Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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
JOHNS HOPKINS UNIVERSITY 403(B) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1969

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)
JOHNS HOPKINS UNIVERSITY OFFICE OF BENEFITS SERVICES

JOHNS HOPKINS UNIVERSITY TAX OFFICE

3910 KESWICK ROAD
SUITE N4327-B
BALTIMORE, MD 21211-2226

2b Employer Identification Number (EIN) 52-0595110

2c Plan Sponsor's telephone number 410-516-2000

2d Business code (see instructions) 611000

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.	10/13/2023	JOEL SEARFOSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	44337
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)**	26366
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	25397
b	Retired or separated participants receiving benefits	**6b**	1480
c	Other retired or separated participants entitled to future benefits	**6c**	17107
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	43984
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	192
f	Total. Add lines **6d** and **6e**.	**6f**	44176
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	35083
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2F 2G 2L 2M 2R

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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

2022

This Form is Open to Public Inspection

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

A Name of plan
JOHNS HOPKINS UNIVERSITY 403(B) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNS HOPKINS UNIVERSITY OFFICE OF BENEFITS SERVICES

D Employer Identification Number (EIN)
52-0595110

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	50923	374	01/01/2022	12/31/2022

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
2214	0

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

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

VARIOUS
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2214			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	

(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	9541881
5	Current value of plan's interest under this contract in separate accounts at year end	5	37330281

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 ▶

b	Balance at the end of the previous year			7b	11595162
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	306813		
	(4) Transferred from separate account	7c(4)	188669		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	495482
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	12090644
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2110747		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	428110		
	(4) Other (specify below) ▶ CONTRACT SURRENDER CHARGES	7e(4)	9906		
	(5) Total deductions			7e(5)	2548763
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	9541881

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

2022

This Form is Open to Public Inspection

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

A Name of plan
JOHNS HOPKINS UNIVERSITY 403(B) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNS HOPKINS UNIVERSITY OFFICE OF BENEFITS SERVICES

D Employer Identification Number (EIN)
52-0595110

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	50923	313	01/01/2022	12/31/2022

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
345	0

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

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

VARIOUS
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
345			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	

(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	2057746
5	Current value of plan's interest under this contract in separate accounts at year end	5	4132498

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 ▶

b	Balance at the end of the previous year			7b	1831496
c	Additions: (1) Contributions deposited during the year	7c(1)	9044		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	54382		
	(4) Transferred from separate account	7c(4)	272758		
	(5) Other (specify below)	7c(5)	3777		
	▶ OTHER				
	(6) Total additions			7c(6)	339961
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2171457
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	112869		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	842		
	▶ CONTRACT SURRENDER CHARGES				
	(5) Total deductions			7e(5)	113711
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2057746

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

2022

This Form is Open to Public Inspection

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

A Name of plan
JOHNS HOPKINS UNIVERSITY 403(B) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNS HOPKINS UNIVERSITY OFFICE OF BENEFITS SERVICES

D Employer Identification Number (EIN)
52-0595110

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	406297	8832	01/01/2022	12/31/2022

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
0	0

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

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

(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	783546464
5	Current value of plan's interest under this contract in separate accounts at year end	5	935113749

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 ▶

b	Balance at the end of the previous year			7b	755462357
c	Additions: (1) Contributions deposited during the year	7c(1)	12144017		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	30287776		
	(4) Transferred from separate account	7c(4)	91759341		
	(5) Other (specify below)	7c(5)	4924616		
	▶ OTHER				
	(6) Total additions			7c(6)	139115750
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	894578107
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	49754856		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	59064183		
	(4) Other (specify below)	7e(4)	2212604		
	▶ OTHER				
	(5) Total deductions			7e(5)	111031643
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	783546464

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

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

A Name of plan
JOHNS HOPKINS UNIVERSITY 403(B) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNS HOPKINS UNIVERSITY OFFICE OF BENEFITS SERVICES

D Employer Identification Number (EIN)
52-0595110

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

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

AMERICAN CENTURY INV MGMT INC

44-0640487

(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

FIDELITY INV INST OPER COMP LLC

04-2647786

(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

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(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)

TIAA

13-1624203

(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?
15	RECORDKEEPER	478877	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

STRATEGIC ADVISORS INC

04-2654524

(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?
27	ADVISOR	107219	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INV INST OPER COMP LLC

04-2647786

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

Part I Service Provider Information (continued)

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

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

2022

This Form is Open to Public Inspection.

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

A Name of plan
JOHNS HOPKINS UNIVERSITY 403(B) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JOHNS HOPKINS UNIVERSITY OFFICE OF BENEFITS SERVICES

D Employer Identification Number (EIN)
52-0595110

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: 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	113104698

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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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

2022

This Form is Open to Public Inspection

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

A Name of plan
JOHNS HOPKINS UNIVERSITY 403(B) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNS HOPKINS UNIVERSITY OFFICE OF BENEFITS SERVICES

D Employer Identification Number (EIN)
52-0595110

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)		62158
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	4508335	6163186
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	106324622	113104698
(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)	7320359336	5816384681
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	768889015	795146091
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8200081308	6730860814
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8200081308	6730860814

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)	161873670	
	(B) Participants	2a(1)(B)	139134766	
	(C) Others (including rollovers)	2a(1)(C)	40131903	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		341140339
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)	308648	
	(F) Other	2b(1)(F)	2238425	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2547073
	(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)	193745539	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		193745539
	(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)	21173370	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		21173370

		(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)		9488259
(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)		-1469810993
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-901716413
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	566915687	
(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)		566915687
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	481176	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	107218	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		588394
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		567504081
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1469220494
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] 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: SB & COMPANY LLC **(2)** EIN: 20-2153727

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

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

Part IV Compliance Questions

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

During the plan year:

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

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

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

A Name of plan
JOHNS HOPKINS UNIVERSITY 403(B) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNS HOPKINS UNIVERSITY OFFICE OF BENEFITS SERVICES

D Employer Identification Number (EIN)
52-0595110

Part I Distributions

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

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

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

EIN(s): 13-1624203 04-2647786

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** | 2129

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

SB & COMPANY, LLC
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REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the Participants
and The Board of Trustees Committee on Investments of
The Johns Hopkins University

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

We have performed audits of the financial statements of the Johns Hopkins University 403(b) 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the year ended December 31, 2022 and for the 6-month period ended December 31, 2021, 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 Rules and Regulations for Reporting and Disclosure under ERISA. 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, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021, and for the year ended December 31, 2022 and for the 6-month period ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal controls 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 for a reasonable period of time.

