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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/2009

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

700 CHILDREN'S DRIVE
COLUMBUS, OH 43205

2b Employer Identification Number (EIN)
31-1024403

2c Plan Sponsor's telephone number
614-355-4115

2d Business code (see instructions)
813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	SUSANNE EBERSBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	SUSANNE EBERSBACH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	662
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)**	558
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	596
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	91
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	687
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	687
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	505
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	533
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 Characteristic Codes in the instructions:

2F 2G 2L

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
31-1024403

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	716356-001	1	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	26749
5	Current value of plan's interest under this contract in separate accounts at year end	5	225323

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTEREST OPTION

b	Balance at the end of the previous year			7b	25970
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	779		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	779
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	26749
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	26749

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
31-1024403

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VC2880	6	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
621	

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

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

GLENN R. LEWIS
7965 NORTH HIGH STREET
SUITE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
314			3

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

JOSEPH B. FREDERICK
7965 NORTH HIGH STREET
SUITE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
190			3

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

DALE D. VAN VALKENBURG

7965 NORTH HIGH STREET
SUITE 150
COLUMBUS, OH 43235

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
117			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	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	259351
5	Current value of plan's interest under this contract in separate accounts at year end	5	399134

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	249393
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)	9975		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	9975
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	259368
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	18		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	18
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	259350

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
31-1024403

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	405905	119	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	6375724
5	Current value of plan's interest under this contract in separate accounts at year end	5	14522049

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	7212109
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	245619		
	(4) Transferred from separate account	7c(4)	113254		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	358873
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	7570982
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	437044		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	100519		
	(4) Other (specify below)	7e(4)	657695		
	▶				
	(5) Total deductions			7e(5)	1195258
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6375724

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
31-1024403

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AXA EQUITABLE LIFE INS. COMPANY

13-5570651

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

FIDELITY INVEST INST OPER CO, INC.

04-2647786

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

VOYA RETIREMENT INC. AND ANNUITY CO

71-0294708

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

TIAA

13-1624203

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

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

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

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

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

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 73215

(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?
13	NONE	35611	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
31-1024403

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT C

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	399133

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	403736

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5570651-000	P	74727

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5570651-000	P	33451

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5570651-000	P	42992

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5570651-000	P	30494

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5570651-000	P	29628

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

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

c EIN-PN 13-5570651-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14032

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
31-1024403

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	53521	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	13377	14032
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	186250	211292
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	166069	209997
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	394536	403736
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	114437903	138840881
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7487472	6661824
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	122739128	146341762
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	122739128	146341762

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	8532800	
(C) Others (including rollovers)	2a(1)(C)	582828	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9115628
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	13763	
(F) Other	2b(1)(F)	245619	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		259382
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4084288	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4084288
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(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)		15486
(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)		16017499
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		29492283
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5852711	
(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)		5852711
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	36938	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		36938
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5889649
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		23602634
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) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 **(2)** ☐ DOL Regulation 2520.103-12(d) **(3)** ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GBQ PARTNERS **(2)** EIN: 20-2122306

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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	
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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
31-1024403

Part I Distributions

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

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

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

EIN(s): 13-1624203 23-1945930

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 29 / 2024 (MM/DD/YYYY) and the Opinion Letter serial number Q705852A .

Financial Statements
with Supplementary Information

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

December 31, 2025 and 2024

GBQ

Nationwide Children's
When your child needs a hospital, everything matters.℠

The Ohio State University
College of Medicine

CONTENTS

	Page
Independent Auditor's Report	3
Financial Statements:	
Statements of Net Assets Available for Benefits	6
Statements of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8
Supplemental Information:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	19

230 West Street
Suite 700
Columbus, OH 43215

tel 614.221.1120
fax 614.227.6999

www.gbq.com

GBQ Partners

To the Plan Administrator and Plan Participants
Pediatric Academic Association, Inc.
403(b) Tax-Sheltered Annuity Plan
Columbus, Ohio

Independent Auditor's Report

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We were engaged to perform audits of the financial statements of Pediatric Academic Association, Inc. 403(b) Tax-Sheltered Annuity Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, 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, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the statements or information regarding assets so held are prepared and certified to be the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in the notes to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of Pediatric Academic Association, Inc. 403(b) Tax-Sheltered Annuity Plan referred to in the first paragraph. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

As described in the notes to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, pursuant to the DOL'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 accompany 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. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions. Accounting principles generally accepted in the United States of America required that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Pediatric Academic Association, Inc. 403(b) Tax-Sheltered Annuity Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

GBQ Partners LLC

Columbus, Ohio
October 12, 2026

PEDIATRIC ACADEMIC ASSOCIATION, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value:		
Pooled separate accounts	**$ 1,028,193**	$ 944,256
Mutual funds	**124,323,435**	102,055,026
Variable annuity contracts	**14,118,313**	12,032,784
Guaranteed investment contracts	**286,100**	275,363
Fixed annuity contracts	**4,384,564**	4,942,981
Total investments, at fair value	**144,140,605**	120,250,410
Investments, at contract value:		
Fixed annuity contracts	**1,991,160**	2,269,128
Transfer in transit	**-**	53,521
Participant notes receivable	**209,997**	166,069
NET ASSETS AVAILABLE FOR BENEFITS	**$ 146,341,762**	$ 122,739,128

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

PEDIATRIC ACADEMIC ASSOCIATION, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions to Net Assets Attributed to		
Investment income:		
Interest and dividends	**$ 4,329,907**	$ 3,212,142
Net appreciation in fair value of investments	**16,032,985**	12,517,629
Total investment income	**20,362,892**	15,729,771
Interest on notes receivable from participants	**13,763**	6,700
Contributions:		
Employee	**8,532,800**	7,844,779
Rollover	**582,828**	3,285,797
Total contributions	**9,115,628**	11,130,576
Total additions	**29,492,283**	26,867,047
Deductions from Net Assets Attributed to		
Administrative expenses	**36,938**	25,298
Benefits paid to participants	**5,852,711**	18,401,237
Total deductions	**5,889,649**	18,426,535
Net increase	**23,602,634**	8,440,512
Net Assets Available for Benefits		
Beginning of year	**122,739,128**	114,298,616
End of year	**$ 146,341,762**	$ 122,739,128

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

Plan Description

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 over the age of 18 are eligible to participate in the salary reduction contribution on the first date of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan agreement. Participants who have attained age 50 or have completed at least 15 years of service with the Association before the end of the plan year are eligible to make catch-up contributions. Subsequent to year-end, on March 26, 2026, the Plan was amended to remove the 15 years of service catch-up provision. Participants may also contribute amounts representing distributions from other qualified plans (rollovers).

