&B Mid Cap Value Inst	**	7,606
*	Vanguard	Vanguard Emerging Mkts Stock Idx Inv	**	7,603
*	Fidelity	Fidelity Equity-Income	**	7,474
	Oppenheimer International	Oppenheimer International Growth Y	**	7,470
	iShares	iShares Currency Hedged MSCI Eurozn ETF	**	7,274
	Nuveen Investment	Nuveen Global Infrastructure I	**	7,107
*	Vanguard	Vanguard Total Stock Mkt Idx Inv	**	5,369
	iShares	iShares 20+ Year Treasury Bond ETF	**	4,694
*	American Funds	American Balance Fund C-Class	**	4,655
*	Fidelity	Fidelity Us Bond Index Premium	**	4,566
	iShares	iShares 7-10 Year Treasury Bond ETF	**	4,540
*	American Funds	Capital World Growth & Income Fund A-Class	**	3,997
*	T. Rowe Price	New Era	**	2,975
*	American Funds	New World Fund A-Class	**	2,820
*	American Funds	Capital Income Builder A-Class	**	2,590
*	Vanguard	Vang Emerging Mkt Stk Indx	**	1,815
		Total mutual funds		$ 41,473,116

See independent auditor's report.

Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan

Employer Identification Number 31-1024403, Plan Number 004
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Variable annuity contracts:		
*	College Retirement Equities Fund Variable Annuities	CREF Stock R2	**	$ 3,875,989
*	College Retirement Equities Fund Variable Annuities	CREF Equity Index R2	**	1,316,869
*	College Retirement Equities Fund Variable Annuities	CREF Global Equities R2	**	1,215,284
*	College Retirement Equities Fund Variable Annuities	CREF Growth R2	**	1,110,649
*	College Retirement Equities Fund Variable Annuities	CREF Bond Market R2	**	434,712
*	College Retirement Equities Fund Variable Annuities	CREF Social Choice R2	**	200,995
*	College Retirement Equities Fund Variable Annuities	CREF Money Market R2	**	138,416
*	College Retirement Equities Fund Variable Annuities	CREF Inflation-Linked Bond R2	**	136,594
	Goldman Sachs	Goldman Sachs Us Equity Insights A Fund	**	38,308
	Goldman Sachs	Goldman Sachs Small Cap Eq Insights Instl Fund	**	19,724
*	Variable Annuity Life Insurance Company	Core Bond Fund	**	18,059
	Wells Fargo Funds	Wells Fargo International Equity Inst Fund	**	16,062
*	Fidelity	Fidelity VIP Contrafund	**	15,917
*	American Century	American Century Investments VP Value Fund	**	12,688
*	Variable Annuity Life Insurance Company	Inflation Protected Fund	**	7,810
*	Fidelity	Fidelity VIP Mid Cap	**	6,083
*	Variable Annuity Life Insurance Company	High Yield Bond Fund	**	5,795
	Janus Henderson	Janus Henderson Global Technology instl Fund	**	5,408
*	Variable Annuity Life Insurance Company	Mid Cap Value Fund	**	5,008
*	Variable Annuity Life Insurance Company	Stock Index Fund	**	4,554
*	Variable Annuity Life Insurance Company	Socially Responsible Fund	**	3,411
*	Variable Annuity Life Insurance Company	Foreign Value	**	2,904
*	Variable Annuity Life Insurance Company	Mid Cap Index Fund	**	2,810
*	Variable Annuity Life Insurance Company	Small Cap Value Fund	**	2,262
*	Vanguard	Vanguard Windsor II	**	2,253
*	Variable Annuity Life Insurance Company	International Equities Fund	**	2,252
*	Variable Annuity Life Insurance Company	Valic Company I Capital Conservation	**	1,932
*	Variable Annuity Life Insurance Company	Intl Oppty Small Cap Equity	**	1,759
*	Variable Annuity Life Insurance Company	Emerging Economies	**	1,747
*	Variable Annuity Life Insurance Company	Global Strategy	**	1,515
*	Variable Annuity Life Insurance Company	Government Money Market II Fund	**	1,443
*	Variable Annuity Life Insurance Company	Dividend Value	**	1,103
*	Variable Annuity Life Insurance Company	Blue Chip Growth Fund	**	578
*	Variable Annuity Life Insurance Company	Global Real Estate Fund	**	575
		Total variable annuity contracts		$ 8,611,468
		Fixed annuity contracts:		
*	College Retirement Equities Fund Variable Annuities	TIAA Traditional Benefit Responsive	**	$ 2,174,520
*	College Retirement Equities Fund Variable Annuities	TIAA Stable Value	**	1,338,537
*	College Retirement Equities Fund Variable Annuities	TIAA Traditional Non Benefit Responsive	**	20,415
*	College Retirement Equities Fund Variable Annuities	TIAA Traditional Non Benefit Responsive 2	**	466,222
		Total fixed annuity contracts		$ 3,999,694

See independent auditor's report.

Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan

Employer Identification Number 31-1024403, Plan Number 004
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Pooled separate accounts:		
*	College Retirement Equities Fund Variable Annuities	TIAA Real Estate	**	$ 2,190,884
*	VOYA	VOYA RUSSELL LRG CP GRW IND PORT I	**	31,065
*	AXA Equitable	Eq / Com Stck Index	**	30,798
*	AXA Equitable	Eq / Large Cap Value Plus	**	25,241
*	VOYA	Voya T. Rowe Price Capital Appr-Svc	**	23,577
*	AXA Equitable	Eq / Alliancebernstein Intl	**	21,565
*	AXA Equitable	Eq / Mid Cap Value Plus	**	19,832
*	AXA Equitable	Eq / Small Company Index	**	18,941
	OppenheimerFunds	Oppenheimer St Sm Cap F / Va	**	15,669
*	VOYA	Voya JPMorgan Mid Cap Val Pt I	**	15,302
*	VOYA	Voya T. Rowe Price Diver Midcap Gr-I	**	14,654
*	AXA Equitable	Eq / Quality Bond Plus	**	14,050
*	VOYA	Voya Large Cap Value Port-Instl	**	13,486
*	VOYA	Voya Van Kampen Growth&Inc-Svc	**	12,927
*	VOYA	VOYA CLARION REAL ESTATE PORT SRV	**	12,151
	OppenheimerFunds	Oppenheimer Developing Mkts Fund-A	**	11,400
*	VOYA	Voya Van Kampen Comstock Port-Svc	**	11,319
*	American Funds	American Funds Wash Mtual R4	**	10,073
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*	VOYA	Voya T. Rowe Price Grwth Eq Port-Init	**	8,686
*	VOYA	Voya Index Plus Largecap Port-I	**	8,632
*	American Funds	American Funds Growth Fnd R4	**	8,462
*	VOYA	Voya Van Kampen Equity&Inc Port-Init	**	8,215
*	VOYA	Voya Oppenheimer Global Port-Init	**	7,704
*	VOYA	Voya Index Plus Midcap Port-I	**	7,665
*	VOYA	Voya Growth & Income Port-I	**	7,032
*	VOYA	Voya Russell Lrg Cap Index -I	**	6,963
*	VOYA	Voya Columbia Contrarian Core Pt Srv	**	6,391
	Invesco	Invesco V.I. Core Equity Fd-Series I	**	5,274
*	American Funds	American Funds Europacific	**	4,752
	American Funds	American Funds Nw Orspctv Fund R4	**	3,819
*	VOYA	Voya Small Company Port-I	**	2,990
	Wells Fargo Funds	Wells Fargo Adv Spec Smcap Vifund-A	**	2,662
*	VOYA	Voya Midcap Opportunities Port I	**	2,547
	Wanger Funds	Wanger International	**	2,398
*	VOYA	Voya JPMorgan Sm Cp Core Eq Prt Srv	**	2,271
*	VOYA	Voya Large Cap Growth Portfolio Inst	**	2,067
*	VOYA	Voya Smallcap Opportunities Prt I	**	1,896
*	Fidelity	Fidelity Vip Growth Port-Init	**	1,661
*	VOYA	Voya Strategic Alloc Growth Pot-I	**	1,563
	Lord Abbet	Lord Abbet Mid-Cap Value Port-Vc	**	1,219
		Total pooled separate accounts		$ 2,606,828
		Guaranteed interest accounts:		
*	VOYA	Voya Fixed Account	**	$ 881,864
*	Variable Annuity Life Insurance Company	Fixed Account Plus	**	38,382
*	AXA Equitable	Guaranteed Interest Account	**	21,099
*	VOYA	Voya Fixed Plus Account	**	11,305
		Total guaranteed interest accounts		$ 952,650

* Party-in-interest to the Plan

See independent auditor's report.

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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/2009

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)

PEDIATRIC ACADEMIC ASSOCIATION, INC.