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

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

SB & COMPANY, LLC
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In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Owings Mills, Maryland
October 11, 2023

SB & Company, LLC

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

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

EIN: 52-0595110

Plan Number: 003

December 31, 2022

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment	(e) Current value
*	TIAA GSRA Contracts	Insurance contracts	$ 139,921,916
*	TIAA RA Contracts	Insurance contracts	511,003,052
*	TIAA SRA Contracts	Insurance contracts	25,816,538
*	TIAA GRA Contracts	Insurance contracts	73,173,212
*	TIAA Retirement Choice Contracts	Insurance contracts	33,195,491
*	TIAA Plan LD Fund	Insurance contracts	436,255
*	VALIC Fixed Account Plus	Insurance contracts	9,033,941
*	VALIC Short Term Fixed Account	Insurance contracts	2,565,686
	Total Annuity accounts		795,146,091
*	TIAA Real Estate	Pooled separate account	113,104,698
*	TIAA Self-directed brokerage accounts	Various	70,924,805
*	Allspring Spec SmallCap Val R6	Registered investment companies	3,304,103
*	American Century Em Markets R6	Registered investment companies	4,990,764
*	BlackRock Mid Cap Growth Eq K	Registered investment companies	6,160,151
*	CREF Core Bond R3	Registered investment companies	44,759,721
*	CREF Equity Index R3	Registered investment companies	72,102,102
*	CREF Global Equities R3	Registered investment companies	95,413,824
*	CREF Growth R3	Registered investment companies	86,223,690
*	CREF Inflation-Linked Bond R3	Registered investment companies	25,799,818
*	CREF Money Market R3	Registered investment companies	47,619,177
*	CREF Social Choice R3	Registered investment companies	79,445,258
*	CREF Stock R3	Registered investment companies	370,645,461
*	JPMorgan Large Cap Growth R6	Registered investment companies	41,721,893
*	Loomis Sayles Sm Cap Growth N	Registered investment companies	3,337,596
*	MFS Intl Diversification Cl R6	Registered investment companies	27,108,808
*	MFS Mid Cap Value Class R6	Registered investment companies	13,382,963
*	PGIM Total Return Bond R6	Registered investment companies	13,309,118
*	Vanguard Devlopd Mkts Idx Ins	Registered investment companies	55,026,885
*	Vanguard Emr Mkts Stk Idx Inst	Registered investment companies	30,502,252
*	Vanguard Equity Income Adm	Registered investment companies	77,406,636
*	Vanguard FTSE Social Idx Instl	Registered investment companies	14,112,921
*	Vanguard Growth Index Inst	Registered investment companies	62,680,930
*	Vanguard Infl Protect Sec Inst	Registered investment companies	40,103,825
*	Vanguard Inst Idx Inst Plus	Registered investment companies	282,487,380
*	Vanguard Long-Trm Bd Idx Inst	Registered investment companies	11,883,531
*	Vanguard Mid-Cap Grw Idx Adm	Registered investment companies	18,880,292
*	Vanguard Mid-Cap Idx Inst	Registered investment companies	34,227,198
*	Vanguard Mid-Cap Value Idx Adm	Registered investment companies	13,297,472
*	Vanguard PRIMECAP Adm	Registered investment companies	116,231,931
*	Vanguard Short-Trm Bd Idx Inst	Registered investment companies	48,062,047
*	Vanguard Small-Cap Grw Idx Inst	Registered investment companies	14,707,152
*	Vanguard Small-Cap Idx Inst	Registered investment companies	43,889,400
*	Vanguard Small-Cap Val Idx Inst	Registered investment companies	24,498,557
*	Vanguard S-T Inf Pro Sec Idx Adm	Registered investment companies	19,800,157
*	Vanguard Target Retire 2020	Registered investment companies	360,604,511
*	Vanguard Target Retire 2025	Registered investment companies	522,705,934
*	Vanguard Target Retire 2030	Registered investment companies	528,783,201
*	Vanguard Target Retire 2035	Registered investment companies	516,142,255
*	Vanguard Target Retire 2040	Registered investment companies	419,968,054
*	Vanguard Target Retire 2045	Registered investment companies	320,319,734
*	Vanguard Target Retire 2050	Registered investment companies	150,552,046
*	Vanguard Target Retire 2055	Registered investment companies	48,684,322
*	Vanguard Target Retire 2060	Registered investment companies	15,235,164