Contributions are subject to certain limitations.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. 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 immediately fully vested in their contributions plus actual earnings/losses thereon, thus, there would not be any forfeitures in relation to participant deferrals.

Investment Options

Through April 2024, all employee deferral contributions were deposited to Teachers Insurance and Annuity Association (TIAA) and College Retirement Equity Fund (CREF). In April 2024, the Plan’s primary custodial and recordkeeping function switched from TIAA and CREF to Nationwide Trust Company, FSB for custodial services and Nationwide Retirement Plans Business Operations for recordkeeping services (collectively, Nationwide). Accordingly, subsequent to this date, a participant may direct contributions to any of the various investment options that the Plan offers through Nationwide.

Plan Description (continued)

Investment Options (continued)

All account balances held with TIAA and CREF, with the exception of the TIAA and CREF proprietary assets, were transitioned to Nationwide. Certain assets will remain with TIAA and CREF indefinitely, unless the participant contacts Nationwide to initiate a transfer. The TIAA Traditional Retirement Choice 84 contracts will transfer to Nationwide in 60-monthly installment payments starting in April 2024.

Participants may change their investment options at any time.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of 50% of the participant's vested account balance or $50,000. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through payroll deductions for loans incurred prior to April 2024. For loans incurred subsequent to April 2024, principal and interest are paid ratably by the participant directly to Nationwide. Loan repayment terms are not to exceed five years, unless the loan will be used by the participant to acquire the participant's principal residence.

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% of the participant's account balance. Normal retirement age is 65, with in-service withdrawals allowable at age 59½. For termination of service due to other reasons, a participant will receive the value of interest as a lump-sum or an annuity distribution. Benefits are recorded when paid.

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.

SECURE Act 2.0

On December 29, 2022, the SECURE 2.0 Act of 2022 ("SECURE 2.0") was enacted as part of the Consolidated Appropriations Act, 2023. SECURE 2.0 includes numerous changes affecting qualified retirement plans, such as expanded eligibility rules for long-term part-time employees, new distribution options, changes to required minimum distributions, and optional Roth treatment for certain contributions. The Plan is evaluating these provisions and intends to adopt required amendments by the applicable deadline of the last day of the first plan year beginning on or after January 1, 2026, while operating the Plan in good-faith compliance with applicable effective dates in the interim.

Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for fully benefit-responsive investments 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 securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. 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.

Excluded Contracts and Accounts

The plan administrator has elected to exclude certain contracts and accounts from plan assets in accordance with the Department of Labor (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 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.
- The individual owner of the contract is fully vested in the contract or account.

Summary of Significant Accounting Policies (continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based on the terms of the plan document.

Contributions

Contributions from Plan participants are recorded in the year in which the employee contributions are withheld from compensation.

Payment of Benefits

Benefits are recorded when paid.

Administrative Fees

Costs of plan administration are paid by the Association with the exception of certain investment management services, which are included as a reduction of the return earned on applicable funds.

Fair Value Measurements

U.S. GAAP established a fair value hierarchy that prioritizes the inputs to measure the fair value of the assets or liabilities being measured. Fair value is defined as the exchange value that would be received on the measurement date to sell an asset or to value the amount paid to transfer a liability in the principal or most advantageous market available to the entity in an orderly transaction between market participants. The three levels of the fair value hierarchy are as follows:

Level 1 Inputs are unadjusted quoted market prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date. Level 1 inputs provide the most reliable measure of fair value as of the measurement date.

Level 2 Inputs are based on significant observable inputs, including unadjusted quoted market prices for similar assets and liabilities in active markets, unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.

Level 3 Inputs are significant unobservable inputs for the asset or liability.

The level of the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

Fair Value Measurements (continued)

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, 2025 and 2024.

Pooled Separate Accounts:	Valued at the net asset value (NAV) of such accounts which are provided by the custodian. The NAV 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 the TIAA Real Estate Account, allow for daily redemptions and contributions. For the TIAA Real Estate Account there are no unfunded commitments and participants can transact daily; however, participant transfers out of this account are limited to one per calendar quarter per participant.
Mutual Funds:	Valued at the NAV of shares held by the Plan at year-end.
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. 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.
Guaranteed investment contracts:	Valued at fair market value, using a guaranteed minimum crediting interest rate.
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.

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

Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Investments at Fair Value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Investments in the Fair Value Hierarchy:				
Mutual funds	**$ 124,323,435**	$ -	$ -	**$ 124,323,435**
Variable annuity contracts	**-**	**14,118,313**	**-**	**14,118,313**
Guaranteed investment contracts	**-**	**-**	**286,100**	**286,100**
Fixed annuity contracts	**-**	**-**	**4,384,564**	**4,384,564**
Investments Measured at Net Asset Value:				
Pooled separate accounts*	**-**	**-**	**-**	**1,028,193**
Total investments at fair value	**$ 124,323,435**	**$ 14,118,313**	**$ 4,670,664**	**$ 144,140,605**

Investments at Fair Value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Investments in the Fair Value Hierarchy:				
Mutual funds	$ 102,055,026	$ -	$ -	$ 102,055,026
Variable annuity contracts	-	12,032,784	-	12,032,784
Guaranteed investment contracts	-	-	275,363	275,363
Fixed annuity contracts	-	-	4,942,981	4,942,981
Investments Measured at Net Asset Value:				
Pooled separate accounts*	-	-	-	944,256
Total investments at fair value	$ 102,055,026	$ 12,032,784	$ 5,218,344	$ 120,250,410

* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Changes in Fair Value of Level 3 Assets

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to the total net assets available for benefits.

