

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                               | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN</u>                                                                                                                                                                                                                                                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2009</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>004</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/2009</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                     | <u>004</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2009</u>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>PEDIATRIC ACADEMIC ASSOCIATION, INC.</u><br><br><u>700 CHILDREN'S DRIVE</u><br><u>COLUMBUS, OH 43205</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>31-1024403</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>614-355-4115</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>813000</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-1024403</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>614-355-4115</u> | <b>2d</b> Business code (see instructions)<br><u>813000</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-1024403</u>                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>614-355-4115</u>                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>813000</u>                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/09/2019 | TIMOTHY C. ROBINSON                                          |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 538                                                                                                                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 468<br><b>6a(2)</b> 496<br><b>6b</b> 59<br><b>6c</b> 0<br><b>6d</b> 555<br><b>6e</b> 0<br><b>6f</b> 555<br><b>6g</b> 402<br><b>6h</b> 0                                                                                                    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                                                                                                             |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2G 2L<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                       |                                                             |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018            |                                                             |
| <b>A</b> Name of plan<br>PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN       | <b>B</b> Three-digit plan number (PN) ▶ 004                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PEDIATRIC ACADEMIC ASSOCIATION, INC. | <b>D</b> Employer Identification Number (EIN)<br>31-1024403 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                              |
|------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>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                                                                           | 01/01/2018              | 12/31/2018 |

|                                                                                                                                                                                                   |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>2</b> 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 |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> 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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 21732  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 116596 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year..... | <b>7b</b> | 21099 |
|-------------------------------------------------------|-----------|-------|

|                                                                       |              |     |  |
|-----------------------------------------------------------------------|--------------|-----|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |     |  |
|                                                                       | <b>7c(2)</b> |     |  |
|                                                                       | <b>7c(3)</b> | 633 |  |
|                                                                       | <b>7c(4)</b> |     |  |
|                                                                       | <b>7c(5)</b> |     |  |

|                          |              |     |
|--------------------------|--------------|-----|
| (6) Total additions..... | <b>7c(6)</b> | 633 |
|--------------------------|--------------|-----|

|                                                                                       |           |       |
|---------------------------------------------------------------------------------------|-----------|-------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 21732 |
|---------------------------------------------------------------------------------------|-----------|-------|

**e** Deductions:

|                                                                                 |              |  |  |
|---------------------------------------------------------------------------------|--------------|--|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |  |  |
| (3) Transferred to separate account.....                                        | <b>7e(3)</b> |  |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> |  |  |

|                           |              |   |
|---------------------------|--------------|---|
| (5) Total deductions..... | <b>7e(5)</b> | 0 |
|---------------------------|--------------|---|

|                                                                                                         |           |       |
|---------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 21732 |
|---------------------------------------------------------------------------------------------------------|-----------|-------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                       |                                                             |     |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018            |                                                             |     |
| <b>A</b> Name of plan<br>PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN       | <b>B</b> Three-digit plan number (PN) ▶                     | 004 |
|                                                                                                       |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PEDIATRIC ACADEMIC ASSOCIATION, INC. | <b>D</b> Employer Identification Number (EIN)<br>31-1024403 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                            |
|----------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>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                                                                           | 01/01/2018              | 12/31/2018 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                    |                                           |
|----------------------------------------------------|-------------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br>244 | <b>(b)</b> Total amount of fees paid<br>0 |
|----------------------------------------------------|-------------------------------------------|

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>DEMETRIOS PARASKEVOPOULOS<br>300 OLD COUNTRY RDSTE 371<br>MINEOLA, NY 11501-4199 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 244                                           |                                 |             | 3                     |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> 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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |        |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 103498 |

**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>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ► | <b>6d</b> |  |

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

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                       |                                                             |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018            |                                                             |
| <b>A</b> Name of plan<br>PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN       | <b>B</b> Three-digit plan number (PN) ▶ 004                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PEDIATRIC ACADEMIC ASSOCIATION, INC. | <b>D</b> Employer Identification Number (EIN)<br>31-1024403 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                   |
|-----------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>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                                | 8                                                                           | 01/01/2018              | 12/31/2018 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                     |                                           |
|-----------------------------------------------------|-------------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br>1173 | <b>(b)</b> Total amount of fees paid<br>0 |
|-----------------------------------------------------|-------------------------------------------|

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>EDWARD L. MOBLEY<br>VOYA<br>7965 N HIGH ST STE 150<br>COLUMBUS, OH 43235 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 779                                           |                                 |             | 3                     |

|                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>GLENN R. LEWIS<br>7965 N HIGH ST STE 150<br>COLUMBUS, OH 43235 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 210                                           |                                 |             | 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 |                       |
| 91                                            |                                 |             | 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 |                       |
| 78                                            |                                 |             | 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 |                       |
| 5                                             |                                 |             | 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 |                       |
| 5                                             |                                 |             | 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.

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 856300 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 245078 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year..... | <b>7b</b> | 893168 |
|-------------------------------------------------------|-----------|--------|

|                                                                       |              |       |  |
|-----------------------------------------------------------------------|--------------|-------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |       |  |
|                                                                       | <b>7c(2)</b> |       |  |
|                                                                       | <b>7c(3)</b> | 35133 |  |
|                                                                       | <b>7c(4)</b> |       |  |
|                                                                       | <b>7c(5)</b> |       |  |

|                          |              |       |
|--------------------------|--------------|-------|
| (6) Total additions..... | <b>7c(6)</b> | 35133 |
|--------------------------|--------------|-------|

|                                                                                       |           |        |
|---------------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 928301 |
|---------------------------------------------------------------------------------------|-----------|--------|

**e** Deductions:

|                                                                                 |              |       |  |
|---------------------------------------------------------------------------------|--------------|-------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 71956 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 45    |  |
| (3) Transferred to separate account.....                                        | <b>7e(3)</b> |       |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> |       |  |

|                           |              |       |
|---------------------------|--------------|-------|
| (5) Total deductions..... | <b>7e(5)</b> | 72001 |
|---------------------------|--------------|-------|

|                                                                                                         |           |        |
|---------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 856300 |
|---------------------------------------------------------------------------------------------------------|-----------|--------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                       |                                                             |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018            |                                                             |
| <b>A</b> Name of plan<br>PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN       | <b>B</b> Three-digit plan number (PN) ▶ 004                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PEDIATRIC ACADEMIC ASSOCIATION, INC. | <b>D</b> Employer Identification Number (EIN)<br>31-1024403 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                             |
|-----------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>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                                                                           | 01/01/2018              | 12/31/2018 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|                                             |                                      |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> 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 |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> 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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |       |
|--------------------------------------------------------------------------------------------------------|----------|-------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 46330 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 58136 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year..... | <b>7b</b> | 38382 |
|-------------------------------------------------------|-----------|-------|

|                                                                       |              |      |  |
|-----------------------------------------------------------------------|--------------|------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |      |  |
|                                                                       | <b>7c(2)</b> |      |  |
|                                                                       | <b>7c(3)</b> | 810  |  |
|                                                                       | <b>7c(4)</b> | 7368 |  |
|                                                                       | <b>7c(5)</b> |      |  |

|                          |              |      |
|--------------------------|--------------|------|
| (6) Total additions..... | <b>7c(6)</b> | 8178 |
|--------------------------|--------------|------|

|                                                                                       |           |       |
|---------------------------------------------------------------------------------------|-----------|-------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 46560 |
|---------------------------------------------------------------------------------------|-----------|-------|

**e** Deductions:

|                                                                           |              |     |  |
|---------------------------------------------------------------------------|--------------|-----|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> |     |  |
|                                                                           | <b>7e(2)</b> |     |  |
|                                                                           | <b>7e(3)</b> |     |  |
|                                                                           | <b>7e(4)</b> | 230 |  |

▶ **CONTRACT SURRENDER CHARGES**

|                           |              |     |
|---------------------------|--------------|-----|
| (5) Total deductions..... | <b>7e(5)</b> | 230 |
|---------------------------|--------------|-----|

|                                                                                                         |           |       |
|---------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 46330 |
|---------------------------------------------------------------------------------------------------------|-----------|-------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                       |                                                             |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018            |                                                             |
| <b>A</b> Name of plan<br>PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN       | <b>B</b> Three-digit plan number (PN) ▶ 004                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PEDIATRIC ACADEMIC ASSOCIATION, INC. | <b>D</b> Employer Identification Number (EIN)<br>31-1024403 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                   |
|---------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>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                                | 146                                                                         | 01/01/2018              | 12/31/2018 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---------------------------------------------|--------------------------------------|

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
| <b>(a)</b> 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 |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> 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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 4815651 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 9767106 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year.....                                                   | <b>7b</b>    | 3999693 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> | 250849  |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |         |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> | 131625  |
| (4) Transferred from separate account.....                                                              | <b>7c(4)</b> | 630336  |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> | 8090    |
| ▶ OTHER INCOME                                                                                          |              |         |
| (6) Total additions.....                                                                                | <b>7c(6)</b> | 1020900 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 5020593 |
| <b>e</b> Deductions:                                                                                    |              |         |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> | 90714   |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> |         |
| (3) Transferred to separate account.....                                                                | <b>7e(3)</b> | 114228  |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |         |
| ▶                                                                                                       |              |         |
| (5) Total deductions.....                                                                               | <b>7e(5)</b> | 204942  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 4815651 |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2018</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

|                                                                                                              |                                                                    |            |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN</b>       | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>004</b> |
|                                                                                                              |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>PEDIATRIC ACADEMIC ASSOCIATION, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>31-1024403</b> |            |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <b>AXA EQUITABLE LIFE INS. COMPANY</b>                                                                            |
| <b>13-5570651</b>                                                                                                 |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <b>FIDELITY INVEST INST OPER CO, INC.</b>                                                                         |
| <b>04-2647786</b>                                                                                                 |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <b>VOYA RETIREMENT INC. AND ANNUITY CO</b>                                                                        |
| <b>71-0294708</b>                                                                                                 |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <b>TIAA</b>                                                                                                       |
| <b>13-1624203</b>                                                                                                 |

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

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VARIABLE ANNUITY LIFE INSURANCE CO.

