

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
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 BAYVIEW MEDICAL CENTER, INC. REPRESENTED EMPLOYEES PENSION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 07/01/1984
2a Plan sponsor's name (employer, if for a single-employer plan): JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC REPRESENTED EMPLOYEES PENSION
2b Employer Identification Number (EIN): 52-2342890
2c Plan Sponsor's telephone number: 443-997-3787
2d Business code (see instructions): 622000

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	790
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	331
	6a(2)	351
	6b	162
	6c	282
	6d	795
	6e	14
	6f	809
	6g(1)	
6g(2)		
6h		30
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:
1A 1C 3D 3H

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

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>JOHNS HOPKINS BAYVIEW MEDICAL CENTER,INC. REPRESEN EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JOHNS HOPKINS BAYVIEW MEDICAL CENTER,INC REPRESENTED EMPLOYEES PENSION</u>	D Employer Identification Number (EIN) <u>52-2342890</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>30863093</u>
	b Actuarial value	2b	<u>32513154</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>179</u>	<u>10282278</u>
	b For terminated vested participants	<u>280</u>	<u>7751380</u>
	c For active participants	<u>331</u>	<u>10495253</u>
	d Total	<u>790</u>	<u>28528911</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.27 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>946353</u>
	b Expected plan-related expenses	6b	<u>210000</u>
	c Target normal cost	6c	<u>1156353</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>08/12/2025</u>	Date
	<u>ANTONIS ANTONIOU, FSA, EA</u>	<u>23-07361</u>	Most recent enrollment number
	<u>MERCER</u>	<u>212-345-8677</u>	Telephone number (including area code)
	<u>1166, AVENUE OF THE AMERICAS NEW YORK, NY 10036</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of <u>10.74</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		969383
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %		51959
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		1021342
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	111.71 %
15	Adjusted funding target attainment percentage	15	111.71 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.62 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶	18(b)	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a
b	Contributions made to avoid restrictions adjusted to valuation date	19b
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29**

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c) **31a** 1156353

b Excess assets, if applicable, but not greater than line 31a **31b** 1156353

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment.....		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34**

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)			36
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a**

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b**

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40**

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan JOHNS HOPKINS BAYVIEW MEDICAL CENTER,INC. REPRESENTS EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 JOHNS HOPKINS BAYVIEW MEDICAL CENTER,INC REPRESENTED EMPLOYEES PENSION	D Employer Identification Number (EIN) 52-2342890	

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)... 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

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

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

STRATEGIC INVESTMENT GROUP

52-1540171

(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?
28 27	CONSULTANT	59274	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERCER HUMAN RESOURCE CONSULTING

13-2834414

(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?
11	ACTUARY	49038	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SB & COMPANY, LLC

20-2153727

(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?
10 50	AUDITOR	14535	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

NORTHERN TRUST

36-1561860

(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?
21	SERVICE PROVIDER	11883	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan JOHNS HOPKINS BAYVIEW MEDICAL CENTER,INC. REPRESEN EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 JOHNS HOPKINS BAYVIEW MEDICAL CENTER,INC REPRESENTED EMPLOYEES PENSION	D Employer Identification Number (EIN) 52-2342890

Part I	Asset and Liability Statement
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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)	1016000
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	30355745
(12) Value of interest in 103-12 investment entities	1c(12)	31209496
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	31371745	31209496
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	22728	22763
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	22728	22763
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	31349017	31186733

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1162136
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1162136

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1107706	
(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)		1107706
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	11962	
(3) Recordkeeping fees	2i(3)	1835	
(4) IQPA audit fees	2i(4)	14535	
(5) Investment advisory and investment management fees	2i(5)	59274	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	49318	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	79790	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		216714
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1324420

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-162284
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: **SB & COMPANY, LLC**

(2) EIN: **20-2153727**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		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 563298.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>JOHNS HOPKINS BAYVIEW MEDICAL CENTER,INC. REPRESEN EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOHNS HOPKINS BAYVIEW MEDICAL CENTER,INC REPRESENTED EMPLOYEES PENSION</u>	D Employer Identification Number (EIN) <u>52-2342890</u>	

Part I	Distributions
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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): 36-1561860

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	2
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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.)
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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
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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.
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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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 36.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 34.0 %
 High-Yield Debt: _____ % Real Assets: 4.0 % Cash or Cash Equivalents: _____ % Other: 26.0 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the Participants, Plan Administrator, and the Pension Investment Review Committee of the Johns Hopkins Health System Corporation

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

We have performed audits of the financial statements of the Bayview Medical Center, Inc. Represented Employees Pension 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 10 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 control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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 audits.
- 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 control 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 control. 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 control-related matters that we identified during the audit.

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule H, line 4i- schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but are 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 audits 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.