Fair Value Measurements (continued)

Changes in Fair Value of Level 3 Assets (continued)

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2025.

	Guaranteed Investment Contracts	Fixed Annuity Contracts
Purchases	**$ 10,755**	**$ 125,570**
Issuances	**-**	**-**
Transfers in	**-**	**-**
Transfers out	**-**	**-**

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2024.

	Guaranteed Investment Contracts	Fixed Annuity Contracts
Purchases	$ 22,595	$ 597,031
Issuances	-	-
Transfers in	-	-
Transfers out	-	-

Investment in Fully Benefit-Responsive Contract

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

The contract has no stated maturity date. At December 31, 2025 and 2024, the contract value of the investment contract was $1,991,160 and $2,269,128, respectively, and there were no reserves against contract value for credit risk of the contract issuer or otherwise. 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.

Investment in Fully Benefit-Responsive Contract (continued)

The repayment of principal and interest credited to participants holding the investments is a financial obligation of TIAA and 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 and CREF, the 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 and CREF and participants holding the investment is not probable.

Information Prepared and Certified by the Custodians

Certain Plan investments are held and administered by the following custodians: American Funds, Ameriprise Trust Company and RiverSource Life Insurance Company; Equitable Financial Life Insurance Company; Fidelity Management Trust Company; T. Rowe Price Trust Company (TRP); Ascensus Trust Company and Newport Trust Company, LLC; The VOYA Retirement Insurance and Annuity Company; Teachers Insurance and Annuity Association and College Retirement Equity Fund, and Nationwide Trust Company, FSB. These custodians have prepared and certified as complete and accurate the Plan's schedule of investment assets, transactions, 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 except as described below.

As of December 31, 2025, the Plan held investments with two custodians, American Funds and Ascensus Trust Company and Newport Trust Company, LLC, amounting to $2,324,228 and $2,562,496, respectively, that have not been certified as complete and accurate by the custodian. Additionally, no certification letter was provided for TRP for 2025, however, there were no assets held at December 31, 2025 at TRP. As of December 31, 2024, the Plan held investments with one custodian, American Funds, amounting to $2,330,517, that has not been certified as complete and accurate by the custodian.

In accordance with 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the custodians have certified as complete and accurate the following information at December 31, 2025 and 2024 including the comparable information in the accompanying supplemental schedule:

	2025	2024
Pooled separate accounts	**$ 1,028,193**	$ 944,256
Mutual funds	**119,436,711**	99,724,509
Variable annuity contracts	**14,118,313**	12,032,784
Guaranteed investment contracts	**286,100**	275,363
Fixed annuity contracts	**6,375,724**	7,212,109
Total	**$ 141,245,041**	$ 120,189,021

Information Prepared and Certified by the Custodians (continued)

The custodians also certified to the completeness and accuracy of the following related to the aforementioned assets for the year ended December 31:

	2025	2024
Net appreciation in investment value	**$ 15,342,522**	$ 12,265,647
Interest and dividend income	**4,207,800**	3,185,993

Plan Termination

Although it has not expressed any intent to do so, the Association, at its sole discretion, may terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, contracts held on behalf of participants will be disbursed to such participants or transferred to a successor plan, as directed by the participant.

Tax Status

Effective April 19, 2024, the Plan adopted a 403(b) Volume Submitter Plan document with Nationwide Financial Services, Inc., which obtained its latest advisory letter on November 29, 2024, in which the Internal Revenue Service (IRS) stated that the Plan document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Prior to April 19, 2024, the Plan was operating under a volume submitter 403(b) plan document which receivable a favorable advisory letter from the IRS on August 7, 2017 that stated that the Plan and related trust were designed in accordance with the applicable sections of the IRC. The Association is relying on the Plan's IRS advisory letters. The Association believes that the Plan is currently designed and being operated in compliance with the requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Party-in-Interest Transactions

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. 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 of the transactions with them qualify as party-in-interest transactions.

Party-in-Interest Transactions (continued)

Fees paid by the plan for investment management services were included as a reduction of the return earned on each fund. The Plan also paid direct fees, net of plan servicing credits of $36,938 and $25,298 in 2025 and 2024, respectively, for plan servicing fees and withdrawal fees.

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 accompanying 2025 statement of net assets available for benefits.

Plan Amendment

In April 2024, the Plan's recordkeeping function switched from TIAA and CREF to Nationwide. In connection with this change, a new 403(b) Volume Submitter Plan document and adoption agreement was entered into.

Subsequent Events - Date of Management's Evaluation

The Plan has evaluated subsequent events through the date of the Independent Auditor's Report, the date that the financial statements were available to be issued.

Subsequent Events

Effective January 1, 2026, the Plan's Adoption Agreement was amended to permit Roth deferrals.