74-1625348

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

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

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

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

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

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

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

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

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

AXA EQUITABLE LIFE INS. COMPANY

13-5570651

| (b)<br>Service Code(s)           | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 58 28 25<br>59 60 62 63<br>67 | RECORDKEEPER                                                                                      | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 2357                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

FIDELITY INVEST INST OPER CO, INC.

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 65                  | RECORDKEEPER                                                                                      | 282                                                                    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                                                     |                                                                            |            |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN</u>              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>004</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>PEDIATRIC ACADEMIC ASSOCIATION, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-1024403</u>         |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                        |                               |                                                                                                                                                       |  |  |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VARIABLE ANNUITY ACCOUNT C</u>                       |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u> |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>71-0294708-000</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>245078</u></span>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>                                 |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>                                     |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>13-1624203-004</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>2462421</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/COM STCK INDEX</u>                                |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE COMPANY</u>          |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>13-5570651-001</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>28706</u></span>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/QUALITY BOND PLUS</u>                             |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE COMPANY</u>          |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>13-5570651-001</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>13878</u></span>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/LARGE CAP VALUE PLUS</u>                          |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE COMPANY</u>          |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>13-5570651-001</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>22430</u></span>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/ALLIANCEBERNSTEIN INTL</u>                        |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE COMPANY</u>          |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>13-5570651-001</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>18046</u></span>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/SMALL COMPANY INDEX</u>                           |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE COMPANY</u>          |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>13-5570651-001</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>16572</u></span>   |  |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MID CAP VALUE PLUS

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

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 13-5570651-001 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16964 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GUARANTEED INTEREST ACCOUNT

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

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 13-5570651-001 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21733 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                              |                                                                    |            |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b>     |                                                                    |            |
| <b>A</b> Name of plan<br><b>PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN</b>       | <b>B</b> Three-digit plan number (PN) ►                            | <b>004</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>PEDIATRIC ACADEMIC ASSOCIATION, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>31-1024403</b> |            |

| Part I   | Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> | 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. <b>Round off amounts to the nearest dollar.</b> 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. |                 |                       |                 |
|          | <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
| <b>a</b> | Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> | Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
|          | <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1b(1)</b>    |                       |                 |
|          | <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1b(2)</b>    |                       |                 |
|          | <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1b(3)</b>    |                       |                 |
| <b>c</b> | General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
|          | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(1)</b>    |                       |                 |
|          | <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(2)</b>    |                       |                 |
|          | <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(A)</b> |                       |                 |
|          | <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(B)</b> |                       |                 |
|          | <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(4)(A)</b> |                       |                 |
|          | <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(4)(B)</b> |                       |                 |
|          | <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(5)</b>    |                       |                 |
|          | <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(6)</b>    |                       |                 |
|          | <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(7)</b>    |                       |                 |
|          | <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(8)</b>    |                       |                 |
|          | <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(9)</b>    |                       |                 |
|          | <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c(10)</b>   | 2606828               | 2824095         |
|          | <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(11)</b>   |                       |                 |
|          | <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(12)</b>   |                       |                 |
|          | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(13)</b>   | 50084584              | 49729701        |
|          | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(14)</b>   | 4952344               | 5740014         |
|          | <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                   |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 57643756 58293810 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0               |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 57643756 58293810 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |           |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 4790890   |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 617554    |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 5408444   |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> |           |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 0         |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> | 1393514   |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 1393514   |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 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) |            | -4716421  |
| c Other income.....                                                                            | 2c     |            | 59390     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....              | 2d     |            | 2144927   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 1492760 |         |
| (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) |         | 1492760 |
| 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) | 2113    |         |
| (4) Other .....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |         | 2113    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 1494873 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 650054 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan.....                                    | 2l(1) |  |        |
| (2) From this plan.....                                  | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

☒ Yes ☐ No

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

(1) Name: 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:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |         |
| <b>d</b> 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.).....                                | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |         |
| <b>g</b> 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?.....                                                     | <b>4g</b> |     | X  |         |
| <b>h</b> 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?.....                                           | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |         |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |         |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |         |

**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.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                                              |                                                                    |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN</u>       | <b>B</b> Three-digit plan number (PN) ▶<br><u>004</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PEDIATRIC ACADEMIC ASSOCIATION, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-1024403</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                      |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                                               | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>13-1624203</u> <u>23-1945930</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                                              |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                     | <b>3</b> | <u>9</u> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018  
v. 171027

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

**a** The current year .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****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, 2018  
and 2017**

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, 2018 and 2017

**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, 2018 and 2017, 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, 2018 and 2017, and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.



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, 2018 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

October 1, 2019

## **Financial Statements**

---

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

| <i>As of December 31,</i>                | <b>2018</b>          | 2017                 |
|------------------------------------------|----------------------|----------------------|
| <b>Assets</b>                            |                      |                      |
| Investments at fair value                | \$ 54,684,514        | \$ 54,130,699        |
| Investments at contract value            | 3,609,296            | 3,513,057            |
| <b>Net Assets Available for Benefits</b> | <b>\$ 58,293,810</b> | <b>\$ 57,643,756</b> |

*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**

| <i>For the Years ended December 31,</i>                      | <b>2018</b>    | 2017          |
|--------------------------------------------------------------|----------------|---------------|
| <b>Additions to Net Assets Attributed To:</b>                |                |               |
| Investment (loss) income:                                    |                |               |
| Net (depreciation) appreciation in fair value of investments | \$ (4,716,421) | \$ 7,137,396  |
| Interest and dividends                                       | 1,393,514      | 1,096,875     |
| Total investment (loss) income, net                          | (3,322,907)    | 8,234,271     |
| Contributions:                                               |                |               |
| Participant                                                  | 4,790,890      | 4,367,976     |
| Rollover                                                     | 617,554        | 17,159        |
| Total contributions                                          | 5,408,444      | 4,385,135     |
| Other income:                                                |                |               |
| Plan servicing credit                                        | 59,390         | -             |
| Total additions                                              | 2,144,927      | 12,619,406    |
| <b>Deductions from Net Assets Attributed To:</b>             |                |               |
| Benefits paid to participants                                | 1,492,760      | 675,798       |
| Investment management fees                                   | 2,113          | 1,664         |
| Total deductions                                             | 1,494,873      | 677,462       |
| Net Increase                                                 | 650,054        | 11,941,944    |
| <b>Net Assets Available for Benefits:</b>                    |                |               |
| Beginning of year                                            | 57,643,756     | 45,701,812    |
| End of year                                                  | \$ 58,293,810  | \$ 57,643,756 |

*See accompanying notes to financial statements.*

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

**Notes to Financial Statements**

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## **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 2018 and 2017, rollover contributions totaled \$617,554 and \$17,159, 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.

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

**Notes to Financial Statements**

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*Financial Hardship Withdrawals*

Financial hardship withdrawals of a participant's deferral contributions are permitted in certain circumstances of immediate and heavy financial need, as defined in the Plan agreement.

*Loan Provisions*

Effective January 1, 2018, participants may borrow from their fund accounts a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. All loans are secured by the balance in the participant's account and bear interest at the prime interest rate plus 1% at loan inception. Principal and interest is paid ratably through payroll deductions. Loan terms shall not exceed five years, unless the loan was used to acquire a principal residence.

*Administrative Fees*

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

*Plan Servicing Credit*

The Plan servicing credit is the balance in the Plan's Revenue Credit Account (RCA) where credits are earned from the fund within the RCA and then are returned to participants based on the Plan's choice of the five allocation methods allowed by TIAA-CREF. The Plan elected "asset based - all investments" allocation method, which returns plan servicing credits to the participants based on each participant's plan assets in relation to total plan assets. The Plan had \$59,390 and \$0 in total plan servicing credits for the years ended December 31, 2018 and 2017, respectively.

## **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.

**Pediatric Academic Association, Inc.**  
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**Notes to Financial Statements**

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*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.

*Notes Receivable from Participants*

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent loans are reclassified as deemed distributions based on the terms of the plan document. As of December 31, 2018, no loans have been taken out by participants.

*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, 2019 and October 1, 2019, 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:

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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, 2018 and 2017.