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

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

EIN: 52-0595110

Plan Number: 003

December 31, 2022

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment	(e) Current value
*	Vanguard Target Retire 2065	Registered investment companies	4,124,473
*	Vanguard Target Retire Income	Registered investment companies	331,898,330
*	Vanguard Total St Mk Ix In Pl	Registered investment companies	260,725,767
*	Vanguard Treasury MoneyMkt Inv	Registered investment companies	87,072,468
*	Vanguard Ttl Bd Mkt Idx InstPl	Registered investment companies	118,483,682
*	Vanguard Ttl Intl Bnd Idx Adm	Registered investment companies	5,778,287
*	Vanguard Ttl Intl Stk Idx Inst	Registered investment companies	88,589,433
*	Vanguard Value Index Inst	Registered investment companies	81,206,424
*	VALIC Aggressive Growth Lifestyle	Registered investment companies	101,793
*	VALIC Amer Beacon Brdwy Lrg Cp Grw I	Registered investment companies	417
*	VALIC Ariel Appreciation Fund	Registered investment companies	660,574
*	VALIC Ariel Fund	Registered investment companies	513,801
*	VALIC Asset Allocation Fund	Registered investment companies	44,735
*	VALIC Blue Chip Growth Fund	Registered investment companies	427,671
*	VALIC Core Bond Fund	Registered investment companies	3,293,250
*	VALIC Dividend Value	Registered investment companies	143,159
*	VALIC Emerging Economies	Registered investment companies	1,360,431
*	VALIC Global Real Estate Fund	Registered investment companies	306,290
*	VALIC Global Strategy	Registered investment companies	272,906
*	VALIC Government Securities Fund	Registered investment companies	224,637
*	VALIC Growth Fund	Registered investment companies	1,634,277
*	VALIC GS Vit Gov Money Mkt Fd Inst	Registered investment companies	895,773
*	VALIC High Yield Bond Fund	Registered investment companies	605,499
*	VALIC Inflation Protected Fund	Registered investment companies	769,215
*	VALIC International Government Bond	Registered investment companies	207,138
*	VALIC International Growth Fund	Registered investment companies	340,309
*	VALIC International Value Fund	Registered investment companies	1,540,036
*	VALIC Internatl Equities Index Fund	Registered investment companies	1,720,908
*	VALIC Intl Opportunities	Registered investment companies	685,547
*	VALIC Intl Socially Responsible Fund	Registered investment companies	919,065
*	VALIC Large Capital Growth	Registered investment companies	1,217,517
*	VALIC Loan Collateral Fund	Registered investment companies	421,518
*	VALIC Loan Escrow Fund	Registered investment companies	5,161
*	VALIC Mid Cap Index Fund	Registered investment companies	2,548,881
*	VALIC Mid Cap Strategic Gwth	Registered investment companies	1,360,849
*	VALIC Mid Cap Value Fund	Registered investment companies	1,051,595
*	VALIC Moderate Growth Lifestyle	Registered investment companies	403,077
*	VALIC Nasdaq-100(R) Index Fund	Registered investment companies	276,483
*	VALIC Science & Technology Fund	Registered investment companies	3,601,207
*	VALIC Small Cap Growth Fund	Registered investment companies	362,146
*	VALIC Small Cap Index Fund	Registered investment companies	413,072
*	VALIC Small Cap Special Value Fund	Registered investment companies	641,207
*	VALIC Small Cap Value Fund	Registered investment companies	492,613
*	VALIC Stock Index Fund	Registered investment companies	5,577,934
*	VALIC Systematic Core Fund	Registered investment companies	1,143,205
*	VALIC Systematic Value	Registered investment companies	207,265
*	VALIC US Socially Responsible Fund	Registered investment companies	1,126,904
*	VALIC Vanguard Lifestrategy Conser	Registered investment companies	11,849
*	VALIC Vanguard Lifestrategy Growth	Registered investment companies	645,074
*	VALIC Vanguard Lifestrategy Modera	Registered investment companies	37,758
*	VALIC Vanguard Long-Term Treasury	Registered investment companies	267,704
*	VALIC Vanguard Lt Inv-Grade Fund	Registered investment companies	78,221
*	VALIC Vanguard Wellington Fund Inc	Registered investment companies	659,705
*	VALIC Vanguard Windsor Ii	Registered investment companies	1,892,545

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

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

EIN: 52-0595110

Plan Number: 003

December 31, 2022

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment	(e) Current value
*	VALIC VC I Capital Appreciation	Registered investment companies	261,038
*	VALIC VC I Conserv Growth Lifestyle	Registered investment companies	90,819
	Total registered investment companies		5,745,459,876
	Subtotal investments		6,724,635,470
*	Participants:		
	Notes receivable from participants	Participant loans with interest rates of 4.25% to	
	Subtotal assets	9.25% with maturities from 2022 through 2037	6,163,186
	Total assets		$ 6,730,798,656

* All investments are parties in interest, as defined by ERISA.

(d) Historical cost is omitted as investments are participant directed.

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

Financial Statements and ERISA-Required Supplemental Schedule

For the Year Ended December 31, 2022 and 6-Month Period Ended December 31, 2021

(With Report of Independent Public Accountants)

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

Year Ended December 31, 2022 and 6-Month Period Ended December 31, 2021

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REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the Participants
and The Board of Trustees Committee on Investments of
The Johns Hopkins University

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

We have performed audits of the financial statements of the Johns Hopkins University 403(b) 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the year ended December 31, 2022 and for the 6-month period ended December 31, 2021, 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 Rules and Regulations for Reporting and Disclosure under ERISA. 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, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021, and for the year ended December 31, 2022 and for the 6-month period ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal controls 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 for a reasonable period of time.

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

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Owings Mills, Maryland
October 11, 2023

SB & Company, LLC

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

Statements of Net Assets Available for Benefits

As of December 31, 2022 and 2021

	December 31, 2022	December 31, 2021
Investments at fair value, participant directed (notes 3 and 4):		
Non benefit-responsive annuity accounts	$ 608,228,936	$ 596,163,051
Registered investment companies	5,745,459,876	7,298,744,150
Self directed brokerage account	70,924,805	21,615,186
Pooled separate account	113,104,698	106,324,622
Total investments at fair value	6,537,718,315	8,022,847,009
Investments at contract value, participant directed (notes 3 and 5):		
Fully benefit-responsive annuity accounts	186,917,155	172,725,964
Total investments	6,724,635,470	8,195,572,973
Contribution receivable (note 1c)	62,158	—
Notes receivable from participants (note 3)	6,163,186	4,508,335
Net assets available for benefits	$ 6,730,860,814	$ 8,200,081,308

See accompanying notes to financial statements.

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

Statements of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2022 and 6-Month Period Ended December 31, 2021

	Year Ended December 31, 2022	6-Month Period Ended December 31, 2021
Additions:		
Investment income		
Net (depreciation) appreciation of investments	$ (1,439,149,364)	$ 44,948,896
Dividends and interest	195,983,965	304,753,425
Interest on notes receivable from participants	308,648	114,750
Net investment income	(1,242,856,751)	349,817,071
Contributions:		
Employer contributions	161,873,670	76,492,197
Participant contributions	139,134,766	65,765,608
Rollovers	40,131,903	16,466,939
Total contributions	341,140,339	158,724,744
Total additions	(901,716,412)	508,541,815
Deductions:		
Benefits paid to participants	566,915,687	227,570,813
Administrative expenses	588,395	77,213
Total deductions	567,504,082	227,648,026
Net (decrease) increase	(1,469,220,494)	280,893,789
Net assets available for benefits, beginning of period	8,200,081,308	7,919,187,519
Net assets available for benefits, end of period	$ 6,730,860,814	$ 8,200,081,308

See accompanying notes to financial statements.

(1) Description of the Plan

The following description of The Johns Hopkins University 403(b) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined-contribution retirement program established by The Johns Hopkins University (the Plan Sponsor or University) in accordance with Section 403(b) of the Internal Revenue Code of 1986, as amended (the IRC). The effective date of the Plan was July 1, 1969. Effective July 1, 2011, the Johns Hopkins University Staff Voluntary 403(b) Retirement Plan was merged into the Johns Hopkins University Faculty and Senior Staff Retirement Plan, which was renamed the Johns Hopkins University 403(b) Plan. The merger was part of the University's overall revision to its retirement plans and programs. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Prior to July 1, 2011, the Plan covered substantially all faculty and senior staff employees of the University who have completed two years of service, as defined. Effective July 1, 2011, the Plan covers all faculty, executive employees, "grandfathered" faculty and senior staff employees, and staff employees who have completed two years of service, as defined. The two years of service requirement is waived for eligible employees that have reached the age of 35 or above.

