Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PATHWAY 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 08/08/2016

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PATHWAY VET ALLIANCE LLC

800 W CESAR CHAVEZ ST. #B100
AUSTIN, TX 78701

2b Employer Identification Number (EIN)
81-3009747

2c Plan Sponsor's telephone number
512-717-8634

2d Business code (see instructions)
541940

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/16/2019	HARRY ZIMMERMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name PATHWAY PARTNERS VET MANAGEMENT COMPANY, LLC

c Plan Name

4b EIN 81-3009747

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	2437
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	2429
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4203
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	77
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	4280
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	4280
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1002
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T 3B 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[ ]	**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_____

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

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

A Name of plan
PATHWAY 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PATHWAY VET ALLIANCE LLC

D Employer Identification Number (EIN)
81-3009747

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	2419	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

NORTHWESTERN MUTUAL INVESTMENT

39-2018056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	28481	Yes [ ] No [X]

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

NATIONAL FINANCIAL SERVICES LLC

04-3523567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	PAYING AGENT	0	Yes [X] No [ ]	Yes [X] No [ ]	53085	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AF EUROPACIFIC GR R3 - AMERICAN FU 95-2566717	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AF NEW WORLD R3 - AMERICAN FUNDS S 95-2566717	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AF WASH MUT INV R3 - AMERICAN FUND 95-2566717	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR CAP APP INV - HARBOR SERVIC 34-1953399	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IS R2000 SM-CAP A - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS VALUE R3 - MFS SERVICE CENTER 04-2865649	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO INCOME A - DST ASSET MANAGER PO BOX 219432 KANSAS CITY, MO 64121	0.20%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	2495

(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.
FA FREEDOM 2020 A - FIDELITY DISTR 04-2270522	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	8434

(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.
FA FREEDOM 2025 A - FIDELITY DISTR 04-2270522	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	6464

(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.
FA FREEDOM 2030 A - FIDELITY DISTR 04-2270522	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	11343

(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.
FA FREEDOM 2035 A - FIDELITY DISTR 04-2270522	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	13815

(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.
FA FREEDOM 2040 A - FIDELITY DISTR 04-2270522	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	6714

(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.
FA FREEDOM 2045 A - FIDELITY DISTR 04-2270522	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	2371

(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.
FA FREEDOM 2050 A - FIDELITY DISTR 04-2270522	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NORTHWESTERN MUTUAL INVESTMENT	55	28481

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

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

A Name of plan
PATHWAY 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PATHWAY VET ALLIANCE LLC

D Employer Identification Number (EIN)
81-3009747

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	177774	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	164720	261103
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	109259	82304
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	156930	189313
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6737625	21126170
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	7346308	21658890
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7346308	21658890

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	4605515	
	(C) Others (including rollovers)	2a(1)(C)	12545065	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		17150580
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1106	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	12393	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13499
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1745262	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1745262
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3780740
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		15128601
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	800343	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		800343
f Corrective distributions (see instructions)	2f		13257
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	2419	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2419
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		816019
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		14312582
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: MILLAN & COMPANY, P.C. **(2)** EIN: 74-2767692

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

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

A Name of plan
PATHWAY 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PATHWAY VET ALLIANCE LLC