SUPPLEMENTARY INFORMATION

PEDIATRIC ACADEMIC ASSOCIATION, INC.
403 (b) TAX-SHELTERED ANNUITY PLAN
EIN #31-1024403 - PLAN #004
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(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	(e) Current Value
	Pooled Separate Accounts:		
*	TIAA and CREF	TIAA REAL ESTATE ACCOUNT	$ 403,736
*	AXA EQUITABLE LIFE INSURANCE COMPANY	EQ / COMMON STOCK INDEX PORTFOLIO	74,727
*	AXA EQUITABLE LIFE INSURANCE COMPANY	EQ LARGE CAP VALUE MANAGED VOLATILITY PORTFOLIO	42,992
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP GROWTH INDEX PORTFOLIO CLASS I	42,055
*	AXA EQUITABLE LIFE INSURANCE COMPANY	EQ / INTERNATIONAL EQUITY INDEX	33,451
*	VOYA FINANCIAL	VY T. ROWE PRICE CAPITAL APPRECIATION PORTFOLIO	32,695
*	VOYA FINANCIAL	FIDELITY VIP GROWTH PORTFOLIO	31,636
*	AXA EQUITABLE LIFE INSURANCE COMPANY	EQ / SMALL COMPANY INDEX	30,494
*	AXA EQUITABLE LIFE INSURANCE COMPANY	EQ / MID CAP VALUE MANAGED VOLATILITY PORTFOLIO	29,628
*	VOYA FINANCIAL	FIDELITY VIP CONTRAFUND PORTFOLIO	26,773
*	VOYA FINANCIAL	VOYA LARGE CAP GROWTH PORTFOLIO INSTITUTIONAL	21,042
*	VOYA FINANCIAL	VY INVESCO GROWTH AND INCOME PORTFOLIO - SERVICE CLASS	18,817
*	VOYA FINANCIAL	VOYA SOLUTION 2035 PORTFOLIO SERVICE	17,864
*	VOYA FINANCIAL	AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS FUND CLASS R4	15,692
*	AXA EQUITABLE LIFE INSURANCE COMPANY	EQ / QUALITY BOND PLUS	14,032
*	VOYA FINANCIAL	VY INVESCO EQUITY & INCOME I	13,561
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP VALUE INDEX PORTFOLIO CLASS S	13,262
*	VOYA FINANCIAL	VOYA INDEX PLUS MIDCAP PORTFOLIO	13,069
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP INDEX PORTFOLIO I	11,765
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP INDEX PORTFOLIO	11,013
*	VOYA FINANCIAL	VOYA GLOBAL INSIGHTS PORTFOLIO	10,635
*	VOYA FINANCIAL	VY INVESCO COMSTOCK PORTFOLIO SERVICE	9,897
*	VOYA FINANCIAL	VY JPMORGAN SMALL CAP CORE EQUITY PORTFOLIO - SERVICE CLASS	9,850
*	VOYA FINANCIAL	CLB INTRINSIC VALUE INST	9,292
*	VOYA FINANCIAL	AMERICAN FUNDS NEW PERSPECTIVE R4	8,652
*	VOYA FINANCIAL	VOYA LARGE CAP VALUE PORTFOLIO	8,607
*	VOYA FINANCIAL	VOYA GROWTH AND INCOME PORTFOLIO I	8,465
*	VOYA FINANCIAL	NEUBERGER QUALITY FUND	7,822
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP GROWTH INDEX PORTFOLIO S	7,599
*	VOYA FINANCIAL	VY T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORTFOLIO	7,405
*	VOYA FINANCIAL	AMERICAN FUNDS EUROPACIFIC R4	4,911
*	VOYA FINANCIAL	AMERICAN FUNDS GROWTH FUND R4	4,598
*	VOYA FINANCIAL	VOYA MIDCAP OPPORTUNITIES PORTFOLIO I	4,490
*	VOYA FINANCIAL	VOYA SMALL COMPANY PORT I	4,360
*	VOYA FINANCIAL	NOMURA SCIENCE AND TECHNOLOGY FUND CLASS Y	4,331
*	VOYA FINANCIAL	INVESCO V.I. MAIN STREET SMALL CAP FUND SERIES I	4,004
*	VOYA FINANCIAL	VOYA JPMORGAN MID CAP VALUE PORTFOLIO	3,974
*	VOYA FINANCIAL	VOYA INDEX PLUS LARGE CAP PORTFOLIO	3,924
*	VOYA FINANCIAL	AMERICAN FUNDS SMALL CAP R4	2,840
*	VOYA FINANCIAL	VOYA SOLUTION AGRESSIVE PORTFOLIO	2,759
*	VOYA FINANCIAL	INVESCO DEVELOPING MARKETS FUND A	1,473
*	VOYA FINANCIAL	VOYA INTERNATIONAL HIGH DIVIDEND LOW VOLATILITY PORTFOLIO	1
			1,028,193

See Independent Auditor's Report.

PEDIATRIC ACADEMIC ASSOCIATION, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN #31-1024403 - PLAN #004

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(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	(e) Current Value
	Mutual Funds:		
*	VANGUARD	VANGUARD INSTITUTIONAL INDEX INST	23,440,408
*	VANGUARD	VANGUARD TARGET RETIREMENT 2040 INV	13,979,872
*	VANGUARD	VANGUARD TARGET RETIREMENT 2045 INV	12,112,707
*	VANGUARD	VANGUARD TARGET RETIREMENT 2050 INV	8,966,041
*	VANGUARD	VANGUARD TARGET RETIREMENT 2035 INV	7,786,981
*	AMERICAN FUNDS	AMERICAN FUNDS EUROPACIFIC GROWTH FUND R6	7,252,040
*	VANGUARD	VANGUARD TARGET RETIREMENT 2030 INV	6,893,950
	JPMORGAN	JPMORGAN US EQUITY R6	4,221,375
*	VANGUARD	VANGUARD TARGET RETIREMENT 2055 INV	4,122,236
*	VANGUARD	VANGUARD MID-CAP INDEX FUND AS	3,820,108
*	VANGUARD	VANGUARD SMALL CAP INDEX FUND AS	3,785,547
*	VANGUARD	VANGUARD VALUE INDEX INST	2,925,957
*	VANGUARD	VANGUARD TOTAL BOND MARKET INDEX FUND ADM	2,844,016
	NUEBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	2,679,207
*	VANGUARD	VANGUARD TARGET RETIREMENT 2025 INV	2,638,138
*	VANGUARD	VANGUARD CASH RESERVES FEDERAL MONEY MARKET ADMIRAL	1,883,975
*	VANGUARD	VANGUARD TARGET RETIREMENT 2020 INV	1,686,213
*	T. ROWE PRICE TRUST COMPANY	TCW METWEST TOTAL BOND FUND I	1,458,017
	ALLIANCE BERNSTEIN	AB LARGE CAP GROWTH FUND I	1,362,828
	CAUSEWAY	CAUSEWAY EMERGING MARKETS INSTITUTIONAL	1,221,775
	BLACKROCK	BLACKROCK INFLATION PROTECTED BOND	939,923
*	VANGUARD	VANGUARD HEALTH CARE FUND INVESTOR	656,975
*	VANGUARD	LIFESTRATEGY 80/20 INVESTOR	553,633
*	FIDELITY	FIDELITY GROWTH COMPANY	540,477
*	FIDELITY	FIDELITY BLUE CHIP GROWTH	520,948
*	FIDELITY	FIDELITY BALANCED	404,903
*	VANGUARD	VANGUARD TARGET RETIREMENT 2060 INV	404,216
*	FIDELITY	FIDELITY GROWTH DISCOVERY	347,390
*	AMERICAN FUNDS	SMALLCAP WORLD FUND A-CLASS	345,017
	ALLSPRING	ALLSPRING SPECIAL SMALLCAP VALUE R6	310,270
*	VANGUARD	VANGUARD 500 INDEX FUND ADMIRAL SHARES	299,505
	BAIRD	BAIRD MID CAP FUND INSTITUTIONAL	292,454
*	AMERICAN FUNDS	THE GROWTH FUND OF AMERICA A-CLASS	264,916
*	AMERICAN FUNDS	CAPITAL WORLD GROWTH AND INCOME FUND A CLASS	258,087
*	AMERICAN FUNDS	FUNDAMENTAL INVESTORS A-CLASS	152,234
*	VANGUARD	VANGUARD TOTAL STOCK MARKET INDEX	150,157
*	FIDELITY	FIDELITY OVERSEAS	145,299
*	VANGUARD	VANGUARD TARGET RETIREMENT INCOME FUND	144,835
*	VANGUARD	VANGUARD TARGET RETIREMENT 2035	138,430
*	FIDELITY	FIDELITY ASSET MANAGER 70%	134,619
*	VANGUARD	VANGUARD TARGET RETIREMENT 2070 INV	126,846
*	AMERICAN FUNDS	THE GROWTH FUND OF AMERICA F-1CLASS	119,825