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 their 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 7, 2025

SBC Company, LLC

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: July 1, 1984 Restated plan: January 1, 2017 Last amended: March 26, 2020 Plan year: January 1 through December 31
Significant events that occurred during the year	None
Definitions	
• Participation	Participation begins on the first day of the month following the completion of a Year of Eligibility Service. Only those covered by a collective bargaining agreement which provides for participation in this Plan are eligible.
• Employee contributions	None
• Service Considered	A Year of Service is a 12-month period in which at least 1,000 Hours of Service are completed. For purposes of determining Vesting Service, Benefit Service, and Eligibility Service, a half Year of Service is credited if at least 500 Hours of Service, but less than 1,000 Hours of Service are completed. For periods prior to January 1, 1999, special rules exist for determining Benefit Service for years in which employment is not continuous for the entire Plan Year.
• Pensionable earnings	Total wages, including elective deferrals, but excluding moving expenses, expense reimbursements and allowances, and contributions, credits, or benefits paid or accrued under this plan or other Employer plans.
• Final average earnings	The average annual pensionable earnings over a Participant's three consecutive calendar years of employment which produce the highest average within the ten consecutive calendar years of employment ending with the calendar year in which the Participant terminates
• Social Security limit	The average of Social Security Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains Social Security Retirement Age. On any determination date, the Social Security Wage Base for future calendar years is assumed to be the same as the Social Security Wage Base in effect as of the beginning of the calendar year in which the determination is being made.
• Accrued benefit	Using references to the Section 4.1(a), 4.1(b), and 4.3 benefits as described in the Normal Retirement Benefit section below, the Accrued Benefit equals the Match Account Balance, calculated using Matching Credits through the determination date and Interest Credits through the Normal Retirement Date, plus the Section 4.1(a) benefit calculated using Final Average Compensation, Years of Benefit Service, and the Social Security Limit as of the determination date. Additionally, the Section 4.3 minimum is calculated by using projected service through Normal Retirement Date and then multiplying the projected benefit by the ratio Years of Benefit Service at the determination date to the Years of Benefit Service the Participant would have had at Normal Retirement Date.

Schedule SB, Part V — Summary of Plan Provisions**Normal retirement**

• Eligibility	The first day of the month coincident with or next following the attainment of age 65.
• Benefit	<p>The Participant's Match Account Balance divided by the Annuity Conversion Factor (the Section 4.1(b) benefit) plus the Section 4.1(a) benefit, which equals the greater of (1) or (2):</p> <ol style="list-style-type: none"> One percent of the Participant's Final Average Compensation multiplied by Years of Benefit Service (not to exceed 40) plus .5% of Final Average Compensation in excess of the Social Security Limit multiplied by Years of Benefit Service (not to exceed 40) and \$40.00 multiplied by Years of Benefit Service (not to exceed 5). <p>Match account accruals inside the defined benefit plan froze as of December 31, 2008 as required by law.</p> <p>Additionally, those who participated prior to January 1, 2003 and who were also actively employed on December 31, 2002 have a minimum benefit equal to the Match Account Balance divided by the Annuity Conversion Factor plus 1 2/3% of Final Average Compensation multiplied by Years of Benefit Service minus 1 2/3% of the Social Security Benefit multiplied by Years of Benefit Service (up to a maximum of 30 years). This is the Section 4.3 benefit.</p> <p>The Annuity Conversion Factor is based on 417(e)(3) mortality and applicable interest rates for second full calendar month preceding the first day of the plan year in which the distribution is made.</p>

Early retirement

• Eligibility	The first day of the month coincident with or immediately following the attainment of age 55 and the completion of five Years of Vesting Service.
• Benefit	The Accrued Benefit as of the early retirement date reduced by .5% for each of the first 60 months and 5/12% for each of the next 60 months by which the benefit commencement date precedes the Participant's Normal Retirement Date. This reduction does not apply to the matching portion of the benefit. Also, there is no reduction to the benefit if the Participant has attained age 62 and completed at least 35 years of Vesting Service.

Late retirement

• Eligibility	Any date of retirement subsequent to a Participant's Normal Retirement Date.
• Benefit	The monthly benefit as of the Participant's Normal Retirement Date plus the retirement benefit based on post-normal retirement date accruals. Under certain circumstances, the annual increase in the benefit is no less than the increase that would be provided by actuarially increasing the benefit.

Match Account

• Benefit	A Match Account is established for Participants who make elective deferrals to the 403(b) plan. Such Participants are awarded Matching Credits equal to 50% of the amount of elective deferrals that do not exceed 2% of the Participant's Compensation. Interest Credits on the Match Account are credited daily. The Interest Rate for a calendar quarter equals the average
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Schedule SB, Part V — Summary of Plan Provisions