*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

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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, 2018:

|                                   | Assets at Fair Value as of December 31, 2018 |                     |                     |                      |
|-----------------------------------|----------------------------------------------|---------------------|---------------------|----------------------|
|                                   | Level 1                                      | Level 2             | Level 3             | Total                |
| Mutual funds                      | \$ 42,263,382                                | \$ -                | \$ -                | \$ 42,263,382        |
| Variable annuity contracts        | -                                            | 7,466,319           | -                   | 7,466,319            |
| Fixed annuity contracts           | -                                            | -                   | 1,206,355           | 1,206,355            |
| Pooled separate accounts          | -                                            | 361,674             | 2,462,421           | 2,824,095            |
| Guaranteed interest accounts      | -                                            | -                   | 924,363             | 924,363              |
| <b>Total assets at fair value</b> | <b>\$ 42,263,382</b>                         | <b>\$ 7,827,933</b> | <b>\$ 4,593,139</b> | <b>\$ 54,684,514</b> |

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, 2018:

|                                                                     | Fair Value Measurements Using Significant Unobservable Inputs (Level 3) |                          |                              |
|---------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------|------------------------------|
|                                                                     | Fixed annuity contracts                                                 | Pooled separate accounts | Guaranteed interest accounts |
| Balance, beginning of year                                          | \$ 486,637                                                              | \$ 2,190,884             | \$ 952,650                   |
| Purchases                                                           | 728,943                                                                 | 205,764                  | 43,944                       |
| Sales                                                               | (9,225)                                                                 | (45,983)                 | (72,231)                     |
| Unrealized gains relating to instruments held at the reporting date | -                                                                       | 111,756                  | -                            |
| <b>Balance, end of year</b>                                         | <b>\$ 1,206,355</b>                                                     | <b>\$ 2,462,421</b>      | <b>\$ 924,363</b>            |

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              |
| <b>Total assets at fair value</b> | <b>\$ 41,473,116</b>                         | <b>\$ 9,027,412</b> | <b>\$ 3,630,171</b> | <b>\$ 54,130,699</b> |

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**Notes to Financial Statements**

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                   |

*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, 2018 and 2017, 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, 2018 Fair Value | Principal Valuation Technique                            | Unobservable Inputs                 | Range of Significant Input Values |
|-------------------------------------------------|------------------------------|----------------------------------------------------------|-------------------------------------|-----------------------------------|
| TIAA Real Estate                                | \$ 2,462,421                 | External appraisals                                      | Discount rate                       | 5.00% -10.70%                     |
|                                                 |                              |                                                          | Terminal capitalization rate        | 3.80% - 9.00%                     |
|                                                 |                              |                                                          | Overall capitalization rate         | 3.30% - 8.50%                     |
| VOYA Fixed Account                              | \$ 856,300                   | Discounted cash flow                                     | Credited rate                       | 4.00%                             |
| TIAA Traditional Non Benefit Responsive 1 and 2 | \$ 1,206,355                 | Discounted cash flow / Theoretical transfer (exit value) | Risk-adjusted discount rate applied | 4.00%                             |
| VOYA Fixed Plus Account                         | \$ -                         | Discounted cash flow                                     | Credited rate                       | 3.00%                             |

**Pediatric Academic Association, Inc.**  
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**Notes to Financial Statements**

|                                                  |           |               |                                              |                      |                      |
|--------------------------------------------------|-----------|---------------|----------------------------------------------|----------------------|----------------------|
| <b>VALIC Fixed Account Plus</b>                  | <b>\$</b> | <b>46,330</b> | <b>Modified new money interest crediting</b> | <b>Credited rate</b> | <b>1.50% - 2.30%</b> |
| <b>AXA Equitable Guaranteed Interest Account</b> | <b>\$</b> | <b>21,733</b> | <b>Discounted cash flow</b>                  | <b>Credited rate</b> | <b>3.00%</b>         |

| Instrument                                      | December 31,<br>2017<br>Fair Value | Principal Valuation<br>Technique                         | Unobservable Inputs                 | Range of<br>Significant<br>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%                                   |

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**Notes to Financial Statements**

*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 |
|-----------------------------------|---------------------|----------------------------------------------------------------------------------------------|--------------------------|
| <b>December 31, 2018</b>          |                     |                                                                                              |                          |
| <b>Variable annuity contracts</b> | <b>\$ 7,466,319</b> | <b>Daily / 90 day restriction if purchase, sale, repurchase is made during 60 day period</b> | <b>Daily</b>             |
| <b>Pooled separate accounts:</b>  |                     |                                                                                              |                          |
| Real Estate Account               | \$ 2,462,421        | Quarterly                                                                                    | Quarterly                |
| Other                             | \$ 361,674          | Daily                                                                                        | Daily                    |
|                                   | Fair Value          | Redemption Frequency                                                                         | Redemption Notice Period |
| <b>December 31, 2017</b>          |                     |                                                                                              |                          |
| Variable annuity contracts        | \$ 8,611,468        | Daily / 90 day restriction if purchase, sale, repurchase is made during 60 day period        | Daily                    |
| <b>Pooled separate accounts:</b>  |                     |                                                                                              |                          |
| Real Estate Account               | \$ 2,190,884        | Quarterly                                                                                    | Quarterly                |
| Other                             | \$ 415,944          | 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 participants 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, 2018 and 2017, there were no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract was \$3,609,296 and \$3,513,057, 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.

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**Notes to Financial Statements**

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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 \$2,139,010 and \$2,332,423 at December 31, 2018 and 2017, 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, 2018 and 2017 including the comparable information in the accompanying supplemental schedule:

| <i>As of December 31,</i>                   | <b>2018</b>          | <b>2017</b>   |
|---------------------------------------------|----------------------|---------------|
| Investments:                                |                      |               |
| Mutual funds                                | <b>\$ 40,124,372</b> | \$ 39,140,693 |
| Variable annuity contracts                  | <b>7,466,319</b>     | 8,611,468     |
| Fixed annuity contracts                     | <b>4,815,651</b>     | 3,999,694     |
| Pooled separate accounts                    | <b>2,824,095</b>     | 2,606,828     |
| Guaranteed interest accounts                | <b>924,363</b>       | 952,650       |
| Certified net assets available for benefits | <b>\$ 56,154,800</b> | \$ 55,311,333 |

**Pediatric Academic Association, Inc.**  
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**Notes to Financial Statements**

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| <i>For the Years Ended December 31,</i>                                       | <b>2018</b>              | 2017             |
|-------------------------------------------------------------------------------|--------------------------|------------------|
| Net (depreciation)/appreciation in the fair value of investments:             |                          |                  |
| Mutual funds                                                                  | <b>(\$4,122,418)</b>     | \$ 5,068,131     |
| Variable annuity contracts                                                    | <b>(591,982)</b>         | 1,534,607        |
| Fixed annuity contracts                                                       | <b>131,625</b>           | -                |
| Pooled separate accounts                                                      | <b>111,060</b>           | 149,845          |
| Guaranteed interest accounts                                                  | <b>633</b>               | -                |
| <br>Certified net (depreciation)/appreciation in fair value of<br>investments | <br><b>(\$4,471,082)</b> | <br>\$ 6,752,583 |

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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, 2018 and 2017, 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.

## **Supplemental Schedule**

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**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, 2018**