See Independent Auditor's Report.

PEDIATRIC ACADEMIC ASSOCIATION, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN #31-1024403 - PLAN #004

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(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	(e) Current Value
	Mutual Funds (continued):		
*	AMERICAN FUNDS	THE NEW ECONOMY FUND A-CLASS	118,950
*	AMERICAN FUNDS	CAPITAL WORLD GROWTH AND INCOME FUND F-1CLASS	118,705
*	AMERICAN FUNDS	NEW PERSPECTIVE FUND A-CLASS	115,567
*	VANGUARD	VANGUARD LARGE-CAP INDEX FUND ADMIRAL	109,935
*	AMERICAN FUNDS	SMALLCAP WORLD FUND F-1CLASS	109,448
*	AMERICAN FUNDS	INTERNATIONAL GROWTH AND INCOME FUND A-CLASS	108,486
*	VANGUARD	VANGUARD EQUITY INCOME FUND ADMIRAL	97,568
*	FIDELITY	FIDELITY FREEDOM 2035 K	87,533
*	AMERICAN FUNDS	EUROPACIFIC GROWTH FUND A-CLASS	81,786
*	VANGUARD	VANGUARD CASH RESERVES FEDERAL MONEY MARKET	77,839
*	AMERICAN FUNDS	NEW PERSPECTIVE FUND F-1CLASS	70,149
*	AMERICAN FUNDS	AMERICAN BALANCED FUND A-CLASS	69,632
*	VANGUARD	VANGUARD TARGET RETIREMENT 2025	68,152
*	AMERICAN FUNDS	THE INCOME FUND OF AMERICA A-CLASS	64,544
*	VANGUARD	VANGUARD TOTAL BOND MARKET INDEX FUND	55,516
*	VANGUARD	VANGUARD MID-CAP GROWTH INDEX FUND	53,905
*	AMERICAN FUNDS	THE INCOME FUND OF AMERICA F-1CLASS	49,580
*	AMERICAN FUNDS	CAPITAL INCOME BUILDER A-CLASS	47,074
*	AMERICAN FUNDS	THE BOND FUND OF AMERICA A-CLASS	44,324
*	AMERICAN FUNDS	CAPITAL WORLD BOND FUND A-CLASS	44,047
*	FIDELITY	FIDELITY FREEDOM 2030 K	37,296
*	VANGUARD	VANGUARD SMALL-CAP INDEX	37,010
*	VANGUARD	VANGUARD HEALTH CARE FUND ADMIRAL	30,373
*	VANGUARD	VANGUARD DEVELOPED MARKETS INDEX FUND	29,884
*	AMERICAN FUNDS	FUNDAMENTAL INVESTORS F-1CLASS	26,822
*	AMERICAN FUNDS	NEW WORLD FUND A-CLASS	25,283
*	VANGUARD	VANGUARD INFLATION-PROTECTED SECURITIES FUND ADMIRAL	23,053
*	VANGUARD	VANGUARD TARGET RETIREMENT INC	22,640
*	AMERICAN FUNDS	THE NEW ECONOMY FUND F-1CLASS	22,450
*	AMERICAN FUNDS	THE INVESTMENT COMPANY OF AMERICA A-CLASS	18,435
*	FIDELITY	FIDELITY EQUITY INCOME	16,744
*	AMERICAN FUNDS	CAPITAL INCOME BUILDER F-1CLASS	15,398
*	VANGUARD	VANGUARD INTERNATIONAL GROWTH FUND ADMIRAL	13,503
*	AMERICAN FUNDS	WASHINGTON MUTUAL INVESTORS FUND A-CLASS	11,448
*	FIDELITY	FIDELITY GROWTH AND INCOME	11,159
*	VANGUARD	VANGUARD SMALL-CAP INDEX FUND ADMIRAL SHARES	10,487
*	VANGUARD	VANGUARD SHORT-TERM BOND INDEX FUND	9,063
*	AMERICAN FUNDS	INVESTMENT COMPANY OF AMERICA F-1CLASS	8,856
*	FIDELITY	FIDELITY CONTRA FUND	8,695
*	AMERICAN FUNDS	CAPITAL WORLD BOND FUND F-1CLASS	6,609
*	AMERICAN FUNDS	INTERNATIONAL GROWTH AND INCOME FUND F-1CLASS	3,886

See Independent Auditor's Report.