Effective December 31, 2021 the Plan changed its fiscal year-end from June 30 to December 31. As such, the comparative audited 6-month period ended December 31, 2021 is a stub year.

(b) Plan Administration

The Plan Administrator is the University.

(c) Contributions

Prior to July 1, 2011, the University contributed 6% of the eligible participant's base salary, as defined, up to the age of 35 after two years of service and 12% of base salary for participants aged 35 and older.

For eligible faculty, executives, and senior staff eligible or hired prior to July 1, 2011 and tenured/tenure-track/core faculty and some executives hired July 1, 2011 or later, the University contributes 6% of the eligible participant's base salary, as defined, up to the age of 35 after two years of service and 12% of base salary for participants aged 35 and older. Prior to January 1, 2014, participants with 15 or more years of service were possibly eligible to make additional contributions to the Plan per IRS Publication 571.

For eligible support staff employees who elected this plan as part of the retirement choices provided by the Plan Sponsor, support staff hired July 1, 2009 or later, senior staff and nontenured/nontenure - track/noncore faculty and some executives hired July 1, 2011 or later, the University contributes 4% of the eligible participant's base salary, as defined, up to the age of 35 after two years of service and 8% of base salary for participants aged 35 and older.

Certain employees who are eligible to participate in The Johns Hopkins University Support Staff Pension Plan are not eligible to receive non-elective employer contributions through the Plan. Instead, these employees are eligible to receive matching contributions equal to 20% of the first 3% of base salary an eligible participant contributes to the Plan.

Participants may voluntarily contribute to the Plan subject to the IRC's limits. The Plan allows for participants who are at least aged 50 to make additional catch-up contributions to the Plan subject to the IRC's limits. Participants may also contribute amounts representing rollovers from other qualified plans.

On November 22, 2022, The Johns Hopkins University entered into a collective bargaining agreement with Unite Here employees allowing the union population into the JHU 403(b) Plan with the same employer contribution rate as non-union employees. In January 2023 the University paid $62,158 employer contributions to this group for the Plan year 2022. This was deemed a receivable to the Plan as of December 31, 2022.

(d) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the employer's contribution and plan earnings (or losses) and expenses. Participants are charged with an allocation of the recordkeeping expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts. Participants may direct their contributions into a variety of investment options.

(e) Vesting

Each participant is fully and immediately 100% vested in their employee and employer account balances.

(f) Investment Options

Plan contributions are invested in one or more of the funding vehicles available to participants under the Plan. The fund sponsors are as follows:

- The Variable Annuity Life Insurance Company (VALIC) – Available to participants who were actively investing with VALIC as of June 30, 2011 until January 1, 2016 when participants were no longer able to make contributions to VALIC funding vehicles
- Teachers Insurance and Annuity Association/College Retirement Equities Fund (TIAA-CREF)

For certain funds held at TIAA-CREF, TIAA-CREF Trust Company, FSB is the custodian.

TIAA-CREF is the master record keeper for all investments held by the trustees listed above.

In March 2021, the Retirement Plan Investments Committee (RPIC) approved TIAA-CREF as the Plan's sole active recordkeeper. Additionally, RPIC approved a streamlined menu of investment options to be made available to participants. In July 2022, participant funds at other recordkeepers Fidelity Management Trust Company (Fidelity), American Century, and Vanguard Fiduciary Trust Company (Vanguard) were transferred to TIAA-CREF. VALIC continues to be a recordkeeper for certain legacy assets.

(g) Payment of Benefits

Participants may receive all or a portion of their vested account balance upon termination of employment, retirement, death, or permanent disability. A participant may elect to receive benefit payments in the form of a lump-sum payment, an annuity, or installment based payment, as set forth by the Plan and fund sponsors. Active participants can access their voluntary salary reductions and rollover contributions, including earnings upon attainment of age 59½ or permanent disability. Participants may receive hardship withdrawals from their salary reductions, excluding earnings, for reasons of financial hardship. All sources of withdrawals are permitted for active participants upon reaching the required minimum distribution age as defined by the IRC.

(h) Loans with VALIC

The VALIC loan program was frozen effective as of January 1, 2014, and no new loans were available to Plan participants subsequent to this date. Generally, participants could borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000, or 50%, of the assets held with VALIC, subject to certain restrictions. Participants could borrow from employee/rollover contributions plus earnings in the manner specified by and subject to the approval of VALIC. Loans used to purchase a primary residence may be repaid over 10 years. Loans for all other purposes must be repaid within 5 years. Adequate security is required and a portion of the participant's account is reserved, or held in collateral, to cover 100% of the outstanding loan from VALIC in case of default. Interest rates are variable and can increase or decrease once per year. Loans are issued directly from funds owned by VALIC, and loan proceeds are not removed from the participant's account balance. The participant's account balance in the VALIC Fixed Annuity Account is used as collateral. Interest and principal are paid by the participant directly to VALIC. The loans are not considered investments of the Plan and, therefore, are not reported in the statements of net assets available for benefits. The VALIC loans amounted to approximately $421,518 and $538,919 as of December 31, 2022 and 2021, respectively. Interest rates on the loans from VALIC ranged from 2.00% and 4.50% as of December 31, 2022 and 2021.

(i) Loans with TIAA and VALIC prior to August 1, 2022

Effective August 1, 2022, collateralized loans were no longer offered by TIAA. Prior to August 1, 2022, participants could borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000, or 45%, of the assets held with TIAA-CREF (50% with VALIC), subject to certain restrictions. Participants could borrow from employee/rollover contributions plus earnings in the manner specified by and subject to the approval of TIAA-CREF or VALIC. Loans used to purchase a primary residence may be repaid over 10 years. Loans for all other purposes must be repaid within 5 years. Adequate security is required and a portion of the participant's account is reserved, or held in collateral, to cover 110% of the outstanding loan from TIAA-CREF (100% from VALIC) in case of default. Interest rates were variable and could increase or decrease once per year. Loans were issued directly from funds owned by TIAA-CREF or VALIC, and loan proceeds were not removed from the participant's account balance. The participant's account balance in the TIAA Traditional Annuity Account or the VALIC Fixed Annuity Accounts was used as collateral. Interest and principal are paid by the participant directly to TIAA-CREF or VALIC. The loans were not considered investments of the Plan and, therefore, are not reported in the statements of net assets available for benefits. The TIAA-CREF loans

amounted to approximately $6,660,000 as of December 31, 2021. Interest rates on the loans ranged from 4.00% to 7.62% as of December 31, 2021. The VALIC loans amounted to approximately $538,919 as of December 31, 2021. Interest rates on the loans from VALIC ranged from 2.00% and 4.50% as of December 31, 2021. The VALIC loan program was frozen effective as of January 1, 2014, and no new loans were available to plan participants subsequent to this date.