	discount rate on 6-month Treasury bills determined for the second calendar month preceding the calendar quarter, plus 150 basis points. As of January 1, 2009, Matching Credits are no longer awarded.
Disability	
• Eligibility	The date of retirement subsequent to the occurrence of disability while an active Employee and the completion of ten Years of Vesting Service (five Years of Vesting Service for those who incurred a disability prior to January 1, 2003). Eligibility to receive benefits under the Federal Social Security Act is also required
• Benefit	The Accrued Benefit as of the disability retirement date. Benefits can only be received while the requirements for disability retirement continue to be satisfied. If the Accrued Benefit is calculated using the provisions of Section 4.3, the service fraction will be no less than $\frac{1}{2}$.
Pre-retirement death	
• Eligibility	With regard to the benefit accrued under the traditional formulas, a death benefit is payable to the spouse or designated beneficiary if death occurs after five Years of Vesting Service have been completed.
• Benefit prior to early retirement	If early retirement eligibility criteria have not been satisfied on the date of death, the death benefit commences on the date that the Participant would have first been eligible for early retirement (or any later date chosen by the spouse or designated beneficiary). The death benefit equals one-half of the benefit that would have been payable to the Participant on the commencement date under the joint & 50% option if the Participant had terminated employment on the date of death.
• Benefit after early retirement	If death occurs after early retirement eligibility requirements have been satisfied, the death benefit equals the amount that the Participant would have received by retiring on the first day of the month coincident with or immediately following the date of death under the joint & 100% option.
• Match account death benefit	A death benefit attributable to the Match Account is also payable. Such benefit is actuarially equivalent to the Accrued Benefit generated by the Match Account.
Vesting	
• Participants without a Match Account balance	A Participant is vested after completing at least five Years of Vesting Service. The monthly benefit can commence as early as age 55 and no later than the Participant's Normal Retirement Date. The monthly benefit equals the Accrued Benefit reduced using the same factors that are used for early retirement reductions.
• Participants with a Match Account balance	A Participant is vested in his or her entire Accrued Benefit after completing at least three Years of Vesting Service. The monthly benefit can commence as early as age 55 and no later than the Participant's Normal Retirement Date. The monthly benefit equals the Accrued Benefit reduced using the same factors that are used for early retirement reductions.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
• Automatic form for unmarried participants	The normal form of payment is a pension payable for a Participant's lifetime only
• Automatic form for married participants	Married Participants, unless spousal consent for election of another form of payment is obtained, will receive benefits under the joint & 50% form of payment with the spouse as beneficiary. The joint & 50% benefit is the actuarial equivalent of benefits under the life only option.
• Optional forms	<ul style="list-style-type: none"> • Joint & 50% with a non-spouse beneficiary • Joint & 75% to spouse or other designated beneficiary • Joint & 100% to spouse or other designated beneficiary • Cash refund option • Lump sum, if the lump sum value is \$25,000 or less. The Matching Portion of the vested Accrued Benefit can also be received in lump sum. • For the Participant's lifetime with 120 payments guaranteed. • Social Security option (Under this option, payments are not level. The initial benefit is reduced at age 62 so that the sum of the reduced benefit and the anticipated Social Security benefit equals the initial benefit). <p>If the present value of a vested Accrued Benefit is \$5,000 or less, payment will be made in an immediate lump sum.</p>
• Optional form conversion factors	<p>All forms of payment, except for the lump sum, are actuarially equivalent to each other using the assumptions of a 5% interest rate and the UP84 mortality table set back three years.</p> <p>Lump sum benefits are based on the applicable interest rates and mortality table described in Internal Revenue Code Section 417(e)(3). The applicable interest rates are those for the second full calendar month preceding the first day of the plan year in which the distribution is made.</p> <p>The Match Account Balance is converted to an annuity using Section 417(e)(3) mortality and interest rates for the second full calendar month preceding the first day of the plan year in which the distribution is made.</p>
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.
• Administration	Administrative Committee as appointed by the Board of Trustees
• Funding medium	Trust

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment 2020-1, are included in this valuation:

- **Most recent plan amendments included:** Amendment 2020-1 dated March 26, 2020 had no impact on the valuation.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024**

**EIN: 52-2342890
Plan Number: 002**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
The Johns Hopkins Bayview Medical Center, Inc. * Represented Employees Pension Plan	The Johns Hopkins Health System Corporation Master Trust	<u>\$ 28,909,997</u>	<u>\$ 31,209,496</u>	

**Party-in-interest as defined by ERISA.*

Schedule SB, line 26 a) — Schedule of Active Participant Data

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25		16									16
25–29		22	1								23
30–34		14	8	7							29
35–39		10	5	5	11						31
40–44		18	10		6	4	2				40
45–49		6	5	3	6	2	1				23
50–54		13	8		6	4					31
55–59		13	8	7	12	10	5	3	1		57
60–64		5	12	7	5	3	4	3	1		40
65–69		3	7	4	2	4	2	2			24
70 & up		2	1			1					4
Total		122	65	33	48	28	14	6	2		318