D Employer Identification Number (EIN)
81-3009747

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

PATHWAY 401(K) PLAN

Supplementary Information

PATHWAY 401(K) PLAN

EIN 81-3009747 - Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2018

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments	2018
PIMCO INCOME A	Value of Int in Regist Invest Co.	$ 294,461
AF EUROPACIFIC GR R3	Value of Int in Regist Invest Co.	252,381
PIMCO REAL RTN BD AD	Value of Int in Regist Invest Co.	52,397
AF NEW WORLD R3	Value of Int in Regist Invest Co.	449,209
HARBOR CAP APP INV	Value of Int in Regist Invest Co.	622,467
AF WASH MUT INV R3	Value of Int in Regist Invest Co.	134,437
MFS VALUE R3	Value of Int in Regist Invest Co.	167,056
IS R2000 SM-CAP A	Value of Int in Regist Invest Co.	542,146
PIM INV GR CR BD ADM	Value of Int in Regist Invest Co.	94,283
FA LTD TERM BOND A	Value of Int in Regist Invest Co.	57,178
FA FREEDOM 2010 A	Value of Int in Regist Invest Co.	118,420
FA FREEDOM 2020 A	Value of Int in Regist Invest Co.	614,671
FA FREEDOM 2030 A	Value of Int in Regist Invest Co.	1,365,223
FA FREEDOM 2040 A	Value of Int in Regist Invest Co.	3,237,120
FA FREEDOM INC A	Value of Int in Regist Invest Co.	848
FA FREEDOM 2015 A	Value of Int in Regist Invest Co.	38,396
FA FREEDOM 2025 A	Value of Int in Regist Invest Co.	1,898,991
FA FREEDOM 2035 A	Value of Int in Regist Invest Co.	3,413,479
FA TOTAL BOND A	Value of Int in Regist Invest Co.	88,867
FID EXT MKT IDX PR	Value of Int in Regist Invest Co.	-
FID INTL INDEX PR	Value of Int in Regist Invest Co.	-
FID 500 INDEX PR	Value of Int in Regist Invest Co.	-
FA FREEDOM 2045 A	Value of Int in Regist Invest Co.	3,083,179
FA FREEDOM 2050 A	Value of Int in Regist Invest Co.	1,548,838
FID US BOND IDX PR	Value of Int in Regist Invest Co.	-
FID US BOND IDX	Value of Int in Regist Invest Co.	88,772
FID 500 INDEX	Value of Int in Regist Invest Co.	1,402,802
FA FREEDOM 2055 A	Value of Int in Regist Invest Co.	479,515
FID INTL INDEX	Value of Int in Regist Invest Co.	366,703
FID EXTD MKT IDX	Value of Int in Regist Invest Co.	582,587
FA FREEDOM 2060 A	Value of Int in Regist Invest Co.	131,744
FID GOVT MMKT DM	Value of Int in Regist Invest Co.	82,304
Notes Receivable From Participants*	Loan	189,313
Total		$21,208,474