| (a) | (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | (d)<br>Cost | (e) Current value |
|-----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|-------------------|
|     |                                                              | Mutual funds:                                                                                                  |             |                   |
| *   | Vanguard                                                     | Vanguard Institutional Index I                                                                                 | ** \$       | 8,924,179         |
| *   | Vanguard                                                     | Vanguard Instl Trgt Retire 2040 Instl                                                                          | **          | 4,477,357         |
| *   | American Funds                                               | Europacific Growth R6                                                                                          | **          | 3,077,289         |
| *   | Vanguard                                                     | Vanguard Instl Trgt Retire 2030 Instl                                                                          | **          | 2,283,644         |
| *   | Vanguard                                                     | Vanguard Instl Trgt Retire 2045 Instl                                                                          | **          | 2,272,658         |
| *   | Vanguard                                                     | Vanguard Instl Trgt Retire 2025 Instl                                                                          | **          | 2,003,918         |
| *   | Vanguard                                                     | Vanguard Instl Trgt Retire 2020 Instl                                                                          | **          | 1,927,181         |
| *   | Vanguard                                                     | Vanguard Instl Trgt Retire 2035 Instl                                                                          | **          | 1,921,708         |
| *   | Vanguard                                                     | Vanguard Mid Cap Index Adm                                                                                     | **          | 1,753,931         |
| *   | Vanguard                                                     | Vanguard Total Bond Market Index Adm                                                                           | **          | 1,456,207         |
| *   | Vanguard                                                     | Vanguard Small Cap Index Adm                                                                                   | **          | 1,350,723         |
|     | JPMorgan                                                     | JPMorgan US Equity R5                                                                                          | **          | 899,095           |
| *   | Vanguard                                                     | Vanguard Instl Trgt Retire 2050 Instl                                                                          | **          | 780,750           |
|     | BlackRock                                                    | BlackRock Inflation Protected Bond Instl                                                                       | **          | 590,995           |
| *   | Vanguard                                                     | Vanguard Value Index Inst                                                                                      | **          | 555,958           |
|     | Metropolitan West Funds                                      | Metropolitan West Total Return Bond I                                                                          | **          | 422,816           |
| *   | American Century                                             | American Century One Choice 2045 Instl                                                                         | **          | 409,298           |
| *   | American Funds                                               | Smallcap World Fund                                                                                            | **          | 397,964           |
|     | Neuberger Berman                                             | Neuberger Berman RealEstate In                                                                                 | **          | 358,796           |
| *   | Vanguard                                                     | Vanguard Health Care Inv                                                                                       | **          | 345,042           |
| *   | American Funds                                               | Capital World Growth & Income Fund                                                                             | **          | 311,989           |
| *   | Vanguard                                                     | Vanguard Total Stock Market Index                                                                              | **          | 309,699           |
|     | Causeway                                                     | Causeway Emerging Markets Instl                                                                                | **          | 272,757           |
| *   | Fidelity                                                     | Fidelity 500 Index                                                                                             | **          | 270,119           |
| *   | Vanguard                                                     | Vanguard Life Strategy Growth                                                                                  | **          | 256,229           |
| *   | American Funds                                               | The Income Fund of America                                                                                     | **          | 193,063           |
| *   | Vanguard                                                     | Vanguard Inst Tg Rtm 2015 Inst                                                                                 | **          | 176,432           |
| *   | Fidelity                                                     | Fidelity Contrafund                                                                                            | **          | 175,144           |
|     | Eagle Funds                                                  | Eagle Small Cap Growth Class I                                                                                 | **          | 173,583           |
| *   | Fidelity                                                     | Fidelity Balanced                                                                                              | **          | 169,140           |
| *   | American Funds                                               | Washington Mutual Investors Fund                                                                               | **          | 161,121           |
|     | William Blair                                                | William Blair Small Cap Val N                                                                                  | **          | 156,207           |
| *   | T. Rowe Price                                                | T. Rowe Price Target 2035                                                                                      | **          | 126,969           |
| *   | Vanguard                                                     | Vanguard Target Retirement 2015 Inv                                                                            | **          | 126,113           |
| *   | Fidelity                                                     | Fidelity Blue Chip Growth                                                                                      | **          | 122,261           |
| *   | Fidelity                                                     | Fidelity Growth Company                                                                                        | **          | 114,343           |
| *   | Vanguard                                                     | Vanguard Target Retirement 2035 Inv                                                                            | **          | 105,100           |
| *   | Vanguard                                                     | Vanguard Inst Tg Rtm Inc Inst                                                                                  | **          | 103,295           |
| *   | Fidelity                                                     | Fidelity Overseas                                                                                              | **          | 99,503            |
| *   | Fidelity                                                     | Fidelity Growth Discovery                                                                                      | **          | 95,798            |
| *   | Vanguard                                                     | Vanguard Extended Market Idx Inv                                                                               | **          | 94,844            |
|     | Delaware Funds by Macquarie                                  | Delaware US Growth Fund Inst                                                                                   | **          | 91,781            |
| *   | Fidelity                                                     | Fidelity Mid-Cap Stock                                                                                         | **          | 89,176            |
| *   | American Funds                                               | New Perspective Fund                                                                                           | **          | 85,875            |
| *   | American Funds                                               | Europacific Growth Fund                                                                                        | **          | 81,648            |
| *   | Vanguard                                                     | Vanguard 500 Index Inv                                                                                         | **          | 79,335            |
| *   | Fidelity                                                     | Fidelity Government Money Market Fund                                                                          | **          | 75,914            |

*See independent auditor's report.*

**Pediatric Academic Association, Inc.**  
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**Employer Identification Number 31-1024403, Plan Number 004**  
**Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2018**

| (a) | (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | (d)<br>Cost | (e) Current value |
|-----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|-------------------|
|     |                                                              | Mutual funds (continued):                                                                                      |             |                   |
|     | Baird                                                        | Baird Mid Cap Fd Institutional                                                                                 | **          | 71,902            |
| *   | American Funds                                               | International Growth & Income Fund                                                                             | **          | 71,102            |
| *   | Fidelity                                                     | Fidelity Freedom 2025                                                                                          | **          | 65,826            |
| *   | Vanguard                                                     | Vanguard Prime Money Market                                                                                    | **          | 65,053            |
| *   | Fidelity                                                     | Fidelity Low-Priced Stock                                                                                      | **          | 62,765            |
| *   | T. Rowe Price                                                | T. Rowe Price Capital Appreciation                                                                             | **          | 61,717            |
|     | MFS                                                          | MFS Moderate Allocation                                                                                        | **          | 57,751            |
| *   | Vanguard                                                     | Vang Growth Index Fd                                                                                           | **          | 53,534            |
| *   | Fidelity                                                     | Fidelity International Discovery                                                                               | **          | 53,049            |
| *   | Fidelity                                                     | Fidelity Short Term Bond                                                                                       | **          | 51,871            |
| *   | Vanguard                                                     | Vang Small-Cap                                                                                                 | **          | 51,286            |
| *   | American Funds                                               | The Economy Fund                                                                                               | **          | 51,090            |
| *   | American Funds                                               | 2040 Target Date A-Class                                                                                       | **          | 50,422            |
| *   | American Funds                                               | New World Fund                                                                                                 | **          | 49,585            |
| *   | Vanguard                                                     | Vang Equity Income Fd                                                                                          | **          | 47,977            |
| *   | Vanguard                                                     | Vang Mid-Cap Growth Indx                                                                                       | **          | 42,806            |
| *   | Fidelity                                                     | Fidelity Freedom 2035                                                                                          | **          | 41,091            |
| *   | Fidelity                                                     | Fidelity Small Cap Stock                                                                                       | **          | 40,957            |
| *   | Vanguard                                                     | Vang Target Ret 2025                                                                                           | **          | 37,898            |
| *   | Vanguard                                                     | Vanguard Total Bond Market Index Inv                                                                           | **          | 36,184            |
|     | Columbia                                                     | Columbia Select Global Equity                                                                                  | **          | 35,684            |
|     | MFS                                                          | MFS International Growth A                                                                                     | **          | 33,919            |
|     | Nuveen Investment                                            | Nuveen Large Cap Growth                                                                                        | **          | 33,689            |
| *   | American Funds                                               | American Balance Fund                                                                                          | **          | 33,271            |
| *   | Vanguard                                                     | Vanguard Total Stock Mkt Idx Inv                                                                               | **          | 32,164            |
| *   | American Funds                                               | Capital Income Builder                                                                                         | **          | 31,300            |
| *   | Vanguard                                                     | Vanguard Long-Term Bond Index Inv                                                                              | **          | 30,257            |
| *   | Vanguard                                                     | Vang Intl Growth Fd                                                                                            | **          | 29,005            |
| *   | American Funds                                               | Capital World Bond Fund                                                                                        | **          | 28,884            |
| *   | Fidelity                                                     | Fidelity GNMA                                                                                                  | **          | 28,111            |
| *   | American Funds                                               | Fundamental Investors                                                                                          | **          | 27,835            |
| *   | Fidelity                                                     | Fidelity Emerging Markets                                                                                      | **          | 25,658            |
| *   | American Funds                                               | Fundamental Investors A-Class                                                                                  | **          | 25,438            |
| *   | American Funds                                               | The Growth Fund Of America                                                                                     | **          | 25,172            |
|     | BlackRock                                                    | BlackRock Total Return Fund                                                                                    | **          | 24,366            |
| *   | Fidelity                                                     | Fidelity Europe                                                                                                | **          | 23,582            |
| *   | Fidelity                                                     | Fidelity Japan                                                                                                 | **          | 23,383            |
| *   | Vanguard                                                     | Vanguard International Value Inv                                                                               | **          | 20,513            |
| *   | Fidelity                                                     | Fidelity Advisor Health Care                                                                                   | **          | 19,733            |
| *   | Fidelity                                                     | Fidelity Select It Services                                                                                    | **          | 19,498            |
| *   | Fidelity                                                     | Fidelity Freedom 2030                                                                                          | **          | 19,387            |
| *   | American Funds                                               | The Bond Fund of America                                                                                       | **          | 19,278            |
| *   | T. Rowe Price                                                | Midcap Gro                                                                                                     | **          | 18,886            |
| *   | American Funds                                               | New Economy Fund                                                                                               | **          | 18,478            |
| *   | American Funds                                               | Amcap Fund                                                                                                     | **          | 18,243            |
| *   | Fidelity                                                     | Fidelity Real Estate Investment Port                                                                           | **          | 16,697            |
| *   | American Funds                                               | Capital World Bond Fund C-Class                                                                                | **          | 15,693            |