PEDIATRIC ACADEMIC ASSOCIATION, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN #31-1024403 - PLAN #004
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2025

(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	(e) Current Value
	Mutual Funds (continued):		
*	VANGUARD	VANGUARD EMERGING MARKETS STOCK INDEX	2,672
*	AMERICAN FUNDS	NEW WORLD FUND F-1CLASS	2,670
*	VANGUARD	VANGUARD TARGET RETIREMENT 2065 INV	2,556
*	VANGUARD	VANGUARD TREASURY MONEY MARKET INV	1,348
*	FIDELITY	FIDELITY US BOND INDEX	5
			124,323,435
	Variable Annuity Contracts:		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	5,553,036
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	3,049,377
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	2,752,611
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	2,057,456
*	CREF VARIABLE ANNUITY ACCOUNT	CORE BOND ACCOUNT	269,190
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	255,393
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	126,759
*	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	54,491
			14,118,313
	Guaranteed Investment Contracts:		
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT	259,351
*	AXA EQUITABLE LIFE INSURANCE COMPANY	GUARANTEED INTEREST ACCOUNT	26,749
			286,100
	Fixed Annuity Contracts		
*	TIAA and CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE 2	2,195,684
*	TIAA and CREF	TIAA STABLE VALUE FUND**	1,991,160
*	TIAA and CREF	TIAA TRADITIONAL BENEFIT RESPONSIVE	2,188,880
			6,375,724
*	*Notes Receivable from Participants*	Interest rates range from 4.25%to 9.50%	209,997
			$ 146,341,762

* Denotes party-in-interest
** Reported at contract value

See Independent Auditor's Report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/2009

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

700 CHILDREN'S DRIVE

COLUMBUS, OH 43205

2b Employer Identification Number (EIN)
31-1024403

2c Plan Sponsor's telephone number
(614) 355-4115

2d Business code (see instructions)
813000

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

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

SIGN HERE	Susanne Ebersbach	10/13/2026	Susanne Ebersbach
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Susanne Ebersbach	10/13/2026	Susanne Ebersbach
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	662
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)**	558
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	596
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	91
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	687
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	687
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	505
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	533
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 Characteristic Codes in the instructions:

2F 2G 2L

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

PEDIATRIC ACADEMIC ASSOCIATION, INC.
403 (b) TAX-SHELTERED ANNUITY PLAN
EIN #31-1024403 - PLAN #004
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(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	(e) Current Value
	Pooled Separate Accounts:		
*	TIAA and CREF	TIAA REAL ESTATE ACCOUNT	$ 403,736
*	AXA EQUITABLE LIFE INSURANCE COMPANY	EQ / COMMON STOCK INDEX PORTFOLIO	74,727
*	AXA EQUITABLE LIFE INSURANCE COMPANY	EQ LARGE CAP VALUE MANAGED VOLATILITY PORTFOLIO	42,992
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP GROWTH INDEX PORTFOLIO CLASS I	42,055
*	AXA EQUITABLE LIFE INSURANCE COMPANY	EQ / INTERNATIONAL EQUITY INDEX	33,451
*	VOYA FINANCIAL	VY T. ROWE PRICE CAPITAL APPRECIATION PORTFOLIO	32,695
*	VOYA FINANCIAL	FIDELITY VIP GROWTH PORTFOLIO	31,636
*	AXA EQUITABLE LIFE INSURANCE COMPANY	EQ / SMALL COMPANY INDEX	30,494
*	AXA EQUITABLE LIFE INSURANCE COMPANY	EQ / MID CAP VALUE MANAGED VOLATILITY PORTFOLIO	29,628
*	VOYA FINANCIAL	FIDELITY VIP CONTRAFUND PORTFOLIO	26,773
*	VOYA FINANCIAL	VOYA LARGE CAP GROWTH PORTFOLIO INSTITUTIONAL	21,042
*	VOYA FINANCIAL	VY INVESCO GROWTH AND INCOME PORTFOLIO - SERVICE CLASS	18,817
*	VOYA FINANCIAL	VOYA SOLUTION 2035 PORTFOLIO SERVICE	17,864
*	VOYA FINANCIAL	AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS FUND CLASS R4	15,692
*	AXA EQUITABLE LIFE INSURANCE COMPANY	EQ / QUALITY BOND PLUS	14,032
*	VOYA FINANCIAL	VY INVESCO EQUITY & INCOME I	13,561
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP VALUE INDEX PORTFOLIO CLASS S	13,262
*	VOYA FINANCIAL	VOYA INDEX PLUS MIDCAP PORTFOLIO	13,069
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP INDEX PORTFOLIO I	11,765
*	VOYA FINANCIAL	VOYA RUSSELL LARGE CAP INDEX PORTFOLIO	11,013
*	VOYA FINANCIAL	VOYA GLOBAL INSIGHTS PORTFOLIO	10,635
*	VOYA FINANCIAL	VY INVESCO COMSTOCK PORTFOLIO SERVICE	9,897
*	VOYA FINANCIAL	VY JPMORGAN SMALL CAP CORE EQUITY PORTFOLIO - SERVICE CLASS	9,850
*	VOYA FINANCIAL	CLB INTRINSIC VALUE INST	9,292
*	VOYA FINANCIAL	AMERICAN FUNDS NEW PERSPECTIVE R4	8,652
*	VOYA FINANCIAL	VOYA LARGE CAP VALUE PORTFOLIO	8,607
*	VOYA FINANCIAL	VOYA GROWTH AND INCOME PORTFOLIO I	8,465
*	VOYA FINANCIAL	NEUBERGER QUALITY FUND	7,822
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP GROWTH INDEX PORTFOLIO S	7,599
*	VOYA FINANCIAL	VY T. ROWE PRICE DIVERSIFIED MID CAP GROWTH PORTFOLIO	7,405
*	VOYA FINANCIAL	AMERICAN FUNDS EUROPACIFIC R4	4,911
*	VOYA FINANCIAL	AMERICAN FUNDS GROWTH FUND R4	4,598
*	VOYA FINANCIAL	VOYA MIDCAP OPPORTUNITIES PORTFOLIO I	4,490
*	VOYA FINANCIAL	VOYA SMALL COMPANY PORT I	4,360
*	VOYA FINANCIAL	NOMURA SCIENCE AND TECHNOLOGY FUND CLASS Y	4,331
*	VOYA FINANCIAL	INVESCO V.I. MAIN STREET SMALL CAP FUND SERIES I	4,004
*	VOYA FINANCIAL	VOYA JPMORGAN MID CAP VALUE PORTFOLIO	3,974
*	VOYA FINANCIAL	VOYA INDEX PLUS LARGE CAP PORTFOLIO	3,924
*	VOYA FINANCIAL	AMERICAN FUNDS SMALL CAP R4	2,840
*	VOYA FINANCIAL	VOYA SOLUTION AGRESSIVE PORTFOLIO	2,759
*	VOYA FINANCIAL	INVESCO DEVELOPING MARKETS FUND A	1,473
*	VOYA FINANCIAL	VOYA INTERNATIONAL HIGH DIVIDEND LOW VOLATILITY PORTFOLIO	1
			1,028,193