*Maturity dates are from 2019-2023; Interest rates vary from 2.93 to 6.25%

PATHWAY 401(K) PLAN

EIN 81-3009747 - Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2017

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments	2017
Vanguard Dividend Appreciation Index Fund Admiral Shares	Value of Int in Regist Invest Co.	$ 280,736
Vanguard REIT Index Fund Admiral Shares	Value of Int in Regist Invest Co.	147,238
Vanguard Health Care Fund Admiral Shares	Value of Int in Regist Invest Co.	91,964
Vanguard Growth and Income Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Equity-Income Fund Admiral Shares	Value of Int in Regist Invest Co.	175,204
Vanguard Small Cap Value Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Mid Cap Value Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Small Cap Growth Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Mid Cap Growth Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Strategic Small-Cap Equity FundInvestor Shares	Value of Int in Regist Invest Co.	201,140
Vanguard Total World Stock Index InvestorShares	Value of Int in Regist Invest Co.	193,008
Vanguard Information Technology Index Fund Admiral Shares	Value of Int in Regist Invest Co.	96,419
Vanguard Large Cap Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Mid-Cap Index Fund Admiral Shares	Value of Int in Regist Invest Co.	275,666
Vanguard Growth Index Fund Admiral Shares	Value of Int in Regist Invest Co.	311,188
Vanguard Value Index Fund Admiral Shares	Value of Int in Regist Invest Co.	88,890
Vanguard Small-Cap Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Extended Market Index Fund Admiral Shares	Value of Int in Regist Invest Co.	131,060
Vanguard 500 Index Fund Admiral Shares	Value of Int in Regist Invest Co.	639,732
Vanguard International Growth Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard International Growth Fund Investor Shares	Value of Int in Regist Invest Co.	-
Vanguard Developed Markets Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Total Stock Market Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard International Explorer Fund Investor Shares	Value of Int in Regist Invest Co.	198,134
Vanguard FTSE All-World ex-US Small Cap Index Fund Investor	Value of Int in Regist Invest Co.	-
Vanguard FTSE All-World ex-US Index Fund Investor Shares	Value of Int in Regist Invest Co.	191,729
Vanguard Emerging Markets Stock Index Fund Admiral Shares	Value of Int in Regist Invest Co.	41,625
Vanguard Total Bond Market Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Short Term Bond Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Intermediate-Term Bond Index Fund Admiral Shares	Value of Int in Regist Invest Co.	266,537
Vanguard Short Term Inflation Protected Securities Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Inflation-Protected Securities Fund Admiral Shares	Value of Int in Regist Invest Co.	127,718
Vanguard High-Yield Corporate Fund Admiral Shares	Value of Int in Regist Invest Co.	95,903
Vanguard GNMA Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Intermediate Term Investment Grade Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Short-Term Investment-Grade Fund Admiral Shares	Value of Int in Regist Invest Co.	181,598
Vanguard Short Term Treasury Index Fund	Value of Int in Regist Invest Co.	-
Vanguard Intermediate Term Treasury Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Total International Bond Index Fund Admiral Shares	Value of Int in Regist Invest Co.	71,438
Vanguard Life Strategy Income Fund Investor Shares	Value of Int in Regist Invest Co.	121,879
Vanguard Balanced Index Fund Admiral Shares	Value of Int in Regist Invest Co.	150,186
Vanguard Wellesley Income Fund Admiral Shares	Value of Int in Regist Invest Co.	190,633
Vanguard Target Retirement 2025 Fund Investor Shares	Value of Int in Regist Invest Co.	371,279
Vanguard Target Retirement 2035 Fund Investor Shares	Value of Int in Regist Invest Co.	860,322
Vanguard Target Retirement 2045 Fund Investor Shares	Value of Int in Regist Invest Co.	338,055
Vanguard Target Retirement 2020 Fund Investor Shares	Value of Int in Regist Invest Co.	9,607
Vanguard Target Retirement 2060 Fund Investor Shares	Value of Int in Regist Invest Co.	55,521
Vanguard Target Retirement 2055 Fund Investor Shares	Value of Int in Regist Invest Co.	52,928
Vanguard Target Retirement 2050 Fund Investor Shares	Value of Int in Regist Invest Co.	271,326
Vanguard Target Retirement 2040 Fund Investor Shares	Value of Int in Regist Invest Co.	194,071
Vanguard Target Retirement 2030 Fund Investor Shares	Value of Int in Regist Invest Co.	314,893
Vanguard Federal Money Market Fund Investor Shares	Money Market Account	109,259
Vanguard Market Neutral Fund Investor Shares	Value of Int in Regist Invest Co.	-
Mid Atlantic Master Cash Account	Cash Deposit	177,774
Notes Receivable From Participants*	Loan	156,930
Total		$ 7,181,588

*Maturity dates are from 2019-2023; Interest rates vary from 2.93 to 6.25%

See independent auditors report.

Millan & Company, P.C.
Certified Public Accountants
812 San Antonio Street, Suite L-17 – Austin, Texas 78701
Telephone (512) 479-6819 Facsimile (512) 479-8241

PATHWAY 401(K) PLAN

Financial Statements

December 31, 2018 and 2017

PATHWAY 401(K) PLAN

Financial Statements

December 31, 2018 and 2017

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MILLAN & COMPANY, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To Management and Those Charged With Governance
Pathway 401(k) Plan
800 W. Cesar Chavez Street
Austin, Texas 78701

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Pathway 401(k) 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 the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2018 and 2017, required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 the supplemental schedules referred to above.

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



Millan & Company, P.C

Austin, Texas
November 14, 2019

PATHWAY 401(K) PLAN

Statements of Net Assets Available for Benefits

December 31, 2018 and 2017

ASSETS

	2018	2017
Cash		
Non-Interest Bearing	-	177,774
	-	177,774
Investments		
At Fair Value	$ 21,208,474	$ 6,846,884
Total Investments	21,208,474	6,846,884
Receivables		
Participant Contributions Receivable	261,103	164,720
Notes Receivable from Participants	189,313	156,930
	450,416	321,650
Net Assets Available for Benefits	$ 21,658,890	$ 7,346,308