(j) Notes Receivable from Participants

Participant loans outstanding at Fidelity transitioned to TIAA with the participant's accounts in July 2022. Participant loans issued by TIAA (and Fidelity prior to August 2022) are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 9.25% as of December 31, 2022 and 2021. TIAA and Fidelity participant loans are considered assets of the Plan and, therefore, are reported in the statements of net assets available for benefits.

(k) Reclassifications

Certain December 31, 2021 amounts have been reclassified in order to conform to the December 31, 2022 presentation.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value other than investments in fully benefit-responsive investment contracts which are stated at contract value. The investment companies are valued using the net asset value (NAV) of the respective funds/accounts, as reported by the respective fund advisor. The investment companies consist of registered investment companies.

The shares in registered investment companies consist of various mutual funds that invest principally in equity securities, fixed-income instruments, other mutual funds, and short-term investments in accordance with each fund's investment objectives. Fund holdings are generally valued using market quotations or prices obtained from independent pricing services, except those held by the money market funds, whose holdings are valued at amortized cost. The money market funds are managed to maintain a constant value, though not guaranteed, of $1 per share.

The TIAA's Real Estate Account (the REA) is a pooled separate account/insurance company separate account of TIAA investing mainly in real estate and real estate – related investments. This is a variable annuity. The REA's value is principally derived from the market value of the underlying real estate holdings or other real estate – related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The REA sometimes holds securities as well. These are generally priced using values obtained from independent pricing sources. Returns are not guaranteed and accumulations and returns fluctuate based on the performance of the underlying investments.

The TIAA's Traditional Annuity Account represents insurance contracts issued by TIAA, which guarantee principal and a contractually specified interest rate to account participants. The earnings on this account are included in interest and dividends in the statements of changes in net assets available for benefits. The account is invested in the TIAA general account that invests in individual bonds, commercial mortgages, real estate, stocks, and other assets that target different sectors of the marketplace. The portfolio follows specific guidelines with respect to major asset classes, sectors, industries, property types, geographic regions, individual issuers/borrowers, foreign holdings, liquidity, quality, and derivatives.

The VALIC's Annuity Account represents insurance contracts issued by VALIC at a fixed or variable interest rate. The earnings on this account are included in interest and dividends in the statements of changes in net assets. The investments in the VALIC's Annuity Account are valued based on the Plan's pro rata share of the fund's equity, as determined by VALIC. The fund equity is determined based on the fair values of the underlying investments.

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 on investments bought and sold as well as held during the year.

(c) Contributions

Contributions are recorded in the period that the University makes payroll deductions from the participant's earnings.

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Administrative Expenses

Administrative expenses related to investment management are allocated among various funds and are included as an offset to net appreciation in fair value of investments. Other administrative expenses of the Plan are generally paid by the Plan Sponsor. To the extent the University does not pay plan expenses with its own assets, the Plan generally will pay the expenses of plan administration by assessing the expenses against participant accounts.

(f) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan's 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 and assumptions.

(g) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans, if any, are recorded as distributions in accordance with the plan document.

(3) Information Certified

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held as of December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments, interest and dividends for the periods ended December 31, 2022 and 2021 were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by TIAA-CREF; TIAA-CREF, as agent for TIAA-CREF Trust Company, FSB, Fidelity, Vanguard, and VALIC, the Custodians of the Plan.

Assets as of December 31, 2022 and December 31, 2021 are summarized as follows:

	TIAA-CREF	VALIC	December 31, 2022 Total
Investments at fair value:			
Non benefit-responsive annuity accounts	$ 596,629,309	$ 11,599,627	$ 608,228,936
Registered investment companies	5,703,997,098	41,462,778	5,745,459,876
Self directed brokerage account	70,924,805	—	70,924,805
Pooled separate account	113,104,698	—	113,104,698
Investments at contract value:			
Fully benefit-responsive annuity accounts	186,917,155	—	186,917,155
Total investments	6,671,573,065	53,062,405	6,724,635,470
Loans to participants	6,163,186	—	6,163,186
Total	$ 6,677,736,251	$ 53,062,405	$ 6,730,798,656

	Vanguard	Fidelity	TIAA-CREF	VALIC	American Century	December 31, 2021 Total
Investments at fair value:						
Non benefit-responsive annuity accounts	$ —	$ —	$ 582,736,392	$ 13,426,659	$ —	$ 596,163,051
Registered investment companies	2,603,036,234	1,724,274,846	2,646,594,258	57,661,811	267,177,001	7,298,744,150
Self directed brokerage account	—	—	21,615,186	—	—	21,615,186
Pooled separate account	—	—	106,324,622	—	—	106,324,622
Investments at contract value:						
Fully benefit-responsive annuity accounts	—	—	172,725,964	—	—	172,725,964
Total investments	2,603,036,234	1,724,274,846	3,529,996,422	71,088,470	267,177,001	8,195,572,973
Loans to participants	—	4,508,335	—	—	—	4,508,335
Total	$ 2,603,036,234	$ 1,728,783,181	$ 3,529,996,422	$ 71,088,470	$ 267,177,001	$ 8,200,081,308

Investment activity for the periods ended December 31, 2022 and December 31, 2021 was summarized as follows:

	Vanguard	Fidelity	TIAA-CREF	VALIC	American Century	December 31, 2022 Total
Net depreciation in fair value of investments	$ (388,518,166)	$ (339,036,156)	$ (645,808,569)	$ (11,731,616)	$ (54,054,857)	$ (1,439,149,364)
Dividends and interest	23,501,814	28,383,452	142,183,164	385,623	1,529,912	195,983,965
Interest on notes receivable from participants	—	113,233	195,415	—	—	308,648

	Vanguard	Fidelity	TIAA-CREF	VALIC	American Century	December 31, 2021 Total
Net appreciation (depreciation) in fair value of investments	$ 7,066,112	$ (16,802,427)	$ 54,040,225	$ 2,021,432	$ (1,376,446)	$ 44,948,896
Dividends and interest	108,293,355	101,449,629	73,192,825	207,600	21,610,016	304,753,425
Interest on notes receivable from participants	—	114,750	—	—	—	114,750

(4) Fair Value Measurements

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means; if the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

When observable prices are not available, investments are valued using one or more of the following valuation techniques:

- Market approach – this approach uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.