In each cell, the number is the count of active participants for each age/service combination. Average pay is not shown for plans with less than 1,000 active participants. Excludes participants who transferred out of the Bayview Represented Plan.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions for January 1, 2024 funding valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	0	
	Stabilized	Non-stabilized
• First 5 years	4.75%	4.37%
• Next 15 years	4.96%	4.96%
• Over 20 years	5.59%	4.95%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and non-annuitant mortality tables for 2024 funding valuations. These tables are based on the Pri-2012 mortality tables projected with mortality improvement using the IRS-modified MP-2021 improvement scale, in accordance with the IRS regulation 1.430(h)(3)-1	
• Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995	
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits	
Other economic assumptions		
• Salary increases	4.00% from calendar 2023 to calendar 2024 and 3.50% thereafter	
• Social Security wage base increases	3.50% for 2024 and 3.00% thereafter	
• Inflation	2.75% for 2024 and 2.25% thereafter	
• Expected investment return	5.75% for 2022, 6.50% for 2023 and 2024	
• Expenses	\$210,000 added to current year normal cost	
Demographic assumptions		
• Withdrawal	Sample rates are as follows:	
	Age	Rate
	25	35.10%
	30	27.90%
	35	21.78%
	40	16.92%
	45	13.14%
	50	10.08%
	55	7.56%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Disability incidence	Incidence of disability is based on the 1985 Pension Disability (Class 1) Table. Separate rates are used for males and females. Sample rates are as follows.		
	Age	Percentage Disabled Male	Percentage Disabled Female
	20	.029%	.030%
	30	.048%	.080%
	40	.117%	.211%
	50	.358%	.533%
	60	1.256%	1.159%
• Retirement age	Rates are follows:		
	Attained age	Retirement	
	55 – 61	6.00%	
	62 – 65	13.00%	
	66 - 70	27.00%	
	71 and above	100.00%	
• Benefit commencement age for			
– Future vested deferred	64		
– Current vested deferred	64		
• Spouse assumptions	Male participants	Female participants	
– Percentage married	100%		100%
– Spouse age difference	2 years younger		4 years older
Form of payment	Single Life	50% J&S	
• Active retirements	80%	20%	
• Future vested deferred	80%	20%	
• Future disabilities	80%	20%	
• Future deaths	100%	0%	
• Current vested deferred	80%	20%	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Match account assumptions	
• Interest accumulation rate	4.50%
• Form of payment	Match accounts are valued as Lump sum payments.
• Unpredictable contingent event assumptions	Not applicable

Rationale for Economic Assumptions

- Discount rate– The funding discount rate is prescribed by the IRS and based on the plan sponsor’s election.
- Salary increases– The salary increase assumption was selected by the plan sponsor. We have evaluated the assumption for reasonability based on facts and circumstances expected to occur in the short term as discussed with management, by reviewing historical gains and losses produced by this assumption and by comparing the assumption to historical salary growth.
- Expected investment return– The expected rate of return on plan assets is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting’s Capital Markets Outlook for the plan’s current asset mix, net of investment expenses assumed to be paid from plan assets, and rounded to the nearest 25 bps.
- Expenses – Expected expenses are based on an average of administrative expenses for the prior two years (without PBGC premiums), increased by inflation for one year, plus expected PBGC premiums for the upcoming year. The total is rounded to the nearest \$10,000.

Rationale for Demographic Assumptions

- Mortality – The funding mortality is prescribed by the IRS and based on the plan sponsor’s election.
- Disability incidence – The disability incidence assumption follows the Conference of Consulting Actuaries’ 1985 Pension Disability Study Class 1 rates because the plan’s disability benefit requires participants be eligible for Social Security Disability, which was the basis of the 1985 study.
- Benefit commencement age, retirement incidence, withdrawal incidence and form of payment election were developed in 2023 based on an experience analysis covering the period January 1, 2017 to December 31, 2022, and the expectation that future experience will not differ significantly from the period studied.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- The match account interest accumulation rate was updated from 4.00% to 4.50%.
- The expense component of normal cost was updated from \$160,000 to \$210,000 to reflect our expectations for the current plan year.
- The following assumptions were updated based on recent experience study:
 - Retirement incidence,
 - Withdrawal incidence and
 - Form of payment

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement percent	(C) Number of employees expected to retire	(D) (A) x (C)
55	6.00%	600	33,000
56	6.00%	564	31,584
57	6.00%	530	30,219
58	6.00%	498	28,904
59	6.00%	468	27,639
60	6.00%	440	26,421
61	6.00%	414	25,249
62	13.00%	843	52,267
63	13.00%	733	46,206
64	13.00%	638	40,837
65	13.00%	555	36,084
66	27.00%	1,003	66,203
67	27.00%	732	49,061
68	27.00%	535	36,349
69	27.00%	390	26,925
70	27.00%	285	19,940
71	100.00%	772	54,682
Total		10,000	631,570
Average			63.16

**THE JOHNS HOPKINS
BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Financial Statements and ERISA-Required Supplemental Schedule
Together with Report of Independent Public Accountants**

As of December 31, 2024 and 2023

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Financial Statements and ERISA-Required Supplemental Schedule
Together with Report of Independent Public Accountants**

DECEMBER 31, 2024 AND 2023

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REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the Participants, Plan Administrator, and the Pension Investment Review Committee of the Johns Hopkins Health System Corporation

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

We have performed audits of the financial statements of the Bayview Medical Center, Inc. Represented Employees Pension 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 10 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 control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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 audits.
- 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 control 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 control. 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 control-related matters that we identified during the audit.

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule H, line 4i- schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but are 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 audits 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.