See Independent Auditor's Report.

PEDIATRIC ACADEMIC ASSOCIATION, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN #31-1024403 - PLAN #004

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(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	(e) Current Value
	Mutual Funds:		
*	VANGUARD	VANGUARD INSTITUTIONAL INDEX INST	23,440,408
*	VANGUARD	VANGUARD TARGET RETIREMENT 2040 INV	13,979,872
*	VANGUARD	VANGUARD TARGET RETIREMENT 2045 INV	12,112,707
*	VANGUARD	VANGUARD TARGET RETIREMENT 2050 INV	8,966,041
*	VANGUARD	VANGUARD TARGET RETIREMENT 2035 INV	7,786,981
*	AMERICAN FUNDS	AMERICAN FUNDS EUROPACIFIC GROWTH FUND R6	7,252,040
*	VANGUARD	VANGUARD TARGET RETIREMENT 2030 INV	6,893,950
	JPMORGAN	JPMORGAN US EQUITY R6	4,221,375
*	VANGUARD	VANGUARD TARGET RETIREMENT 2055 INV	4,122,236
*	VANGUARD	VANGUARD MID-CAP INDEX FUND AS	3,820,108
*	VANGUARD	VANGUARD SMALL CAP INDEX FUND AS	3,785,547
*	VANGUARD	VANGUARD VALUE INDEX INST	2,925,957
*	VANGUARD	VANGUARD TOTAL BOND MARKET INDEX FUND ADM	2,844,016
	NUEBERGER BERMAN	NEUBERGER BERMAN REAL ESTATE	2,679,207
*	VANGUARD	VANGUARD TARGET RETIREMENT 2025 INV	2,638,138
*	VANGUARD	VANGUARD CASH RESERVES FEDERAL MONEY MARKET ADMIRAL	1,883,975
*	VANGUARD	VANGUARD TARGET RETIREMENT 2020 INV	1,686,213
*	T. ROWE PRICE TRUST COMPANY	TCW METWEST TOTAL BOND FUND I	1,458,017
	ALLIANCE BERNSTEIN	AB LARGE CAP GROWTH FUND I	1,362,828
	CAUSEWAY	CAUSEWAY EMERGING MARKETS INSTITUTIONAL	1,221,775
	BLACKROCK	BLACKROCK INFLATION PROTECTED BOND	939,923
*	VANGUARD	VANGUARD HEALTH CARE FUND INVESTOR	656,975
*	VANGUARD	LIFESTRATEGY 80/20 INVESTOR	553,633
*	FIDELITY	FIDELITY GROWTH COMPANY	540,477
*	FIDELITY	FIDELITY BLUE CHIP GROWTH	520,948
*	FIDELITY	FIDELITY BALANCED	404,903
*	VANGUARD	VANGUARD TARGET RETIREMENT 2060 INV	404,216
*	FIDELITY	FIDELITY GROWTH DISCOVERY	347,390
*	AMERICAN FUNDS	SMALLCAP WORLD FUND A-CLASS	345,017
	ALLSPRING	ALLSPRING SPECIAL SMALLCAP VALUE R6	310,270
*	VANGUARD	VANGUARD 500 INDEX FUND ADMIRAL SHARES	299,505
	BAIRD	BAIRD MID CAP FUND INSTITUTIONAL	292,454
*	AMERICAN FUNDS	THE GROWTH FUND OF AMERICA A-CLASS	264,916
*	AMERICAN FUNDS	CAPITAL WORLD GROWTH AND INCOME FUND A CLASS	258,087
*	AMERICAN FUNDS	FUNDAMENTAL INVESTORS A-CLASS	152,234
*	VANGUARD	VANGUARD TOTAL STOCK MARKET INDEX	150,157
*	FIDELITY	FIDELITY OVERSEAS	145,299
*	VANGUARD	VANGUARD TARGET RETIREMENT INCOME FUND	144,835
*	VANGUARD	VANGUARD TARGET RETIREMENT 2035	138,430
*	FIDELITY	FIDELITY ASSET MANAGER 70%	134,619
*	VANGUARD	VANGUARD TARGET RETIREMENT 2070 INV	126,846
*	AMERICAN FUNDS	THE GROWTH FUND OF AMERICA F-1CLASS	119,825

See Independent Auditor's Report.