C/O NATIONWIDE CHILDREN'S HOSPITAL
700 CHILDREN'S DRIVE

COLUMBUS OH 43205

2b Employer Identification Number (EIN)
31-1024403

2c Plan Sponsor's telephone number
614-355-3170

2d Business code (see instructions)
813000

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	Timothy C Robinson	10/3/18	Timothy C. Robinson
	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

Supplemental Schedule

Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan

Employer Identification Number 31-1024403, Plan Number 004
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Mutual funds:		
*	Vanguard	Vanguard Institutional Index I	**	$ 8,319,085
*	Vanguard	Vanguard Instl Trgt Retire 2040 Instl	**	4,985,440
*	American Funds	Europacific Growth R6	**	2,898,490
*	Vanguard	Vanguard Instl Trgt Retire 2030 Instl	**	2,133,784
*	Vanguard	Vanguard Instl Trgt Retire 2020 Instl	**	1,933,725
*	Vanguard	Vanguard Instl Trgt Retire 2025 Instl	**	1,933,533
*	Vanguard	Vanguard Mid Cap Index Adm	**	1,877,618
*	Vanguard	Vanguard Instl Trgt Retire 2045 Instl	**	1,857,587
*	Vanguard	Vanguard Instl Trgt Retire 2035 Instl	**	1,751,673
*	Vanguard	Vanguard Total Bond Market Index Adm	**	1,467,168
*	Vanguard	Vanguard Small Cap Index Adm	**	1,074,052
	JPMorgan	JPMorgan US Equity R5	**	986,031
*	Vanguard	Vanguard Instl Trgt Retire 2050 Instl	**	596,981
*	BlackRock	BlackRock Inflation Protected Bond Instl	**	564,662
*	American Funds	Smallcap World Fund	**	443,858
*	Vanguard	Vanguard Value Index Inst	**	443,538
*	American Century	American Century One Choice 2045 Instl	**	440,851
*	Metropolitan West Funds	Metropolitan West Total Return Bond I	**	385,436
*	Fidelity	Fidelity 500 Index Premium	**	376,610
*	American Funds	Capital World Growth & Income Fund	**	356,845
*	Vanguard	Vanguard Health Care Inv	**	341,162
*	Vanguard	Vanguard Total Stock Market Index	**	326,704
*	Neuberger Berman	Neuberger Berman RealEstate In	**	312,293
*	Vanguard	Vanguard Life Strategy Growth	**	275,271
*	William Blair	William Blair Small Cap Val N	**	242,433
*	Vanguard	Vanguard Inst Tg Rtm 2015 Inst	**	208,327
	American Funds	The Income Fund of America	**	205,105
*	Eagle Funds	Eagle Small Cap Growth Class I	**	202,069
*	Causeway	Causeway Emerging Markets Instl	**	197,768
*	Fidelity	Fidelity Contrafund	**	179,067
*	Fidelity	Fidelity Balanced	**	176,252
*	Vanguard	Vanguard 500 Index Inv	**	174,901
*	Vanguard	Vanguard Inst Tg Rtm Inc Inst	**	173,017
*	American Funds	Washington Mutual Investors Fund	**	166,140
*	T. Rowe Price	T. Rowe Price Target 2035	**	136,337
*	Vanguard	Vanguard Target Retirement 2015 Inv	**	134,966
*	Fidelity	Fidelity Blue Chip Growth	**	120,964
*	Fidelity	Fidelity Growth Company	**	119,787
*	Fidelity	Fidelity Overseas	**	116,636
*	Vanguard	Vanguard Target Retirement 2035 Inv	**	112,621
*	Vanguard	Vanguard Extended Market Idx Inv	**	100,316
*	American Funds	Europacific Growth Fund	**	97,046
*	Fidelity	Fidelity Growth Discovery	**	96,055
*	Fidelity	Fidelity Mid-Cap Stock	**	95,340
*	American Funds	New Perspective Fund	**	91,613
*	Fidelity	Fidelity Government Money Market Fund	**	86,643
*	American Funds	International Growth & Income Fund	**	83,718

See independent auditor's report.

Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan

Employer Identification Number 31-1024403, Plan Number 004
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Mutual funds (continued):		
	Delaware Funds by Macquarie	Delaware US Growth Fund Inst	**	$ 77,900
*	Fidelity	Fidelity Low-Priced Stock	**	70,327
*	Fidelity	Fidelity Freedom 2025	**	69,957
*	Fidelity	Fidelity International Discovery	**	64,020
*	Vanguard	Vanguard Prime Money Market	**	63,861
*	American Funds	New World Fund	**	56,984
*	Vanguard	Vang Small-Cap	**	56,578
*	Vanguard	Vang Growth Index Fd	**	55,399
*	Fidelity	Fidelity Emerging Markets	**	54,679
*	American Funds	The Economy Fund	**	53,765
*	American Funds	2040 Target Date A-Class	**	53,579
*	Fidelity	Fidelity Short Term Bond	**	51,260
*	Vanguard	Vang Equity Income Fd	**	50,862
*	Fidelity	Fidelity Small Cap Stock	**	46,311
*	Vanguard	Vang Mid-Cap Growth Indx	**	45,361
*	Fidelity	Fidelity Freedom 2035	**	44,916
*	Fidelity	Fidelity Select Biotechnology	**	41,215
*	Vanguard	Vang Target Ret 2025	**	39,999
*	Vanguard	Vanguard Total Bond Market Index Inv	**	37,904
*	Fidelity	Fidelity International Index Premium	**	34,358
*	American Funds	American Balance Fund	**	34,196
*	American Funds	Capital Income Builder	**	33,925
*	Vanguard	Vanguard Long-Term Bond Index Inv	**	33,391
*	Vanguard	Vang Intl Growth Fd	**	33,195
*	Vanguard	Vanguard Total Stock Mkt Idx Inv	**	33,132
*	T. Rowe Price	Spectrum G	**	32,550
	John Hancock Capital	Jhancock Classic Value I	**	31,254
*	American Funds	Fundamental Investors	**	30,064
*	American Funds	Capital World Bond Fund	**	29,425
*	Fidelity	Fidelity Japan	**	28,301
*	Fidelity	Fidelity GNMA	**	27,965
*	American Funds	Fundamental Investors A-Class	**	27,237
*	American Funds	The Growth Fund Of America	**	25,983
	Baird	Baird Mid Cap Fd Institutional	**	24,196
*	Vanguard	Vanguard International Value Inv	**	24,003
	John Hancock Capital	Jhancock US Global Leaders Growth I	**	23,796
	iShares	iShares Core S&P 500 ETF	**	21,508
*	Fidelity	Fidelity Freedom 2030	**	20,877
*	American Funds	The Bond Fund of America	**	19,302
*	American Funds	New Economy Fund	**	19,292
*	T. Rowe Price	Midcap Gro	**	19,279
*	American Funds	Amcap Fund	**	18,745
*	Fidelity	Fidelity Select It Services	**	18,714
*	Fidelity	Fidelity Real Estate Investment Port	**	17,384
	Dreyfus	DreyFus Govt Cash Mgmt Administ	**	17,184
*	Vanguard	Vanguard Developed Markets Idx Admiral	**	16,870
*	Vanguard	Vanguard Value ETF	**	16,480
*	T. Rowe Price	T. Rowe Price Spectrum International	**	16,290

See independent auditor's report.

Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan

Employer Identification Number 31-1024403, Plan Number 004
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Mutual funds (continued):		
*	American Funds	Capital World Bond Fund C-Class	**	$ 16,062
*	T. Rowe Price	T. Rowe Price Capital Appreciation	**	15,959
	Oppenheimer Global Value	Oppenheimer Global Value Y	**	15,725
*	Fidelity	Fidelity Select Consumer Discret Port	**	15,095
*	American Funds	Investment Co Of America	**	14,623
*	Vanguard	Vanguard Large Cap Index Inv	**	14,420
	John Hancock Funds601	Jhancock Strategic Income Opps I	**	14,003
*	Vanguard	Vanguard Value Index Inv	**	13,973
	John Nuveen & Co	Nuveen NWQ International Value I	**	12,500
	Janus Investment Fund151	Janus Henderson Global Value I	**	12,425
	Columbia Funds Series Trust	Columbia Select Large Cap Growth Inst	**	11,302
*	Vanguard	Vang Inflat Protect Sec	**	11,191
*	T. Rowe Price	Spectrum I	**	10,201
	Wells Fargo Funds Trust525	Wells Fargo International Value Inst	**	9,925
*	Fidelity	Fidelity Select Health Care	**	8,290
*	Fidelity	Fidelity Small Cap Discovery	**	8,186
	Legg Mason Global Asset	BrandywineGLOBAL Global Unconst Bond I	**	8,095
	iShares	iShares Core MSCI Emerging Markets ETF	**	7,682
	AIM Investment Funds11	Invesco Balanced-Risk Commodity Stat Y	**	7,613
	Wells Fargo Funds Trust525	Wells Fargo C&B Mid Cap Value Inst	**	7,606
*	Vanguard	Vanguard Emerging Mkts Stock Idx Inv	**	7,603
*	Fidelity	Fidelity Equity-Income	**	7,474
	Oppenheimer International	Oppenheimer International Growth Y	**	7,470
	iShares	iShares Currency Hedged MSCI Eurozn ETF	**	7,274
	Nuveen Investment	Nuveen Global Infrastructure I	**	7,107
*	Vanguard	Vanguard Total Stock Mkt Idx Inv	**	5,369
	iShares	iShares 20+ Year Treasury Bond ETF	**	4,694
*	American Funds	American Balance Fund C-Class	**	4,655
*	Fidelity	Fidelity Us Bond Index Premium	**	4,566
	iShares	iShares 7-10 Year Treasury Bond ETF	**	4,540
*	American Funds	Capital World Growth & Income Fund A-Class	**	3,997
*	T. Rowe Price	New Era	**	2,975
*	American Funds	New World Fund A-Class	**	2,820
*	American Funds	Capital Income Builder A-Class	**	2,590
*	Vanguard	Vang Emerging Mkt Stk Indx	**	1,815
		Total mutual funds		$ 41,473,116

See independent auditor's report.

Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan

Employer Identification Number 31-1024403, Plan Number 004
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		Variable annuity contracts:		
*	College Retirement Equities Fund Variable Annuities	CREF Stock R2	**	$ 3,875,989
*	College Retirement Equities Fund Variable Annuities	CREF Equity Index R2	**	1,316,869
*	College Retirement Equities Fund Variable Annuities	CREF Global Equities R2	**	1,215,284
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*	Fidelity	Fidelity VIP Mid Cap	**	6,083
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*	Variable Annuity Life Insurance Company	Valic Company I Capital Conservation	**	1,932
*	Variable Annuity Life Insurance Company	Intl Oppty Small Cap Equity	**	1,759
*	Variable Annuity Life Insurance Company	Emerging Economies	**	1,747
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*	Variable Annuity Life Insurance Company	Blue Chip Growth Fund	**	578
*	Variable Annuity Life Insurance Company	Global Real Estate Fund	**	575
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Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan

Employer Identification Number 31-1024403, Plan Number 004
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*	VOYA	Voya Oppenheimer Global Port-Init	**	7,704
*	VOYA	Voya Index Plus Midcap Port-I	**	7,665
*	VOYA	Voya Growth & Income Port-I	**	7,032
*	VOYA	Voya Russell Lrg Cap Index -I	**	6,963
*	VOYA	Voya Columbia Contrarian Core Pt Srv	**	6,391
	Invesco	Invesco V.I. Core Equity Fd-Series I	**	5,274
*	American Funds	American Funds Europacific	**	4,752
	American Funds	American Funds Nw Orspctv Fund R4	**	3,819
*	VOYA	Voya Small Company Port-I	**	2,990
	Wells Fargo Funds	Wells Fargo Adv Spec Smcap Vifund-A	**	2,662
*	VOYA	Voya Midcap Opportunities Port I	**	2,547
	Wanger Funds	Wanger International	**	2,398
*	VOYA	Voya JPMorgan Sm Cp Core Eq Prt Srv	**	2,271
*	VOYA	Voya Large Cap Growth Portfolio Inst	**	2,067
*	VOYA	Voya Smallcap Opportunities Prt I	**	1,896
*	Fidelity	Fidelity Vip Growth Port-Init	**	1,661
*	VOYA	Voya Strategic Alloc Growth Pot-I	**	1,563
	Lord Abbet	Lord Abbet Mid-Cap Value Port-Vc	**	1,219
		Total pooled separate accounts		$ 2,606,828
		Guaranteed interest accounts:		
*	VOYA	Voya Fixed Account	**	$ 881,864
*	Variable Annuity Life Insurance Company	Fixed Account Plus	**	38,382
*	AXA Equitable	Guaranteed Interest Account	**	21,099
*	VOYA	Voya Fixed Plus Account	**	11,305
		Total guaranteed interest accounts		$ 952,650

* Party-in-interest to the Plan

See independent auditor's report.