*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, 2018**

| (a)                       | (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | (d)<br>Cost | (e) Current value |
|---------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|-------------------|
| Mutual funds (continued): |                                                              |                                                                                                                |             |                   |
| *                         | Fidelity                                                     | Fidelity Select Consumer Discret Port                                                                          | **          | 14,953            |
| *                         | Vanguard                                                     | Vanguard Developed Markets Idx Admiral                                                                         | **          | 14,420            |
| *                         | Vanguard                                                     | Vanguard Large Cap Index Inv                                                                                   | **          | 14,404            |
| *                         | Fidelity                                                     | Fidelity Advisor Financial Services                                                                            | **          | 14,084            |
| *                         | T. Rowe Price                                                | T. Rowe Price Spectrum International                                                                           | **          | 13,878            |
| *                         | American Funds                                               | Investment Co Of America                                                                                       | **          | 13,565            |
| *                         | Vanguard                                                     | Vanguard Value Index Inv                                                                                       | **          | 13,340            |
| *                         | Columbia                                                     | Columbia Global Technology Growth                                                                              | **          | 11,220            |
| *                         | Vanguard                                                     | Vang Inflat Protect Sec                                                                                        | **          | 11,031            |
| *                         | American Funds                                               | Capital World Growth & Income Fund A-Class                                                                     | **          | 9,315             |
| *                         | Fidelity                                                     | Fidelity Select Health Care                                                                                    | **          | 8,906             |
| *                         | Vanguard                                                     | Vanguard Emerging Mkts Stock Idx Inv                                                                           | **          | 7,698             |
| *                         | Fidelity                                                     | Fidelity Small Cap Discovery                                                                                   | **          | 7,060             |
| *                         | Fidelity                                                     | Fidelity Equity-Income                                                                                         | **          | 6,845             |
| *                         | Fidelity                                                     | Fidelity Select Biotechnology                                                                                  | **          | 5,577             |
| *                         | Vanguard                                                     | Vanguard Total Stock Mkt Idx Inv                                                                               | **          | 5,059             |
| *                         | Dreyfus                                                      | Dreyfus Govt Cash Mgmt Administ                                                                                | **          | 4,883             |
| *                         | Fidelity                                                     | Fidelity US Bond Index                                                                                         | **          | 4,566             |
| *                         | American Funds                                               | American Balance Fund C-Class                                                                                  | **          | 4,495             |
| *                         | Vanguard                                                     | Vanguard Instl Trgt Retire 2055 Instl                                                                          | **          | 2,713             |
| *                         | American Funds                                               | New World Fund A-Class                                                                                         | **          | 2,473             |
| *                         | American Funds                                               | Capital Income Builder A-Class                                                                                 | **          | 2,408             |
| *                         | Vanguard                                                     | Vang Emerging Mkt Stk Idx                                                                                      | **          | 1,552             |
| Total mutual funds        |                                                              |                                                                                                                |             | \$ 42,263,382     |

*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, 2018**

| (a)                              | (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | (d)<br>Cost | (e) Current value |
|----------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|-------------------|
|                                  |                                                              | Variable annuity contracts:                                                                                    |             |                   |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Stock R2                                                                                                  | ** \$       | 3,219,400         |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Equity Index R2                                                                                           | **          | 1,203,882         |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Global Equities R2                                                                                        | **          | 1,034,248         |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Growth R2                                                                                                 | **          | 1,016,945         |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Bond Market R2                                                                                            | **          | 380,159           |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Social Choice R2                                                                                          | **          | 168,046           |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Money Market R2                                                                                           | **          | 157,430           |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Inflation-Linked Bond R2                                                                                  | **          | 124,575           |
|                                  | Goldman Sachs                                                | Goldman Sachs Us Equity Insights A Fund                                                                        | **          | 35,665            |
| *                                | Variable Annuity Life Insurance Company                      | Core Bond Fund                                                                                                 | **          | 22,264            |
|                                  | Goldman Sachs                                                | Goldman Sachs Small Cap Eq Insights Instl Fund                                                                 | **          | 17,888            |
| *                                | Fidelity                                                     | Fidelity VIP Contrafund                                                                                        | **          | 14,748            |
|                                  | Wells Fargo Funds                                            | Wells Fargo International Equity Inst Fund                                                                     | **          | 13,186            |
| *                                | Variable Annuity Life Insurance Company                      | Inflation Protected Fund                                                                                       | **          | 11,551            |
| *                                | American Century                                             | American Century Investments VP Value Fund                                                                     | **          | 11,441            |
| *                                | Variable Annuity Life Insurance Company                      | High Yield Bond Fund                                                                                           | **          | 6,157             |
|                                  | Janus Henderson                                              | Janus Henderson Global Technology instl Fund                                                                   | **          | 5,416             |
| *                                | Fidelity                                                     | Fidelity VIP Mid Cap                                                                                           | **          | 5,153             |
| *                                | Variable Annuity Life Insurance Company                      | Valic Company I Capital Conservation                                                                           | **          | 4,262             |
| *                                | Variable Annuity Life Insurance Company                      | Government Money Market II Fund                                                                                | **          | 3,156             |
| *                                | Variable Annuity Life Insurance Company                      | International Equities Fund                                                                                    | **          | 2,015             |
| *                                | Variable Annuity Life Insurance Company                      | Global Strategy                                                                                                | **          | 2,006             |
| *                                | Variable Annuity Life Insurance Company                      | Mid Cap Value Fund                                                                                             | **          | 1,905             |
| *                                | Variable Annuity Life Insurance Company                      | Socially Responsible Fund                                                                                      | **          | 974               |
| *                                | Variable Annuity Life Insurance Company                      | Stock Index Fund                                                                                               | **          | 970               |
| *                                | Vanguard                                                     | Vanguard Windsor II                                                                                            | **          | 965               |
| *                                | Variable Annuity Life Insurance Company                      | Dividend Value                                                                                                 | **          | 962               |
| *                                | Variable Annuity Life Insurance Company                      | Mid Cap Index Fund                                                                                             | **          | 950               |
| Total variable annuity contracts |                                                              |                                                                                                                |             | \$ 7,466,319      |
|                                  |                                                              | Fixed annuity contracts:                                                                                       |             |                   |
| *                                | College Retirement Equities Fund Variable Annuities          | TIAA Traditional Benefit Responsive                                                                            | ** \$       | 2,202,159         |
| *                                | College Retirement Equities Fund Variable Annuities          | TIAA Stable Value                                                                                              | **          | 1,407,137         |
| *                                | College Retirement Equities Fund Variable Annuities          | TIAA Traditional Non Benefit Responsive 2                                                                      | **          | 1,192,795         |
| *                                | College Retirement Equities Fund Variable Annuities          | TIAA Traditional Non Benefit Responsive                                                                        | **          | 13,560            |
| Total fixed annuity contracts    |                                                              |                                                                                                                |             | \$ 4,815,651      |

*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, 2018**

| (a)                                | (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | (d)<br>Cost | (e) Current value |
|------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|-------------------|
| Pooled separate accounts:          |                                                              |                                                                                                                |             |                   |
| *                                  | College Retirement Equities Fund Variable Annuities          | TIAA Real Estate                                                                                               | ** \$       | 2,462,421         |
| *                                  | VOYA                                                         | Voya Russell Lrg Cp Grw Ind Port I                                                                             | **          | 30,378            |
| *                                  | AXA Equitable                                                | Eq / Com Stck Index                                                                                            | **          | 28,706            |
| *                                  | VOYA                                                         | Voya T. Rowe Price Capital Appr-Svc                                                                            | **          | 23,399            |
| *                                  | AXA Equitable                                                | Eq / Large Cap Value Plus                                                                                      | **          | 22,430            |
| *                                  | AXA Equitable                                                | Eq / Alliancebernstein Intl                                                                                    | **          | 18,046            |
| *                                  | AXA Equitable                                                | Eq / Mid Cap Value Plus                                                                                        | **          | 16,964            |
| *                                  | AXA Equitable                                                | Eq / Small Company Index                                                                                       | **          | 16,572            |
| *                                  | VOYA                                                         | Voya T. Rowe Price Diver Midcap Gr-I                                                                           | **          | 14,001            |
| *                                  | AXA Equitable                                                | Eq / Quality Bond Plus                                                                                         | **          | 13,878            |
|                                    | OppenheimerFunds                                             | Oppenheimer St Sm Cap F / Va                                                                                   | **          | 13,875            |
| *                                  | VOYA                                                         | Voya JPMorgan Mid Cap Val Pt I                                                                                 | **          | 13,267            |
| *                                  | VOYA                                                         | VOYA CLARION REAL ESTATE PORT SRV                                                                              | **          | 11,081            |
| *                                  | VOYA                                                         | Voya Van Kampen Growth&Inc-Svc                                                                                 | **          | 11,029            |
|                                    | OppenheimerFunds                                             | Oppenheimer Developing Mkts Fund-A                                                                             | **          | 9,890             |
| *                                  | VOYA                                                         | Voya Van Kampen Comstock Port-Svc                                                                              | **          | 9,788             |
| *                                  | American Funds                                               | American Funds Wash Mtual R4                                                                                   | **          | 9,646             |
| *                                  | VOYA                                                         | Voya Large Cap Value Port-Instl                                                                                | **          | 9,280             |
| *                                  | VOYA                                                         | Voya T. Rowe Price Grwth Eq Port-Init                                                                          | **          | 8,482             |
| *                                  | Fidelity                                                     | Fidelity Vip Contrafund Port-Init                                                                              | **          | 8,340             |
| *                                  | American Funds                                               | American Funds Growth Fnd R4                                                                                   | **          | 8,108             |
| *                                  | VOYA                                                         | Voya Index Plus Largecap Port-I                                                                                | **          | 7,940             |
| *                                  | VOYA                                                         | Voya Van Kampen Equity&Inc Port-Init                                                                           | **          | 7,342             |
| *                                  | VOYA                                                         | Voya Russell Lrg Cap Index -I                                                                                  | **          | 6,636             |
| *                                  | VOYA                                                         | Voya Index Plus Midcap Port-I                                                                                  | **          | 6,481             |
| *                                  | VOYA                                                         | Voya Columbia Contrarian Core Pt Srv                                                                           | **          | 5,741             |
| *                                  | VOYA                                                         | Voya Oppenheimer Global Port-Init                                                                              | **          | 4,875             |
| *                                  | American Funds                                               | American Funds Europacific                                                                                     | **          | 3,978             |
| *                                  | American Funds                                               | American Funds Nw Orspctv Fund R4                                                                              | **          | 3,548             |
| *                                  | VOYA                                                         | Voya Small Company Port-I                                                                                      | **          | 2,484             |
| *                                  | VOYA                                                         | Voya Midcap Opportunities Port I                                                                               | **          | 2,327             |
|                                    | Wells Fargo Funds                                            | Wells Fargo Adv Spec Smcap Vifund-A                                                                            | **          | 2,268             |
| *                                  | VOYA                                                         | Voya Large Cap Growth Portfolio Inst                                                                           | **          | 2,010             |
| *                                  | VOYA                                                         | Voya JPMorgan Sm Cp Core Eq Prt Srv                                                                            | **          | 2,006             |
|                                    | Wanger Funds                                                 | Wanger International                                                                                           | **          | 1,949             |
| *                                  | Fidelity                                                     | Fidelity Vip Growth Port-Init                                                                                  | **          | 1,637             |
| *                                  | VOYA                                                         | Voya Smallcap Opportunities Prt I                                                                              | **          | 1,575             |
| *                                  | VOYA                                                         | Voya Strategic Alloc Growth Pot-I                                                                              | **          | 1,414             |
| *                                  | VOYA                                                         | Voya Growth & Income Port-I                                                                                    | **          | 303               |
| Total pooled separate accounts     |                                                              |                                                                                                                |             | \$ 2,824,095      |
| Guaranteed interest accounts:      |                                                              |                                                                                                                |             |                   |
| *                                  | VOYA                                                         | Voya Fixed Account                                                                                             | **          | 856,300           |
| *                                  | Variable Annuity Life Insurance Company                      | Fixed Account Plus                                                                                             | **          | 46,330            |
| *                                  | AXA Equitable                                                | Guaranteed Interest Account                                                                                    | **          | 21,733            |
| Total guaranteed interest accounts |                                                              |                                                                                                                |             | \$ 924,363        |