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 their 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 7, 2025

SBC + Company, LLC

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Statements of Net Assets Available for Benefits
As of December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
ASSETS		
Plan interest in The Johns Hopkins Health System Corporation Master Trust, at fair value	\$ 31,209,496	\$ 30,355,745
Employer contribution receivable	-	1,016,000
Total Assets	<u>31,209,496</u>	<u>31,371,745</u>
LIABILITIES		
Accrued expenses	22,763	22,728
Net Assets Available for Benefits	<u>\$ 31,186,733</u>	<u>\$ 31,349,017</u>

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

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Increase in Plan Interest in the Johns Hopkins Health System Corporation Master Trust	\$ 1,162,136	\$ 3,030,390
Employer contributions	-	1,173,000
Total Additions	<u>1,162,136</u>	<u>4,203,390</u>
DEDUCTIONS		
Benefit payments	1,107,706	1,227,392
Administrative expenses	216,714	287,185
Total Deductions	<u>1,324,420</u>	<u>1,514,577</u>
Net change	(162,284)	2,688,813
Net assets available for benefits, beginning of year	31,349,017	28,660,204
Net Assets Available for Benefits, End of Year	<u>\$ 31,186,733</u>	<u>\$ 31,349,017</u>

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

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

1. DESCRIPTION OF THE PLAN

The following brief description of The Johns Hopkins Bayview Medical Center, Inc. Represented Employees Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan, which substantially covers all eligible union employees of The Johns Hopkins Bayview Medical Center, Inc. (the Medical Center or the Plan Sponsor) and provides for pension and disability benefits. The Medical Center contributes amounts necessary to provide sufficient assets to meet the benefits to be paid to eligible Plan members. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Johns Hopkins Health System Pension Administrative Investment Review Committee (the Committee) is responsible for oversight of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

The Plan was amended and restated effective January 1, 2017.

Recent Legislation

The Setting Every Community Up for Retirement Enhancement (SECURE) Act 2.0 was signed into the 2023 Consolidations Appropriations Act under the Securing a Strong Retirement Act on December 29, 2022, with retirement provisions designed to increase retirement savings, facilitate access to retirement savings, encourage employees to save for retirement, and lower employers' cost of offering and funding retirement plans. The Plan's management and those charged with governance have a policy to incorporate these legislative changes in its Plan document by the prescribed deadlines.

Pension Benefits

Benefits are determined based on the participant's hypothetical account balance, subject to certain limits as defined in the Plan document. Plan participants are eligible for their Plan benefit after terminating employment with vested rights. Upon termination of employment, a participant may receive, at the discretion of Plan Administrator, his or her benefit paid in cash or through the purchase of an annuity contract from an insurance carrier. Participants may have the option of receiving their benefit in the form of a one-time lump sum payment, a single life annuity, or a joint and survivor option.

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

1. DESCRIPTION OF THE PLAN (continued)

Generally, a participant is 100 percent vested after five years of credited service. A credited year of service is earned by working 1,000 hours annually. Pension benefits are based on credited years of service and earnings. If a participant terminates before rendering five years of service, the participant forfeits the right to receive the portion of the accumulated plan benefits attributable to the Medical Center's contributions.

Additional information about eligibility for participation, the vesting and benefit provisions, and the Pension Benefit Guarantee Corporation (PBGC) is included in the Plan documents, which are available from the Employment Relations Department of the Medical Center.

Death and Disability Benefits

If an active employee dies before his/her earliest retirement age, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary.

If a participant incurs a disability prior to his/her normal retirement date, he/she may retire on his/her disability required beginning date and shall thereupon be entitled to receive a monthly benefit equal to his/her vested accrued benefit, determined as of his/her disability retirement date.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits as of the date of the financial statements. Actual results could differ from those estimates.

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition

The assets of the Plan are held by Northern Trust Company (the Trustee) under a trust agreement as of December 31, 2024 and 2023, and are maintained in the Johns Hopkins Health System Corporation Master Trust (the Master Trust) with the assets of other pension plans sponsored by the Johns Hopkins Health System Corporation (JHHS) and its affiliates. The Plan's participation in the Master Trust is stated at the Plan's share of the aggregate fair value of the Master Trust, which includes accumulated investment income (losses) plus realized and unrealized investment gains and losses, less distributions and allocated administrative expenses.

Investments of the Master Trust are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation utilizing information provided by the investment advisers and custodians. See Note 5 for discussion of fair value measurements.

Investment Valuation and Income Recognition (continued)

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

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Medical Center, as provided by the Plan document. Expenses that are paid directly by the Medical Center are excluded from the financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in the increase in Plan interest in the Master Trust presented in the accompanying statements of changes in net assets available for benefits.