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

PATHWAY 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2018 and 2017

	2018	2017
Additions		
Net Appreciation(Depreciation) in the Value of Investments	$ (3,780,740)	$ 655,017
Dividends	1,745,262	116,071
Total Investment Income	(2,035,478)	771,088
Interest Income		
Interest Income on Notes Receivable from Participants	12,393	6,034
Interest Income on Interest Bearing Cash	1,106	-
Total Interest Income	13,499	6,034
Contributions		
Participant	4,605,515	1,793,279
Rollover	12,545,065	1,955,027
Total Contributions	17,150,580	3,748,306
Total Additions	15,128,601	4,525,428
Deductions		
Benefits Paid to Participants	800,343	49,195
Administrative Expenses	2,419	48,242
Corrective Distributions	13,257	-
Total Deductions	816,019	97,437
Net Increase in Net Assets Available for Benefits	14,312,582	4,427,991
Net Assets Available for Benefits - Beginning of Year	7,346,308	2,918,317
Net Assets Available for Benefits - End of Year	$ 21,658,890	$ 7,346,308

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

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Pathway 401(k) Plan (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 is a defined contribution plan covering substantially all employees of the Company who have one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). On January 11, 2018, the Plan liquidated and transferred all of its participant accounts from Mid-Atlantic Trust Company to Fidelity Management Trust Company. In addition, the Plan changed recordkeepers from July Business Services to Fidelity Investments.

Contributions

Each year, participants may contribute a portion of annual compensation as defined in the Plan, up to the maximum amount allowed by law. Prior to 2016, participants could contribute up to 50% of annual compensation as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Roth deferrals are permitted under the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may make a discretionary contribution each year. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and Company contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid from the participants' Plan assets. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company contributions is: 20% upon completion of 1 years of service and increases 20% each year until fully vested.

Forfeited Accounts

At December 31, 2018 and 2017, forfeited non-vested accounts totaled $0 and $0, respectively. These accounts will be used to pay Plan expenses and to reduce future employer contributions. $0 in forfeitures were used in 2018 and 2017.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either partial lump-sum or a lump-sum amount equal to the value of the vested interest in his or her account, installment distributions solely to the extent necessary to satisfy the required minimum distribution rules, or delay receipt of benefits if the vested account balance is greater than $5,000. During employment, in-service withdrawals are available in certain limited circumstances, as defined by the Plan.

NOTE 1 - DESCRIPTION OF PLAN (…Continued)

Notes Receivable From Participants

Participants may borrow from their fund account a minimum of $1,000 up to a maximum equal to the 50% of their account balance, or $50,000.00, whichever is less. The loans are secured by the balance in the participant's account and bear interest at the prime interest rate plus 1% which are commensurate with local prevailing rates as determined quarterly by the Plan's management. Principal and interest are paid ratably through biweekly payroll deductions. The maximum length allowed for the loan is five years.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with the generally accepted accounting principles basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company's management determines the Plan's valuation policies utilizing information provided by the investment adviser, custodian, and insurance company. See Note 3 for discussion of fair value measurements.

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Related fees are recorded in the notes receivable from participants and are paid out of the participant's account when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are included in these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in the notes receivable from participants. Investment related expenses are included in net appreciation in the value of investments.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (…Continued)

Correction of an Error
During the 2018 audit, it was determined that the 2017 audited financial statements incorrectly disclosed he basis of accounting as modified cash when the financial statements were presented in accordance with US GAAP. Therefore, prior year disclosures and notes to the financial statements have been revised to reflect this error correction.

Adoption of a New Accounting Standard
During the 2018 Plan year, the Plan adopted ASU 2015-12 by removing the disclosure related to Plan investments that comprise greater than 5% of net assets. The Plan adopted this standard on a retrospective basis (including both 2018 and 2017 Plan years). The impact of adopting this standard is reflected in the notes to the financial statements.

NOTE 3 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include -

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

NOTE 3 - FAIR VALUE MEASUREMENTS (…Continued)

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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017:

Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 21,208,474	$ -	$ -	$ 21,208,474
	$ 21,208,474	$ -	$ -	$ 21,208,474

Assets at Fair Value as of December 31, 2017

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 6,846,884	$ -	$ -	$ 6,846,884
	$ 6,846,884	$ -	$ -	$ 6,846,884

NOTE 4 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE 5 - TAX STATUS

The IRS has determined and informed the Company that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, plan management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any

tax periods in progress.

NOTE 6 - CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2018 and 2017, and net appreciation in the value of investments, interest and dividends for the year ended December 31, 2018, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company for 2018 and Mid-Atlantic Trust Company for 2017 (the trustees of the Plan).

NOTE 7 - 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.