- Income approach – this approach determines a valuation by discounting future cash flows.
- Cost approach – this approach is based on the principle of substitution and the concept that a market participant would not pay more than the amount that would currently be required to replace the asset.

These valuation techniques may include inputs, such as price information, volatility statistics, operating statistics, specific and broad credit data, recent transactions, earnings forecasts, discount rates, reserve reports, futures pricing, and other factors.

The following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2022 and 2021. There were no changes in methodologies used as of December 31, 2022 and 2021.

Registered investment companies: The shares in registered investment companies consist of various mutual funds that invest principally in equity securities, fixed-income instruments, other mutual funds, and short-term investments in accordance with each fund's investment objectives. Fund holdings are generally valued using market quotations or prices obtained from independent pricing services, except those held by the money market funds, whose holdings are valued at amortized cost. The money market funds are managed to maintain a constant value, not guaranteed, of $1 per share. Shares in registered investment companies are valued using the NAV held by the Plan at year-end. The fair values of accumulation units held by the Plan in TIAA-CREF accounts (registered investment companies) are based on each account's daily NAV. TIAA-CREF accounts are not exchange traded but are classified within Level 1 of the fair value hierarchy because they are redeemable daily at the NAV quoted by TIAA-CREF. Data for NAVs are available daily to the Plan Administrator and Plan's participants on NASDAQ's website and provide sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in these accounts, and there are no restrictions on redemptions and no notice period for redemption.

Pooled separate accounts: Valued at the NAV of shares held by the Plan at year-end, as determined by the issuer. Participants can redeem on a quarterly basis. The fair value of the Plan's interest in the REA (a pooled separate account) is based on the fund's published NAV. The unit value of the fund is calculated daily and available to the Plan Administrator and plan participants on NASDAQ's website. Underlying holdings are primarily valued using independent appraisals or independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in this account.

TIAA's Traditional Annuity and VALIC's Annuity accounts: Valued at contract value that approximates fair value. The contract value of the TIAA Traditional Annuity and the VALIC Annuity accounts equals the accumulated cash contributions and interest credited to the Plan's contracts less any withdrawals. The annuity accounts are not available for sale or transfer on any securities exchange. Transfers from the annuity accounts are also restricted. Participants may only transfer among investment options in substantially equal amounts over a 10-year period. Accordingly, transactions in similar investment instruments are not observable.

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

The following tables present the Plan's fair value hierarchy for those investments measured at fair value as of December 31, 2022 and December 31, 2021:

	December 31, 2022			
	Total	**Level 1**	**Level 2**	**Level 3**
Annuity accounts	$ 608,228,936	$ —	$ —	$ 608,228,936
Pooled separate account	113,104,698	113,104,698	—	—
Self directed account	70,924,805	70,924,805	—	—
Registered investment companies:				
Money market	135,587,418	135,587,418	—	—
Equity	2,054,783,417	2,054,783,417	—	—
Fixed income	333,425,850	333,425,850	—	—
Lifecycle/freedom	3,219,712,705	3,219,712,705	—	—
Specialty	1,950,486	1,950,486	—	—
	$ 6,537,718,315	$ 5,929,489,379	$ —	$ 608,228,936

	December 31, 2021			
	Total	**Level 1**	**Level 2**	**Level 3**
Annuity accounts	$ 596,163,051	$ —	$ —	$ 596,163,051
Pooled separate account	106,324,622	106,324,622	—	—
Self directed account	21,615,186	21,615,186	—	—
Registered investment companies:				
Money market	203,512,328	203,512,328	—	—
Equity	3,995,826,720	3,995,826,720	—	—
Fixed income	504,584,536	504,584,536	—	—
Lifecycle/freedom	2,344,667,040	2,344,667,040	—	—
Specialty	250,153,526	250,153,526	—	—
	$ 8,022,847,009	$ 7,426,683,958	$ —	$ 596,163,051

For the year ended December 31, 2022, and 6-month period ended December 31, 2021, the Plan did not have any transfers between fair value levels.

The following table presents the total purchases, sales, and transfers in and/or out of the Plan's Level 3 assets for the period ended December 31, 2022:

	TIAA's traditional nonbenefit responsive	VALIC's fixed account plus	VALIC's short-term fixed account	December 31, 2022 Total
Purchases	$ 581,735,617	$ 287,193	$ 473,932	$ 582,496,742
Sales	(606,710,388)	(2,200,222)	(377,186)	(609,287,796)
Transfers in and/or (out) of Level 3	—	—	—	—

The following table presents the total purchases, sales, and transfers in and/or out of the Plan's Level 3 assets for the 6-Month period ended December 31, 2021:

	TIAA's traditional nonbenefit responsive	VALIC's fixed account plus	VALIC's short-term fixed account	December 31, 2021 Total
Purchases	$ 31,564,373	$ 157,972	$ 35,124	$ 31,757,469
Sales	(41,374,527)	(472,838)	(165,664)	(42,013,029)
Transfers in and/or (out) of Level 3	—	—	—	—

The following table represents the Plan's Level 3 financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2022.

Instrument	December 31, 2022 Fair value	Significant unobservable inputs	Rates
TIAA's non benefit-responsive annuity accounts	$ 596,629,309	Risk adjusted discount rate applied	GRA 3.70% to 6.25% RA 3.70% to 6.25%
VALIC's non benefit-responsive annuity accounts	11,599,627	Risk adjusted discount rate applied	Fixed Account Plus - Greater than 1.00% Short Term Fixed - Greater than 1.00%

The following table represents the Plan's Level 3 financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2021.

Instrument	December 31, 2021 Fair value	Significant unobservable inputs	Rates
TIAA's non benefit-responsive annuity accounts	$ 582,736,392	Risk adjusted discount rate applied	GRA 3.00% to 3.80% RA 3.00% to 3.80%
VALIC's non benefit-responsive annuity accounts	13,426,659	Risk adjusted discount rate applied	Fixed Account Plus - Greater than 1.00% Short Term Fixed - Greater than 1.00%

(5) TIAA Traditional Annuity Accounts

The TIAA Traditional Annuity accounts are one of the investment options that represent insurance contracts issued by TIAA-CREF, which guarantees principal and a contractually specified interest rate to plan participants. The accounts are backed by Teachers Insurance and Annuity Association's general account portfolio invested in a combination of individual bonds, commercial mortgages, real estate, stocks, and other assets that target different sectors of the marketplace. The portfolio follows specified guidelines required by NY State Insurance regulations with respect to major asset classes, sectors, industries, property types, geographic regions, individual issues/borrowers, foreign holdings, liquidity, quality, and derivatives.