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent Events

The Plan Administrator has evaluated subsequent events and transactions through October 7, 2025, the date these financial statements were available for issue, and has determined that no material subsequent events have occurred that would affect the information presented or require additional disclosure.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employee compensation during each year of credited service. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by an independent actuary, Mercer Human Resource Consulting, and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial valuation as of January 1, 2024 and 2023, were as follows:

Actuarial method	Present Value of Accumulated Plan Benefits
Interest rate	6.50% for January 1, 2024 and January 1, 2023
Retirement age	Normal retirement age (65) adjusted for early retirement
Mortality	For 2024 and 2023: The PRI-2012 separate employee and retiree tables with contingent survivor adjustments for existing survivors and blue collar adjustments applied with future improvements using MSS-2023 projection scale Disabled mortality: Social Security Disability Study No. 123 (ultimate rates) with MSS-2023 projection scale

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, management believes there would be no material differences.

The actuarial present value of accumulated Plan benefits as of January 1, 2024 and 2023, were as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Active participants	\$ 8,663,523	\$ 8,561,886
Inactive participants with deferred benefits	6,446,562	5,767,982
Inactive participants receiving benefits	9,164,605	8,179,293
Total vested benefits	<u>24,274,690</u>	<u>22,509,161</u>
Nonvested benefits	<u>520,639</u>	<u>613,217</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 24,795,329</u>	<u>\$ 23,122,378</u>

The changes in the actuarial present value of accumulated Plan benefits for the years ended January 1, 2023 and 2022, were as follows:

	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated Plan benefits,		
Beginning of year	\$ 23,122,378	\$ 21,023,531
Benefits accumulated and losses	1,440,603	1,079,517
Increase in interest due to decrease in discount period	1,459,740	1,386,625
Benefits paid	(1,227,392)	(1,166,758)
Change in actuarial assumptions	-	799,463
Net increase	<u>1,672,951</u>	<u>2,098,847</u>
Actuarial Present Value of Accumulated Plan Benefits, End of Year	<u>\$ 24,795,329</u>	<u>\$ 23,122,378</u>

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

4. PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of
3. annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
4. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
5. All other vested benefits (that is, vested benefits not insured by the PBGC).
6. All nonvested benefits.

Certain benefits under the Plan, are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

**5. INVESTMENT IN THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION'S
MASTER TRUST**

As disclosed in Note 2, the Plan's investments include participation in a Master Trust. The Master Trust was established for the investments of assets of the Plan and several other JHHS sponsored retirement plans. Each participating plan has an undivided interest in the Master Trust. The Plan's interest in the Master Trust is determined by the number of Master Trust units held by the Plan. Northern Trust Company, the Trustee of the Plan and Master Trust as of December 31, 2024 and 2023, is responsible for holding the investment assets under a trust agreement.

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

**5. INVESTMENT IN THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION'S
MASTER TRUST (continued)**

Investment balances and related investment income/(loss) information regarding the Master Trust is provided below.

The Master Trust's investment balances, related Master Trust investment income/(loss), the Plan's interest in the Master Trust, as well as the Plan's interest in the Master Trust income/(loss) are included in the accompanying financial statements, notes to the financial statements, and supplemental schedule and were certified as accurate and complete by the Trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The Plan's participation in the Master Trust is determined by the value of Master Trust units (shares) held by the Plan. As of December 31, 2024 and 2023, the Plan held approximately 1.28% of the total value of shares, respectively. The shares are valued monthly based on the current market value of the total investments held by the Master Trust and distributed proportionately to the Plan based on the percentage of the total shares held by the Plan.

The Plan's shares are based on the beginning of the year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon the Plans' contributions to the Master Trust.

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 that the entity has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

**5. INVESTMENT IN THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION'S
MASTER TRUST (continued)**

Fair Value Measurements (continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

Cash and cash equivalents include investments with original maturities of three months or less and are rendered Level 1 due to their frequent pricing and ease of converting to cash.

Equity funds are investments in mutual funds, separately managed accounts, and commingled funds. The individual equities and mutual funds are valued based on the closing price on the primary market and are rendered Level 1. The separately managed accounts are made up of actively traded equities and are rendered Level 1.

Fixed income funds are investments in mutual funds and commingled funds investing in fixed income instruments. The underlying fixed investments are principally U.S. Treasuries, corporate bonds, commercial paper, and mortgage backed securities. The mutual funds are valued based on the closing price on the primary market and are rendered Level 1.

Commingled equity funds are measured using Net Asset Value (NAV) as a practical expedient. The fund managers provide the NAV based on the fair value of the underlying investments less liabilities. These funds are long-only strategies that invest exclusively in publicly traded companies, though the funds are not traded on a public exchange.

Commingled fixed income funds are measured using NAV as a practical expedient. The fund managers provide the NAV based on the fair value of the underlying investments less liabilities. These funds are fixed income strategies that invest in publicly-issued debt instruments, though the funds are not traded on a public exchange.

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

**5. INVESTMENT IN THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION'S
MASTER TRUST (continued)**

Fair Value Measurements (continued)

Hedge funds are measured using NAV as a practical expedient. The fund managers provide the NAV based on the fair value of the underlying investments less liabilities. These funds include equity long/short hedge funds, event driven hedge funds, relative value hedge funds, opportunistic credit hedge funds and global asset allocation strategies.