\* Party-in-interest to the Plan

\*\* Cost information is not required

See independent auditor's report.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2018</div><br><br>This Form is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                                                                                                                                                        | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                                                                                                                                                            | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here: ..... <input type="checkbox"/>                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
| <b>D</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                                                                                                                                                                            |

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |     |                                                           |  |                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----|-----------------------------------------------------------|--|------------------------------------------------------|--|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |     |                                                           |  |                                                      |  |
| <b>1a</b> Name of plan<br>PEDIATRIC ACADEMIC ASSOCIATION, INC. 403(B) TAX-SHELTERED ANNUITY PLAN                                                                                                                                                                                                                                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px;">004</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>1c</b> Effective date of plan<br/>01/01/2009</td> </tr> </table>                                                                                                                            | <b>1b</b> Three-digit plan number (PN) ▶                     | 004 | <b>1c</b> Effective date of plan<br>01/01/2009            |  |                                                      |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                   | 004                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |     |                                                           |  |                                                      |  |
| <b>1c</b> Effective date of plan<br>01/01/2009                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |     |                                                           |  |                                                      |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>PEDIATRIC ACADEMIC ASSOCIATION, INC.<br><br>700 CHILDREN'S DRIVE<br><br>COLUMBUS OH 43205 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"><b>2b</b> Employer Identification Number (EIN)<br/>31-1024403</td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>2c</b> Plan Sponsor's telephone number<br/>614-355-4115</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>2d</b> Business code (see instructions)<br/>813000</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>31-1024403 |     | <b>2c</b> Plan Sponsor's telephone number<br>614-355-4115 |  | <b>2d</b> Business code (see instructions)<br>813000 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>31-1024403                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |     |                                                           |  |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>614-355-4115                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |     |                                                           |  |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>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.

|                  |                                    |                         |                                                              |
|------------------|------------------------------------|-------------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |                                    | <u>10/10/19</u><br>Date | Timothy C. Robinson                                          |
|                  | Signature of plan administrator    |                         | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                    |                         |                                                              |
|                  | Signature of employer/plan sponsor | Date                    | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                    |                         |                                                              |
|                  | Signature of DFE                   | Date                    | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                        |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 538                                                                    |
| <b>6</b> 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).                                                                                                                               |                                                                                 |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b> 468                                                                |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 496                                                                |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                     | <b>6b</b> 59                                                                    |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 0                                                                     |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....                                                                                                                                                                                                                                    | <b>6d</b> 555                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 0                                                                     |
| <b>f</b> Total. Add lines 6d and 6e.....                                                                                                                                                                                                                                               | <b>6f</b> 555                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b> 402                                                                   |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b> 0                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                    | <b>7</b>                                                                        |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2G 2L                                                                                                               |                                                                                 |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |                                                                                 |

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input checked="" type="checkbox"/> Insurance                       |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

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

**a Pension Schedules**

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

**b General Schedules**

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

## **Supplemental Schedule**

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**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, 2018**

| (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                                                                              | ** \$    | 8,924,179         |
| *   | Vanguard                                                  | Vanguard Instl Trgt Retire 2040 Instl                                                                       | **       | 4,477,357         |
| *   | American Funds                                            | Europacific Growth R6                                                                                       | **       | 3,077,289         |
| *   | Vanguard                                                  | Vanguard Instl Trgt Retire 2030 Instl                                                                       | **       | 2,283,644         |
| *   | Vanguard                                                  | Vanguard Instl Trgt Retire 2045 Instl                                                                       | **       | 2,272,658         |
| *   | Vanguard                                                  | Vanguard Instl Trgt Retire 2025 Instl                                                                       | **       | 2,003,918         |
| *   | Vanguard                                                  | Vanguard Instl Trgt Retire 2020 Instl                                                                       | **       | 1,927,181         |
| *   | Vanguard                                                  | Vanguard Instl Trgt Retire 2035 Instl                                                                       | **       | 1,921,708         |
| *   | Vanguard                                                  | Vanguard Mid Cap Index Adm                                                                                  | **       | 1,753,931         |
| *   | Vanguard                                                  | Vanguard Total Bond Market Index Adm                                                                        | **       | 1,456,207         |
| *   | Vanguard                                                  | Vanguard Small Cap Index Adm                                                                                | **       | 1,350,723         |
|     | JPMorgan                                                  | JPMorgan US Equity R5                                                                                       | **       | 899,095           |
| *   | Vanguard                                                  | Vanguard Instl Trgt Retire 2050 Instl                                                                       | **       | 780,750           |
|     | BlackRock                                                 | BlackRock Inflation Protected Bond Instl                                                                    | **       | 590,995           |
| *   | Vanguard                                                  | Vanguard Value Index Inst                                                                                   | **       | 555,958           |
|     | Metropolitan West Funds                                   | Metropolitan West Total Return Bond I                                                                       | **       | 422,816           |
| *   | American Century                                          | American Century One Choice 2045 Instl                                                                      | **       | 409,298           |
| *   | American Funds                                            | Smallcap World Fund                                                                                         | **       | 397,964           |
|     | Neuberger Berman                                          | Neuberger Berman RealEstate In                                                                              | **       | 358,796           |
| *   | Vanguard                                                  | Vanguard Health Care Inv                                                                                    | **       | 345,042           |
| *   | American Funds                                            | Capital World Growth & Income Fund                                                                          | **       | 311,989           |
| *   | Vanguard                                                  | Vanguard Total Stock Market Index                                                                           | **       | 309,699           |
|     | Causeway                                                  | Causeway Emerging Markets Instl                                                                             | **       | 272,757           |
| *   | Fidelity                                                  | Fidelity 500 Index                                                                                          | **       | 270,119           |
| *   | Vanguard                                                  | Vanguard Life Strategy Growth                                                                               | **       | 256,229           |
| *   | American Funds                                            | The Income Fund of America                                                                                  | **       | 193,063           |
| *   | Vanguard                                                  | Vanguard Inst Tg Rtm 2015 Inst                                                                              | **       | 176,432           |
| *   | Fidelity                                                  | Fidelity Contrafund                                                                                         | **       | 175,144           |
|     | Eagle Funds                                               | Eagle Small Cap Growth Class I                                                                              | **       | 173,583           |
| *   | Fidelity                                                  | Fidelity Balanced                                                                                           | **       | 169,140           |
| *   | American Funds                                            | Washington Mutual Investors Fund                                                                            | **       | 161,121           |
|     | William Blair                                             | William Blair Small Cap Val N                                                                               | **       | 156,207           |
| *   | T. Rowe Price                                             | T. Rowe Price Target 2035                                                                                   | **       | 126,969           |
| *   | Vanguard                                                  | Vanguard Target Retirement 2015 Inv                                                                         | **       | 126,113           |
| *   | Fidelity                                                  | Fidelity Blue Chip Growth                                                                                   | **       | 122,261           |
| *   | Fidelity                                                  | Fidelity Growth Company                                                                                     | **       | 114,343           |
| *   | Vanguard                                                  | Vanguard Target Retirement 2035 Inv                                                                         | **       | 105,100           |
| *   | Vanguard                                                  | Vanguard Inst Tg Rtm Inc Inst                                                                               | **       | 103,295           |
| *   | Fidelity                                                  | Fidelity Overseas                                                                                           | **       | 99,503            |
| *   | Fidelity                                                  | Fidelity Growth Discovery                                                                                   | **       | 95,798            |
| *   | Vanguard                                                  | Vanguard Extended Market Idx Inv                                                                            | **       | 94,844            |
|     | Delaware Funds by Macquarie                               | Delaware US Growth Fund Inst                                                                                | **       | 91,781            |
| *   | Fidelity                                                  | Fidelity Mid-Cap Stock                                                                                      | **       | 89,176            |
| *   | American Funds                                            | New Perspective Fund                                                                                        | **       | 85,875            |
| *   | American Funds                                            | Europacific Growth Fund                                                                                     | **       | 81,648            |
| *   | Vanguard                                                  | Vanguard 500 Index Inv                                                                                      | **       | 79,335            |
| *   | Fidelity                                                  | Fidelity Government Money Market Fund                                                                       | **       | 75,914            |