Interest credited to TIAA's Traditional Annuity accumulations includes a guaranteed rate, plus additional amounts that are not guaranteed but may be established on a year-by-year basis. These additional amounts, when declared, remain in effect through the end of the "declaration year," which begins each March 1. The guaranteed annual interest rate is 3% for all premiums remitted since 1979 through the summer of 2022 under TIAA's Traditional Retirement Annuity accumulating contracts. During the summer of 2022, JHU converted to new contracts where the guaranteed minimum crediting rate is 1%. Both the one-year total returns and the yield credited to participants for 2022 and 2021 are out of annual fees. The crediting interest rate is calculated daily.

The TIAA's Traditional Annuity accounts consist of various contract types, such as Retirement Annuity (RA), Group Retirement Annuity (GRA), Retirement Choice Plus (RCP), Group Supplemental Retirement Annuity (GSRA), and Supplemental Retirement Annuity (SRA) contracts. Each type has various restrictions on withdrawals. For the GRA, lump-sum withdrawals are available only within 120 days after termination of employment and are subject to a surrender charge. All other withdrawals and transfers from the RA and GRA must be spread over a period of 10 annual installments, or 5 annual installments for withdrawals after terminations of employment close. The GSRA, RCP, and SRA are fully benefit-responsive contracts and do not have restrictions on withdrawals except that transfers cannot be made to competing funds. For the GSRA, RCP, and SRA, there are no events that limit the ability of the Plan to transact at contract value.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. These events may be different under each contract. Examples of such events include the following:

1. Amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan);

2. Changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions;

3. Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan;

4. The failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; and/or

5. Premature termination of the contract.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines;

2. A breach of material obligation under the contract;

3. A material misrepresentation; and/or

4. A material amendment to the agreements without the consent of the issuer.

(6) Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (IRC). The Plan Administrator intends to apply for a determination letter on the Plan once the Internal Revenue Service opens such a program. The Plan Administrator and its legal counsel believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and as such is exempt from federal income taxes.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2019.

(7) Risks and Uncertainties

The Plan provides for various investment options consisting of a variety of investment funds, some of which are registered investment companies and pooled separate accounts. The investment funds include U.S. equities, international equities, and fixed-income securities. Investment securities, in general, are exposed to various risks, such as significant world events, interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and participant account balances.

The Plan invests directly or indirectly in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations, and commercial mortgage-backed securities, including securities backed by subprime mortgage loans. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate values, delinquencies or defaults, or both and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

(8) Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants are fully vested in their accounts.

(9) Related-Party and Party-in-Interest Transactions

Certain Plan investments are managed by TIAA-CREF, Fidelity, Vanguard, American Century, and VALIC, trustees for the Plan, and, therefore, these transactions qualify as party in interest transactions.

(10) Subsequent Events

The Plan Sponsor has evaluated subsequent events through October 11, 2023, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

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

EIN: 52-0595110

Plan Number: 003

December 31, 2022

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment	(e) Current value
*	TIAA GSRA Contracts	Insurance contracts	$ 139,921,916
*	TIAA RA Contracts	Insurance contracts	511,003,052
*	TIAA SRA Contracts	Insurance contracts	25,816,538
*	TIAA GRA Contracts	Insurance contracts	73,173,212
*	TIAA Retirement Choice Contracts	Insurance contracts	33,195,491
*	TIAA Plan LD Fund	Insurance contracts	436,255
*	VALIC Fixed Account Plus	Insurance contracts	9,033,941
*	VALIC Short Term Fixed Account	Insurance contracts	2,565,686
	Total Annuity accounts		795,146,091
*	TIAA Real Estate	Pooled separate account	113,104,698
*	TIAA Self-directed brokerage accounts	Various	70,924,805
*	Allspring Spec SmallCap Val R6	Registered investment companies	3,304,103
*	American Century Em Markets R6	Registered investment companies	4,990,764
*	BlackRock Mid Cap Growth Eq K	Registered investment companies	6,160,151
*	CREF Core Bond R3	Registered investment companies	44,759,721
*	CREF Equity Index R3	Registered investment companies	72,102,102
*	CREF Global Equities R3	Registered investment companies	95,413,824
*	CREF Growth R3	Registered investment companies	86,223,690
*	CREF Inflation-Linked Bond R3	Registered investment companies	25,799,818
*	CREF Money Market R3	Registered investment companies	47,619,177
*	CREF Social Choice R3	Registered investment companies	79,445,258
*	CREF Stock R3	Registered investment companies	370,645,461
*	JPMorgan Large Cap Growth R6	Registered investment companies	41,721,893
*	Loomis Sayles Sm Cap Growth N	Registered investment companies	3,337,596
*	MFS Intl Diversification Cl R6	Registered investment companies	27,108,808
*	MFS Mid Cap Value Class R6	Registered investment companies	13,382,963
*	PGIM Total Return Bond R6	Registered investment companies	13,309,118
*	Vanguard Devlopd Mkts Idx Ins	Registered investment companies	55,026,885
*	Vanguard Emr Mkts Stk Idx Inst	Registered investment companies	30,502,252
*	Vanguard Equity Income Adm	Registered investment companies	77,406,636
*	Vanguard FTSE Social Idx Instl	Registered investment companies	14,112,921
*	Vanguard Growth Index Inst	Registered investment companies	62,680,930
*	Vanguard Infl Protect Sec Inst	Registered investment companies	40,103,825
*	Vanguard Inst Idx Inst Plus	Registered investment companies	282,487,380
*	Vanguard Long-Trm Bd Idx Inst	Registered investment companies	11,883,531
*	Vanguard Mid-Cap Grw Idx Adm	Registered investment companies	18,880,292
*	Vanguard Mid-Cap Idx Inst	Registered investment companies	34,227,198
*	Vanguard Mid-Cap Value Idx Adm	Registered investment companies	13,297,472
*	Vanguard PRIMECAP Adm	Registered investment companies	116,231,931
*	Vanguard Short-Trm Bd Idx Inst	Registered investment companies	48,062,047
*	Vanguard Small-Cap Grw Idx Inst	Registered investment companies	14,707,152
*	Vanguard Small-Cap Idx Inst	Registered investment companies	43,889,400
*	Vanguard Small-Cap Val Idx Inst	Registered investment companies	24,498,557
*	Vanguard S-T Inf Pro Sec Idx Adm	Registered investment companies	19,800,157
*	Vanguard Target Retire 2020	Registered investment companies	360,604,511
*	Vanguard Target Retire 2025	Registered investment companies	522,705,934
*	Vanguard Target Retire 2030	Registered investment companies	528,783,201
*	Vanguard Target Retire 2035	Registered investment companies	516,142,255
*	Vanguard Target Retire 2040	Registered investment companies	419,968,054
*	Vanguard Target Retire 2045	Registered investment companies	320,319,734
*	Vanguard Target Retire 2050	Registered investment companies	150,552,046
*	Vanguard Target Retire 2055	Registered investment companies	48,684,322
*	Vanguard Target Retire 2060	Registered investment companies	15,235,164