Real estate are measured using NAV as a practical expedient. The fund managers provide the NAV based on the fair value of the underlying investments less liabilities. These funds are long-only strategies that invest exclusively in publicly traded companies, though the funds are not traded on a public exchange.

The following tables present the investments and other assets and liabilities of the Master Trust as of December 31, 2024:

	<u>Master Trust Balance</u>	<u>Plan's Interest in Master Trust Balance</u>
ASSETS		
Plan interest in The Johns Hopkins Health System		
Cash and cash equivalents	\$ 55,367,767	\$ 710,263
Equity funds	870,077,899	11,161,446
Fixed income funds	832,870,549	10,684,173
Hedge funds	380,496,842	4,881,052
Private equity	203,462,714	2,610,040
Real estate	90,623,063	1,162,522
Total Net Assets	<u>\$ 2,432,898,833</u>	<u>\$ 31,209,496</u>

The following tables present the investments and other assets and liabilities of the Master Trust as of December 31, 2023:

	<u>Master Trust Balance</u>	<u>Plan's Interest in Master Trust Balance</u>
ASSETS		
Plan interest in The Johns Hopkins Health System		
Cash and cash equivalents	\$ 310,047,136	\$ 4,042,209
Equity funds	703,976,104	9,178,018
Fixed income funds	713,983,099	9,308,509
Hedge funds	341,071,670	4,446,688
Private equity	172,481,379	2,248,709
Real estate funds	86,797,356	1,131,612
Total Net Assets	<u>\$ 2,328,356,744</u>	<u>\$ 30,355,745</u>

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

**5. INVESTMENT IN THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION'S
MASTER TRUST (continued)**

Fair Value Measurements (continued)

During the year ended December 31, year) appreciated, the Master Trust's investments (including investments bought and sold, as well as held during the year) appreciated/(depreciated) as follows:

	For the Years Ended December 31,	
	2024	2023
Net (Depreciation)/Appreciation in fair value of investments		
Equity funds	\$ 49,180,071	\$ 85,325,983
Fixed income funds	(37,521,739)	40,500,480
Hedge funds	35,576,691	4,333,875
Private equity	16,135,331	389,676
Real estate	(5,810,925)	(11,312,122)
Net Appreciation/(Depreciation) in Fair Value	57,559,429	119,237,892
Interest and dividends	31,016,584	23,092,223
Net realized gains on sales of investments	43,373,322	93,809,335
Total Master Trust Investment Income/(Loss)	\$ 131,949,335	\$ 236,139,450

The following are the changes in net assets for the Master Trust for the years ended December 31, 2024 and 2023:

	2024	2023
Changes in Net Assets		
Master trust investment income	\$ 131,949,335	\$ 236,139,450
Net transfers	(17,425,782)	(121,505,454)
Administrative expenses	(9,981,464)	(11,310,388)
Net Change	104,542,089	103,323,608
Net assets available for benefits, beginning of year	2,328,356,744	2,225,033,136
Net Assets Available for Benefits, End of Year	\$ 2,432,898,833	\$ 2,328,356,744

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

**5. INVESTMENT IN THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION'S
MASTER TRUST (continued)**

Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets as of December 31, 2024 and 2023:

	As of December 31, 2024			Total
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 55,367,767	\$ -	\$ -	\$ 55,367,767
Equity funds	66,655,105	-	-	66,655,105
Fixed income funds	46,022,816	363,515,713	-	409,538,529
Total assets in the fair value hierarchy	<u>\$ 168,045,688</u>	<u>\$ 363,515,713</u>	<u>\$ -</u>	<u>531,561,400</u>
Investments measured at net asset value ^(a) :				
Commingled equity funds				803,422,794
Commingled fixed income funds				423,332,020
Hedge funds				380,496,842
Private equity funds				203,462,714
Real estate				90,623,063
Total Assets at Fair Value				<u><u>\$ 2,432,898,833</u></u>

	As of December 31, 2023			Total
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 310,047,136	\$ -	\$ -	\$ 310,047,136
Equity funds	47,128,445	-	-	47,128,445
Fixed income funds	53,088,727	291,255,069	-	344,343,796
Total assets in the fair value hierarchy	<u>\$ 410,264,308</u>	<u>\$ 291,255,069</u>	<u>\$ -</u>	<u>701,519,377</u>
Investments measured at net asset value ^(a) :				
Commingled equity funds				656,847,659
Commingled fixed income funds				369,639,303
Hedge funds				341,071,670
Private equity funds				172,481,379
Real estate funds				86,797,356
Total Assets at Fair Value				<u><u>\$ 2,328,356,744</u></u>

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

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

**5. INVESTMENT IN THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION'S
MASTER TRUST (continued)**

Fair Value Measurements (continued)

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively.