PEDIATRIC ACADEMIC ASSOCIATION, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN #31-1024403 - PLAN #004

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(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	(e) Current Value
	Mutual Funds (continued):		
*	AMERICAN FUNDS	THE NEW ECONOMY FUND A-CLASS	118,950
*	AMERICAN FUNDS	CAPITAL WORLD GROWTH AND INCOME FUND F-1CLASS	118,705
*	AMERICAN FUNDS	NEW PERSPECTIVE FUND A-CLASS	115,567
*	VANGUARD	VANGUARD LARGE-CAP INDEX FUND ADMIRAL	109,935
*	AMERICAN FUNDS	SMALLCAP WORLD FUND F-1CLASS	109,448
*	AMERICAN FUNDS	INTERNATIONAL GROWTH AND INCOME FUND A-CLASS	108,486
*	VANGUARD	VANGUARD EQUITY INCOME FUND ADMIRAL	97,568
*	FIDELITY	FIDELITY FREEDOM 2035 K	87,533
*	AMERICAN FUNDS	EUROPACIFIC GROWTH FUND A-CLASS	81,786
*	VANGUARD	VANGUARD CASH RESERVES FEDERAL MONEY MARKET	77,839
*	AMERICAN FUNDS	NEW PERSPECTIVE FUND F-1CLASS	70,149
*	AMERICAN FUNDS	AMERICAN BALANCED FUND A-CLASS	69,632
*	VANGUARD	VANGUARD TARGET RETIREMENT 2025	68,152
*	AMERICAN FUNDS	THE INCOME FUND OF AMERICA A-CLASS	64,544
*	VANGUARD	VANGUARD TOTAL BOND MARKET INDEX FUND	55,516
*	VANGUARD	VANGUARD MID-CAP GROWTH INDEX FUND	53,905
*	AMERICAN FUNDS	THE INCOME FUND OF AMERICA F-1CLASS	49,580
*	AMERICAN FUNDS	CAPITAL INCOME BUILDER A-CLASS	47,074
*	AMERICAN FUNDS	THE BOND FUND OF AMERICA A-CLASS	44,324
*	AMERICAN FUNDS	CAPITAL WORLD BOND FUND A-CLASS	44,047
*	FIDELITY	FIDELITY FREEDOM 2030 K	37,296
*	VANGUARD	VANGUARD SMALL-CAP INDEX	37,010
*	VANGUARD	VANGUARD HEALTH CARE FUND ADMIRAL	30,373
*	VANGUARD	VANGUARD DEVELOPED MARKETS INDEX FUND	29,884
*	AMERICAN FUNDS	FUNDAMENTAL INVESTORS F-1CLASS	26,822
*	AMERICAN FUNDS	NEW WORLD FUND A-CLASS	25,283
*	VANGUARD	VANGUARD INFLATION-PROTECTED SECURITIES FUND ADMIRAL	23,053
*	VANGUARD	VANGUARD TARGET RETIREMENT INC	22,640
*	AMERICAN FUNDS	THE NEW ECONOMY FUND F-1CLASS	22,450
*	AMERICAN FUNDS	THE INVESTMENT COMPANY OF AMERICA A-CLASS	18,435
*	FIDELITY	FIDELITY EQUITY INCOME	16,744
*	AMERICAN FUNDS	CAPITAL INCOME BUILDER F-1CLASS	15,398
*	VANGUARD	VANGUARD INTERNATIONAL GROWTH FUND ADMIRAL	13,503
*	AMERICAN FUNDS	WASHINGTON MUTUAL INVESTORS FUND A-CLASS	11,448
*	FIDELITY	FIDELITY GROWTH AND INCOME	11,159
*	VANGUARD	VANGUARD SMALL-CAP INDEX FUND ADMIRAL SHARES	10,487
*	VANGUARD	VANGUARD SHORT-TERM BOND INDEX FUND	9,063
*	AMERICAN FUNDS	INVESTMENT COMPANY OF AMERICA F-1CLASS	8,856
*	FIDELITY	FIDELITY CONTRA FUND	8,695
*	AMERICAN FUNDS	CAPITAL WORLD BOND FUND F-1CLASS	6,609
*	AMERICAN FUNDS	INTERNATIONAL GROWTH AND INCOME FUND F-1CLASS	3,886

See Independent Auditor's Report.

PEDIATRIC ACADEMIC ASSOCIATION, INC.
403(b) TAX-SHELTERED ANNUITY PLAN
EIN #31-1024403 - PLAN #004
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2025

(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	(e) Current Value
	Mutual Funds (continued):		
*	VANGUARD	VANGUARD EMERGING MARKETS STOCK INDEX	2,672
*	AMERICAN FUNDS	NEW WORLD FUND F-1CLASS	2,670
*	VANGUARD	VANGUARD TARGET RETIREMENT 2065 INV	2,556
*	VANGUARD	VANGUARD TREASURY MONEY MARKET INV	1,348
*	FIDELITY	FIDELITY US BOND INDEX	5
			124,323,435
	Variable Annuity Contracts:		
*	CREF VARIABLE ANNUITY ACCOUNT	STOCK ACCOUNT	5,553,036
*	CREF VARIABLE ANNUITY ACCOUNT	EQUITY INDEX ACCOUNT	3,049,377
*	CREF VARIABLE ANNUITY ACCOUNT	GROWTH ACCOUNT	2,752,611
*	CREF VARIABLE ANNUITY ACCOUNT	GLOBAL EQUITIES ACCOUNT	2,057,456
*	CREF VARIABLE ANNUITY ACCOUNT	CORE BOND ACCOUNT	269,190
*	CREF VARIABLE ANNUITY ACCOUNT	SOCIAL CHOICE ACCOUNT	255,393
*	CREF VARIABLE ANNUITY ACCOUNT	MONEY MARKET ACCOUNT	126,759
*	CREF VARIABLE ANNUITY ACCOUNT	INFLATION-LINKED BOND ACCOUNT	54,491
			14,118,313
	Guaranteed Investment Contracts:		
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT	259,351
*	AXA EQUITABLE LIFE INSURANCE COMPANY	GUARANTEED INTEREST ACCOUNT	26,749
			286,100
	Fixed Annuity Contracts		
*	TIAA and CREF	TIAA TRADITIONAL NON BENEFIT RESPONSIVE 2	2,195,684
*	TIAA and CREF	TIAA STABLE VALUE FUND**	1,991,160
*	TIAA and CREF	TIAA TRADITIONAL BENEFIT RESPONSIVE	2,188,880
			6,375,724
*	*Notes Receivable from Participants*	Interest rates range from 4.25%to 9.50%	209,997
			$ 146,341,762

* Denotes party-in-interest
** Reported at contract value

See Independent Auditor's Report.