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

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

EIN: 52-0595110

Plan Number: 003

December 31, 2022

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment	(e) Current value
*	Vanguard Target Retire 2065	Registered investment companies	4,124,473
*	Vanguard Target Retire Income	Registered investment companies	331,898,330
*	Vanguard Total St Mk Ix In Pl	Registered investment companies	260,725,767
*	Vanguard Treasury MoneyMkt Inv	Registered investment companies	87,072,468
*	Vanguard Ttl Bd Mkt Idx InstPl	Registered investment companies	118,483,682
*	Vanguard Ttl Intl Bnd Idx Adm	Registered investment companies	5,778,287
*	Vanguard Ttl Intl Stk Idx Inst	Registered investment companies	88,589,433
*	Vanguard Value Index Inst	Registered investment companies	81,206,424
*	VALIC Aggressive Growth Lifestyle	Registered investment companies	101,793
*	VALIC Amer Beacon Brdwy Lrg Cp Grw I	Registered investment companies	417
*	VALIC Ariel Appreciation Fund	Registered investment companies	660,574
*	VALIC Ariel Fund	Registered investment companies	513,801
*	VALIC Asset Allocation Fund	Registered investment companies	44,735
*	VALIC Blue Chip Growth Fund	Registered investment companies	427,671
*	VALIC Core Bond Fund	Registered investment companies	3,293,250
*	VALIC Dividend Value	Registered investment companies	143,159
*	VALIC Emerging Economies	Registered investment companies	1,360,431
*	VALIC Global Real Estate Fund	Registered investment companies	306,290
*	VALIC Global Strategy	Registered investment companies	272,906
*	VALIC Government Securities Fund	Registered investment companies	224,637
*	VALIC Growth Fund	Registered investment companies	1,634,277
*	VALIC GS Vit Gov Money Mkt Fd Inst	Registered investment companies	895,773
*	VALIC High Yield Bond Fund	Registered investment companies	605,499
*	VALIC Inflation Protected Fund	Registered investment companies	769,215
*	VALIC International Government Bond	Registered investment companies	207,138
*	VALIC International Growth Fund	Registered investment companies	340,309
*	VALIC International Value Fund	Registered investment companies	1,540,036
*	VALIC Internatl Equities Index Fund	Registered investment companies	1,720,908
*	VALIC Intl Opportunities	Registered investment companies	685,547
*	VALIC Intl Socially Responsible Fund	Registered investment companies	919,065
*	VALIC Large Capital Growth	Registered investment companies	1,217,517
*	VALIC Loan Collateral Fund	Registered investment companies	421,518
*	VALIC Loan Escrow Fund	Registered investment companies	5,161
*	VALIC Mid Cap Index Fund	Registered investment companies	2,548,881
*	VALIC Mid Cap Strategic Gwth	Registered investment companies	1,360,849
*	VALIC Mid Cap Value Fund	Registered investment companies	1,051,595
*	VALIC Moderate Growth Lifestyle	Registered investment companies	403,077
*	VALIC Nasdaq-100(R) Index Fund	Registered investment companies	276,483
*	VALIC Science & Technology Fund	Registered investment companies	3,601,207
*	VALIC Small Cap Growth Fund	Registered investment companies	362,146
*	VALIC Small Cap Index Fund	Registered investment companies	413,072
*	VALIC Small Cap Special Value Fund	Registered investment companies	641,207
*	VALIC Small Cap Value Fund	Registered investment companies	492,613
*	VALIC Stock Index Fund	Registered investment companies	5,577,934
*	VALIC Systematic Core Fund	Registered investment companies	1,143,205
*	VALIC Systematic Value	Registered investment companies	207,265
*	VALIC US Socially Responsible Fund	Registered investment companies	1,126,904
*	VALIC Vanguard Lifestrategy Conser	Registered investment companies	11,849
*	VALIC Vanguard Lifestrategy Growth	Registered investment companies	645,074
*	VALIC Vanguard Lifestrategy Modera	Registered investment companies	37,758
*	VALIC Vanguard Long-Term Treasury	Registered investment companies	267,704
*	VALIC Vanguard Lt Inv-Grade Fund	Registered investment companies	78,221
*	VALIC Vanguard Wellington Fund Inc	Registered investment companies	659,705
*	VALIC Vanguard Windsor Ii	Registered investment companies	1,892,545

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

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

EIN: 52-0595110

Plan Number: 003

December 31, 2022

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment	(e) Current value
*	VALIC VC I Capital Appreciation	Registered investment companies	261,038
*	VALIC VC I Conserv Growth Lifestyle	Registered investment companies	90,819
	Total registered investment companies		5,745,459,876
	Subtotal investments		6,724,635,470
*	Participants:		
	Notes receivable from participants	Participant loans with interest rates of 4.25% to	
	Subtotal assets	9.25% with maturities from 2022 through 2037	6,163,186
	Total assets		$ 6,730,798,656

* All investments are parties in interest, as defined by ERISA.

(d) Historical cost is omitted as investments are participant directed.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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
JOHNS HOPKINS UNIVERSITY 403(B) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1969

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)
JOHNS HOPKINS UNIVERSITY OFFICE OF BENEFITS SERVICE

JOHNS HOPKINS UNIVERSITY TAX OFFICE
3910 KESWICK ROAD
SUITE N4327-B
BALTIMORE MD 21211-2226

2b Employer Identification Number (EIN) 52-0595110

2c Plan Sponsor's telephone number 4105162000

2d Business code (see instructions) 611000

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	DocuSigned by: Joel Searfoss 3173AF0265D44DC...	10/13/2023 | 10:07 AM EDT	JOEL SEARFOSS
	dministrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2022) v. 220413**

218401 12-08-22