*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, 2018**

| (a) | (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | (d)<br>Cost | (e) Current value |
|-----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|-------------------|
|     |                                                              | Mutual funds (continued):                                                                                      |             |                   |
|     | Baird                                                        | Baird Mid Cap Fd Institutional                                                                                 | **          | 71,902            |
| *   | American Funds                                               | International Growth & Income Fund                                                                             | **          | 71,102            |
| *   | Fidelity                                                     | Fidelity Freedom 2025                                                                                          | **          | 65,826            |
| *   | Vanguard                                                     | Vanguard Prime Money Market                                                                                    | **          | 65,053            |
| *   | Fidelity                                                     | Fidelity Low-Priced Stock                                                                                      | **          | 62,765            |
| *   | T. Rowe Price                                                | T. Rowe Price Capital Appreciation                                                                             | **          | 61,717            |
|     | MFS                                                          | MFS Moderate Allocation                                                                                        | **          | 57,751            |
| *   | Vanguard                                                     | Vang Growth Index Fd                                                                                           | **          | 53,534            |
| *   | Fidelity                                                     | Fidelity International Discovery                                                                               | **          | 53,049            |
| *   | Fidelity                                                     | Fidelity Short Term Bond                                                                                       | **          | 51,871            |
| *   | Vanguard                                                     | Vang Small-Cap                                                                                                 | **          | 51,286            |
| *   | American Funds                                               | The Economy Fund                                                                                               | **          | 51,090            |
| *   | American Funds                                               | 2040 Target Date A-Class                                                                                       | **          | 50,422            |
| *   | American Funds                                               | New World Fund                                                                                                 | **          | 49,585            |
| *   | Vanguard                                                     | Vang Equity Income Fd                                                                                          | **          | 47,977            |
| *   | Vanguard                                                     | Vang Mid-Cap Growth Indx                                                                                       | **          | 42,806            |
| *   | Fidelity                                                     | Fidelity Freedom 2035                                                                                          | **          | 41,091            |
| *   | Fidelity                                                     | Fidelity Small Cap Stock                                                                                       | **          | 40,957            |
| *   | Vanguard                                                     | Vang Target Ret 2025                                                                                           | **          | 37,898            |
| *   | Vanguard                                                     | Vanguard Total Bond Market Index Inv                                                                           | **          | 36,184            |
|     | Columbia                                                     | Columbia Select Global Equity                                                                                  | **          | 35,684            |
|     | MFS                                                          | MFS International Growth A                                                                                     | **          | 33,919            |
|     | Nuveen Investment                                            | Nuveen Large Cap Growth                                                                                        | **          | 33,689            |
| *   | American Funds                                               | American Balance Fund                                                                                          | **          | 33,271            |
| *   | Vanguard                                                     | Vanguard Total Stock Mkt Idx Inv                                                                               | **          | 32,164            |
| *   | American Funds                                               | Capital Income Builder                                                                                         | **          | 31,300            |
| *   | Vanguard                                                     | Vanguard Long-Term Bond Index Inv                                                                              | **          | 30,257            |
| *   | Vanguard                                                     | Vang Intl Growth Fd                                                                                            | **          | 29,005            |
| *   | American Funds                                               | Capital World Bond Fund                                                                                        | **          | 28,884            |
| *   | Fidelity                                                     | Fidelity GNMA                                                                                                  | **          | 28,111            |
| *   | American Funds                                               | Fundamental Investors                                                                                          | **          | 27,835            |
| *   | Fidelity                                                     | Fidelity Emerging Markets                                                                                      | **          | 25,658            |
| *   | American Funds                                               | Fundamental Investors A-Class                                                                                  | **          | 25,438            |
| *   | American Funds                                               | The Growth Fund Of America                                                                                     | **          | 25,172            |
|     | BlackRock                                                    | BlackRock Total Return Fund                                                                                    | **          | 24,366            |
| *   | Fidelity                                                     | Fidelity Europe                                                                                                | **          | 23,582            |
| *   | Fidelity                                                     | Fidelity Japan                                                                                                 | **          | 23,383            |
| *   | Vanguard                                                     | Vanguard International Value Inv                                                                               | **          | 20,513            |
| *   | Fidelity                                                     | Fidelity Advisor Health Care                                                                                   | **          | 19,733            |
| *   | Fidelity                                                     | Fidelity Select It Services                                                                                    | **          | 19,498            |
| *   | Fidelity                                                     | Fidelity Freedom 2030                                                                                          | **          | 19,387            |
| *   | American Funds                                               | The Bond Fund of America                                                                                       | **          | 19,278            |
| *   | T. Rowe Price                                                | Midcap Gro                                                                                                     | **          | 18,886            |
| *   | American Funds                                               | New Economy Fund                                                                                               | **          | 18,478            |
| *   | American Funds                                               | Amcap Fund                                                                                                     | **          | 18,243            |
| *   | Fidelity                                                     | Fidelity Real Estate Investment Port                                                                           | **          | 16,697            |
| *   | American Funds                                               | Capital World Bond Fund C-Class                                                                                | **          | 15,693            |

*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, 2018**

| (a)                       | (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | (d)<br>Cost | (e) Current value |
|---------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|-------------------|
| Mutual funds (continued): |                                                              |                                                                                                                |             |                   |
| *                         | Fidelity                                                     | Fidelity Select Consumer Discret Port                                                                          | **          | 14,953            |
| *                         | Vanguard                                                     | Vanguard Developed Markets Idx Admiral                                                                         | **          | 14,420            |
| *                         | Vanguard                                                     | Vanguard Large Cap Index Inv                                                                                   | **          | 14,404            |
| *                         | Fidelity                                                     | Fidelity Advisor Financial Services                                                                            | **          | 14,084            |
| *                         | T. Rowe Price                                                | T. Rowe Price Spectrum International                                                                           | **          | 13,878            |
| *                         | American Funds                                               | Investment Co Of America                                                                                       | **          | 13,565            |
| *                         | Vanguard                                                     | Vanguard Value Index Inv                                                                                       | **          | 13,340            |
| *                         | Columbia                                                     | Columbia Global Technology Growth                                                                              | **          | 11,220            |
| *                         | Vanguard                                                     | Vang Inflat Protect Sec                                                                                        | **          | 11,031            |
| *                         | American Funds                                               | Capital World Growth & Income Fund A-Class                                                                     | **          | 9,315             |
| *                         | Fidelity                                                     | Fidelity Select Health Care                                                                                    | **          | 8,906             |
| *                         | Vanguard                                                     | Vanguard Emerging Mkts Stock Idx Inv                                                                           | **          | 7,698             |
| *                         | Fidelity                                                     | Fidelity Small Cap Discovery                                                                                   | **          | 7,060             |
| *                         | Fidelity                                                     | Fidelity Equity-Income                                                                                         | **          | 6,845             |
| *                         | Fidelity                                                     | Fidelity Select Biotechnology                                                                                  | **          | 5,577             |
| *                         | Vanguard                                                     | Vanguard Total Stock Mkt Idx Inv                                                                               | **          | 5,059             |
| *                         | Dreyfus                                                      | Dreyfus Govt Cash Mgmt Administ                                                                                | **          | 4,883             |
| *                         | Fidelity                                                     | Fidelity US Bond Index                                                                                         | **          | 4,566             |
| *                         | American Funds                                               | American Balance Fund C-Class                                                                                  | **          | 4,495             |
| *                         | Vanguard                                                     | Vanguard Instl Trgt Retire 2055 Instl                                                                          | **          | 2,713             |
| *                         | American Funds                                               | New World Fund A-Class                                                                                         | **          | 2,473             |
| *                         | American Funds                                               | Capital Income Builder A-Class                                                                                 | **          | 2,408             |
| *                         | Vanguard                                                     | Vang Emerging Mkt Stk Idx                                                                                      | **          | 1,552             |
| Total mutual funds        |                                                              |                                                                                                                |             | \$ 42,263,382     |