NOTE 8 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through November 14, 2019, the date the financial statements were available to be issued.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2018 and 2017:

	2018	2017
Net Assets Available for Benefits per the Financial Statements	21,658,890	7,346,308
Less: Participant Contributions Receivable	(261,103)	-
Net Assets Available for Benefits per the Form 5500	$ 21,397,787	$ 7,346,308

The Following is a reconciliation of net income per the financial statements to the Form 5500 for the year ended December 31, 2018:

Total Net Increase in Net Assets Available for Benefits	14,312,582
Less: amounts attributed to current year Others (including rollovers) receivable reported in the financial statements but not reflected on the 5500	(261,103)
Net Income per the Form 5500	$ 14,051,479

PATHWAY 401(K) PLAN

Supplementary Information

PATHWAY 401(K) PLAN

EIN 81-3009747 - Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2018

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments	2018
PIMCO INCOME A	Value of Int in Regist Invest Co.	$ 294,461
AF EUROPACIFIC GR R3	Value of Int in Regist Invest Co.	252,381
PIMCO REAL RTN BD AD	Value of Int in Regist Invest Co.	52,397
AF NEW WORLD R3	Value of Int in Regist Invest Co.	449,209
HARBOR CAP APP INV	Value of Int in Regist Invest Co.	622,467
AF WASH MUT INV R3	Value of Int in Regist Invest Co.	134,437
MFS VALUE R3	Value of Int in Regist Invest Co.	167,056
IS R2000 SM-CAP A	Value of Int in Regist Invest Co.	542,146
PIM INV GR CR BD ADM	Value of Int in Regist Invest Co.	94,283
FA LTD TERM BOND A	Value of Int in Regist Invest Co.	57,178
FA FREEDOM 2010 A	Value of Int in Regist Invest Co.	118,420
FA FREEDOM 2020 A	Value of Int in Regist Invest Co.	614,671
FA FREEDOM 2030 A	Value of Int in Regist Invest Co.	1,365,223
FA FREEDOM 2040 A	Value of Int in Regist Invest Co.	3,237,120
FA FREEDOM INC A	Value of Int in Regist Invest Co.	848
FA FREEDOM 2015 A	Value of Int in Regist Invest Co.	38,396
FA FREEDOM 2025 A	Value of Int in Regist Invest Co.	1,898,991
FA FREEDOM 2035 A	Value of Int in Regist Invest Co.	3,413,479
FA TOTAL BOND A	Value of Int in Regist Invest Co.	88,867
FID EXT MKT IDX PR	Value of Int in Regist Invest Co.	-
FID INTL INDEX PR	Value of Int in Regist Invest Co.	-
FID 500 INDEX PR	Value of Int in Regist Invest Co.	-
FA FREEDOM 2045 A	Value of Int in Regist Invest Co.	3,083,179
FA FREEDOM 2050 A	Value of Int in Regist Invest Co.	1,548,838
FID US BOND IDX PR	Value of Int in Regist Invest Co.	-
FID US BOND IDX	Value of Int in Regist Invest Co.	88,772
FID 500 INDEX	Value of Int in Regist Invest Co.	1,402,802
FA FREEDOM 2055 A	Value of Int in Regist Invest Co.	479,515
FID INTL INDEX	Value of Int in Regist Invest Co.	366,703
FID EXTD MKT IDX	Value of Int in Regist Invest Co.	582,587
FA FREEDOM 2060 A	Value of Int in Regist Invest Co.	131,744
FID GOVT MMKT DM	Value of Int in Regist Invest Co.	82,304
Notes Receivable From Participants*	Loan	189,313
Total		$21,208,474