Investment	2024	2023	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Commingled equities ^(a)	\$ 803,422,794	\$ 656,847,659	None	Daily, weekly, monthly, bi-monthly or quarterly	5 to 90 days
Commingled fixed income ^(b)	423,332,020	369,639,303	38,609,689	Daily, monthly or quarterly	1 to 90 days or advance notice
Hedge funds ^(c)	380,496,842	341,071,670	None	Monthly, quarterly, annually or terminated	5 to 95 days or terminated
Private equity funds ^(d)	203,462,714	172,481,379	135,867,442	None	None
Real estate ^(e)	90,623,063	86,797,356	33,423,975	Quarterly	45 to 90 days

- (a) The underlying investments are primarily corporate stocks.
- (b) The underlying fixed income investments are principally U.S. Treasuries, corporate bonds, commercial paper, and mortgage-backed securities.
- (c) The objective is to generate an absolute return throughout the market cycle. To diversify the risk, several different managers and structures are used. The hedge funds provide downside protection in declining equity markets, while still participating in strong equity markets.
- (d) Consists of funds and investors that directly invest in private companies, or that engage in buyouts of public companies, resulting in the delisting.
- (e) The goal is to invest in all property types, add value and to invest in high quality income-producing properties within major US markets.

Transfer Between Levels

For the years ended December 31, 2024 and 2023, there were no significant transfers between Level 1 and 2 and no transfers in or out of Level 3.

6. FUNDING POLICY

The Plan's funding policy is for the Medical Center to contribute an amount, which will meet or exceed the annual ERISA minimum funding requirement. During the years ended December 31, 2024 and 2023, the Medical Center made contributions of \$0 and \$1,016,000, respectively. The Plan Sponsor's contributions for plan years 2024 and 2023 met the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Medical Center has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

7. RISK AND UNCERTAINTIES

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change.

8. TAX STATUS

The Plan obtained its latest determination letter on September 30, 2013, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC).

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan 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 2021.

9. RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

The JHHS provides certain administrative services at no charge to the Plan; however, for ongoing administration of the Plan, a portion of the JHHS pension administration office salaries was paid by the Plan. During the years ended December 31, 2024 and 2023, reimbursed pension administration office salaries was \$39,000 and \$30,000.

Certain other fees such as fees related to Northern Trust Company, the Trustee and Strategic Investment Group, the Investment Advisor, are paid from the Plan assets. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Notes to the Financial Statements
December 31, 2024 and 2023**

10. CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held as of December 31, 2024 and 2023, net appreciation/(depreciation) in fair value of investments, and interest and dividends for the years then ended, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Northern Trust Company, the Trustee.

SUPPLEMENTAL SCHEDULE

**THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.
REPRESENTED EMPLOYEES PENSION PLAN**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024**

**EIN: 52-2342890
Plan Number: 002**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
The Johns Hopkins Bayview Medical Center, Inc. * Represented Employees Pension Plan	The Johns Hopkins Health System Corporation Master Trust	<u>\$ 28,909,997</u>	<u>\$ 31,209,496</u>	

**Party-in-interest as defined by ERISA.*

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

B This return/report is: a single-employer plan a DFE (specify) _____
 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)

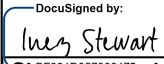
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. REPRESENTATIVE EMPLOYEES PENSION PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 002</p>	
<p>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 BAYVIEW MEDICAL CENTER, INC REPRESENTATIVE</p> <p>1812 ASHLAND AVENUE SUITE 400-A BALTIMORE MD 21215-1546</p>	<p>1c Effective date of plan 07/01/1984</p> <p>2b Employer Identification Number (EIN) 52-2342890</p> <p>2c Plan Sponsor's telephone number 4439973787</p> <p>2d Business code (see instructions) 622000</p>	

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	<p>DocuSigned by:  Inez Stewart</p>	<p>10/7/2025 6:57 PM EDT</p>	<p>INEZ STEWART</p>
	<p>Signature of plan administrator</p>	<p>Date</p>	<p>Enter name of individual signing as plan administrator</p>
SIGN HERE	<p>Signature of employer/plan sponsor</p>	<p>Date</p>	<p>Enter name of individual signing as employer or plan sponsor</p>
SIGN HERE	<p>Signature of DFE</p>	<p>Date</p>	<p>Enter name of individual signing as DFE</p>

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

Form 5500 (2024)
v. 240311

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. REPRESENTED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	D Employer Identification Number (EIN) 52-1341890	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	30,863,093
	b Actuarial value	2b	32,513,154
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	179	10,282,278
	b For terminated vested participants	280	7,751,380
	c For active participants	331	10,495,253
	d Total	790	28,528,911
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.27%
6	Target normal cost		
	a Present value of current plan year accruals	6a	946,353
	b Expected plan-related expenses	6b	210,000
	c Target normal cost	6c	1,156,353

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>A.P.A</u> Signature of actuary ANTONIS ANTONIOU, FSA, EA Type or print name of actuary MERCER Firm name 1166, AVENUE OF THE AMERICAS NEW YORK NY 10036 Address of the firm	<u>08/12/2025</u> Date <u>2307361</u> Most recent enrollment number <u>212-345-8677</u> Telephone number (including area code)
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Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 1,156,353
b Excess assets, if applicable, but not greater than line 31a				31b 1,156,353
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				