*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, 2018**

| (a)                              | (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | (d)<br>Cost | (e) Current value |
|----------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|-------------------|
| Variable annuity contracts:      |                                                              |                                                                                                                |             |                   |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Stock R2                                                                                                  | **          | \$ 3,219,400      |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Equity Index R2                                                                                           | **          | 1,203,882         |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Global Equities R2                                                                                        | **          | 1,034,248         |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Growth R2                                                                                                 | **          | 1,016,945         |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Bond Market R2                                                                                            | **          | 380,159           |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Social Choice R2                                                                                          | **          | 168,046           |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Money Market R2                                                                                           | **          | 157,430           |
| *                                | College Retirement Equities Fund Variable Annuities          | CREF Inflation-Linked Bond R2                                                                                  | **          | 124,575           |
|                                  | Goldman Sachs                                                | Goldman Sachs Us Equity Insights A Fund                                                                        | **          | 35,665            |
| *                                | Variable Annuity Life Insurance Company                      | Core Bond Fund                                                                                                 | **          | 22,264            |
|                                  | Goldman Sachs                                                | Goldman Sachs Small Cap Eq Insights Instl Fund                                                                 | **          | 17,888            |
| *                                | Fidelity                                                     | Fidelity VIP Contrafund                                                                                        | **          | 14,748            |
|                                  | Wells Fargo Funds                                            | Wells Fargo International Equity Inst Fund                                                                     | **          | 13,186            |
| *                                | Variable Annuity Life Insurance Company                      | Inflation Protected Fund                                                                                       | **          | 11,551            |
| *                                | American Century                                             | American Century Investments VP Value Fund                                                                     | **          | 11,441            |
| *                                | Variable Annuity Life Insurance Company                      | High Yield Bond Fund                                                                                           | **          | 6,157             |
|                                  | Janus Henderson                                              | Janus Henderson Global Technology instl Fund                                                                   | **          | 5,416             |
| *                                | Fidelity                                                     | Fidelity VIP Mid Cap                                                                                           | **          | 5,153             |
| *                                | Variable Annuity Life Insurance Company                      | Valic Company I Capital Conservation                                                                           | **          | 4,262             |
| *                                | Variable Annuity Life Insurance Company                      | Government Money Market II Fund                                                                                | **          | 3,156             |
| *                                | Variable Annuity Life Insurance Company                      | International Equities Fund                                                                                    | **          | 2,015             |
| *                                | Variable Annuity Life Insurance Company                      | Global Strategy                                                                                                | **          | 2,006             |
| *                                | Variable Annuity Life Insurance Company                      | Mid Cap Value Fund                                                                                             | **          | 1,905             |
| *                                | Variable Annuity Life Insurance Company                      | Socially Responsible Fund                                                                                      | **          | 974               |
| *                                | Variable Annuity Life Insurance Company                      | Stock Index Fund                                                                                               | **          | 970               |
| *                                | Vanguard                                                     | Vanguard Windsor II                                                                                            | **          | 965               |
| *                                | Variable Annuity Life Insurance Company                      | Dividend Value                                                                                                 | **          | 962               |
| *                                | Variable Annuity Life Insurance Company                      | Mid Cap Index Fund                                                                                             | **          | 950               |
| Total variable annuity contracts |                                                              |                                                                                                                |             | \$ 7,466,319      |
| Fixed annuity contracts:         |                                                              |                                                                                                                |             |                   |
| *                                | College Retirement Equities Fund Variable Annuities          | TIAA Traditional Benefit Responsive                                                                            | **          | \$ 2,202,159      |
| *                                | College Retirement Equities Fund Variable Annuities          | TIAA Stable Value                                                                                              | **          | 1,407,137         |
| *                                | College Retirement Equities Fund Variable Annuities          | TIAA Traditional Non Benefit Responsive 2                                                                      | **          | 1,192,795         |
| *                                | College Retirement Equities Fund Variable Annuities          | TIAA Traditional Non Benefit Responsive                                                                        | **          | 13,560            |
| Total fixed annuity contracts    |                                                              |                                                                                                                |             | \$ 4,815,651      |

*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, 2018**

| (a)                                | (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | (d)<br>Cost | (e) Current value |
|------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|-------------------|
| Pooled separate accounts:          |                                                              |                                                                                                                |             |                   |
| *                                  | College Retirement Equities Fund Variable Annuities          | TIAA Real Estate                                                                                               | **          | \$ 2,462,421      |
| *                                  | VOYA                                                         | Voya Russell Lrg Cp Grw Ind Port I                                                                             | **          | 30,378            |
| *                                  | AXA Equitable                                                | Eq / Com Stck Index                                                                                            | **          | 28,706            |
| *                                  | VOYA                                                         | Voya T. Rowe Price Capital Appr-Svc                                                                            | **          | 23,399            |
| *                                  | AXA Equitable                                                | Eq / Large Cap Value Plus                                                                                      | **          | 22,430            |
| *                                  | AXA Equitable                                                | Eq / Alliancebernstein Intl                                                                                    | **          | 18,046            |
| *                                  | AXA Equitable                                                | Eq / Mid Cap Value Plus                                                                                        | **          | 16,964            |
| *                                  | AXA Equitable                                                | Eq / Small Company Index                                                                                       | **          | 16,572            |
| *                                  | VOYA                                                         | Voya T. Rowe Price Diver Midcap Gr-I                                                                           | **          | 14,001            |
| *                                  | AXA Equitable                                                | Eq / Quality Bond Plus                                                                                         | **          | 13,878            |
|                                    | OppenheimerFunds                                             | Oppenheimer St Sm Cap F / Va                                                                                   | **          | 13,875            |
| *                                  | VOYA                                                         | Voya JPMorgan Mid Cap Val Pt I                                                                                 | **          | 13,267            |
| *                                  | VOYA                                                         | VOYA CLARION REAL ESTATE PORT SRV                                                                              | **          | 11,081            |
| *                                  | VOYA                                                         | Voya Van Kampen Growth&Inc-Svc                                                                                 | **          | 11,029            |
|                                    | OppenheimerFunds                                             | Oppenheimer Developing Mkts Fund-A                                                                             | **          | 9,890             |
| *                                  | VOYA                                                         | Voya Van Kampen Comstock Port-Svc                                                                              | **          | 9,788             |
| *                                  | American Funds                                               | American Funds Wash Mtual R4                                                                                   | **          | 9,646             |
| *                                  | VOYA                                                         | Voya Large Cap Value Port-Instl                                                                                | **          | 9,280             |
| *                                  | VOYA                                                         | Voya T. Rowe Price Grwth Eq Port-Init                                                                          | **          | 8,482             |
| *                                  | Fidelity                                                     | Fidelity Vip Contrafund Port-Init                                                                              | **          | 8,340             |
| *                                  | American Funds                                               | American Funds Growth Fnd R4                                                                                   | **          | 8,108             |
| *                                  | VOYA                                                         | Voya Index Plus Largecap Port-I                                                                                | **          | 7,940             |
| *                                  | VOYA                                                         | Voya Van Kampen Equity&Inc Port-Init                                                                           | **          | 7,342             |
| *                                  | VOYA                                                         | Voya Russell Lrg Cap Index -I                                                                                  | **          | 6,636             |
| *                                  | VOYA                                                         | Voya Index Plus Midcap Port-I                                                                                  | **          | 6,481             |
| *                                  | VOYA                                                         | Voya Columbia Contrarian Core Pt Srv                                                                           | **          | 5,741             |
| *                                  | VOYA                                                         | Voya Oppenheimer Global Port-Init                                                                              | **          | 4,875             |
| *                                  | American Funds                                               | American Funds Europacific                                                                                     | **          | 3,978             |
| *                                  | American Funds                                               | American Funds Nw Orspctv Fund R4                                                                              | **          | 3,548             |
| *                                  | VOYA                                                         | Voya Small Company Port-I                                                                                      | **          | 2,484             |
| *                                  | VOYA                                                         | Voya Midcap Opportunities Port I                                                                               | **          | 2,327             |
|                                    | Wells Fargo Funds                                            | Wells Fargo Adv Spec Smcap Vifund-A                                                                            | **          | 2,268             |
| *                                  | VOYA                                                         | Voya Large Cap Growth Portfolio Inst                                                                           | **          | 2,010             |
| *                                  | VOYA                                                         | Voya JPMorgan Sm Cp Core Eq Prt Srv                                                                            | **          | 2,006             |
|                                    | Wanger Funds                                                 | Wanger International                                                                                           | **          | 1,949             |
| *                                  | Fidelity                                                     | Fidelity Vip Growth Port-Init                                                                                  | **          | 1,637             |
| *                                  | VOYA                                                         | Voya Smallcap Opportunities Prt I                                                                              | **          | 1,575             |
| *                                  | VOYA                                                         | Voya Strategic Alloc Growth Pot-I                                                                              | **          | 1,414             |
| *                                  | VOYA                                                         | Voya Growth & Income Port-I                                                                                    | **          | 303               |
| Total pooled separate accounts     |                                                              |                                                                                                                |             | \$ 2,824,095      |
| Guaranteed interest accounts:      |                                                              |                                                                                                                |             |                   |
| *                                  | VOYA                                                         | Voya Fixed Account                                                                                             | **          | 856,300           |
| *                                  | Variable Annuity Life Insurance Company                      | Fixed Account Plus                                                                                             | **          | 46,330            |
| *                                  | AXA Equitable                                                | Guaranteed Interest Account                                                                                    | **          | 21,733            |
| Total guaranteed interest accounts |                                                              |                                                                                                                |             | \$ 924,363        |

\* Party-in-interest to the Plan

\*\* Cost information is not required

See independent auditor's report.