*Maturity dates are from 2019-2023; Interest rates vary from 2.93 to 6.25%

PATHWAY 401(K) PLAN

EIN 81-3009747 - Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2017

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments	2017
Vanguard Dividend Appreciation Index Fund Admiral Shares	Value of Int in Regist Invest Co.	$ 280,736
Vanguard REIT Index Fund Admiral Shares	Value of Int in Regist Invest Co.	147,238
Vanguard Health Care Fund Admiral Shares	Value of Int in Regist Invest Co.	91,964
Vanguard Growth and Income Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Equity-Income Fund Admiral Shares	Value of Int in Regist Invest Co.	175,204
Vanguard Small Cap Value Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Mid Cap Value Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Small Cap Growth Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Mid Cap Growth Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Strategic Small-Cap Equity FundInvestor Shares	Value of Int in Regist Invest Co.	201,140
Vanguard Total World Stock Index InvestorShares	Value of Int in Regist Invest Co.	193,008
Vanguard Information Technology Index Fund Admiral Shares	Value of Int in Regist Invest Co.	96,419
Vanguard Large Cap Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Mid-Cap Index Fund Admiral Shares	Value of Int in Regist Invest Co.	275,666
Vanguard Growth Index Fund Admiral Shares	Value of Int in Regist Invest Co.	311,188
Vanguard Value Index Fund Admiral Shares	Value of Int in Regist Invest Co.	88,890
Vanguard Small-Cap Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Extended Market Index Fund Admiral Shares	Value of Int in Regist Invest Co.	131,060
Vanguard 500 Index Fund Admiral Shares	Value of Int in Regist Invest Co.	639,732
Vanguard International Growth Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard International Growth Fund Investor Shares	Value of Int in Regist Invest Co.	-
Vanguard Developed Markets Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Total Stock Market Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard International Explorer Fund Investor Shares	Value of Int in Regist Invest Co.	198,134
Vanguard FTSE All-World ex-US Small Cap Index Fund Investor	Value of Int in Regist Invest Co.	-
Vanguard FTSE All-World ex-US Index Fund Investor Shares	Value of Int in Regist Invest Co.	191,729
Vanguard Emerging Markets Stock Index Fund Admiral Shares	Value of Int in Regist Invest Co.	41,625
Vanguard Total Bond Market Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Short Term Bond Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Intermediate-Term Bond Index Fund Admiral Shares	Value of Int in Regist Invest Co.	266,537
Vanguard Short Term Inflation Protected Securities Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Inflation-Protected Securities Fund Admiral Shares	Value of Int in Regist Invest Co.	127,718
Vanguard High-Yield Corporate Fund Admiral Shares	Value of Int in Regist Invest Co.	95,903
Vanguard GNMA Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Intermediate Term Investment Grade Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Short-Term Investment-Grade Fund Admiral Shares	Value of Int in Regist Invest Co.	181,598
Vanguard Short Term Treasury Index Fund	Value of Int in Regist Invest Co.	-
Vanguard Intermediate Term Treasury Index Fund Admiral Shares	Value of Int in Regist Invest Co.	-
Vanguard Total International Bond Index Fund Admiral Shares	Value of Int in Regist Invest Co.	71,438
Vanguard Life Strategy Income Fund Investor Shares	Value of Int in Regist Invest Co.	121,879
Vanguard Balanced Index Fund Admiral Shares	Value of Int in Regist Invest Co.	150,186
Vanguard Wellesley Income Fund Admiral Shares	Value of Int in Regist Invest Co.	190,633
Vanguard Target Retirement 2025 Fund Investor Shares	Value of Int in Regist Invest Co.	371,279
Vanguard Target Retirement 2035 Fund Investor Shares	Value of Int in Regist Invest Co.	860,322
Vanguard Target Retirement 2045 Fund Investor Shares	Value of Int in Regist Invest Co.	338,055
Vanguard Target Retirement 2020 Fund Investor Shares	Value of Int in Regist Invest Co.	9,607
Vanguard Target Retirement 2060 Fund Investor Shares	Value of Int in Regist Invest Co.	55,521
Vanguard Target Retirement 2055 Fund Investor Shares	Value of Int in Regist Invest Co.	52,928
Vanguard Target Retirement 2050 Fund Investor Shares	Value of Int in Regist Invest Co.	271,326
Vanguard Target Retirement 2040 Fund Investor Shares	Value of Int in Regist Invest Co.	194,071
Vanguard Target Retirement 2030 Fund Investor Shares	Value of Int in Regist Invest Co.	314,893
Vanguard Federal Money Market Fund Investor Shares	Money Market Account	109,259
Vanguard Market Neutral Fund Investor Shares	Value of Int in Regist Invest Co.	-
Mid Atlantic Master Cash Account	Cash Deposit	177,774
Notes Receivable From Participants*	Loan	156,930
Total		$ 7,181,588

*Maturity dates are from 2019-2023; Interest rates vary from 2.93 to 6.25%

See independent auditors report.