

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan JANUS 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 07/12/2000
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) JANUS CAPITAL GROUP INC. 151 DETROIT DENVER, CO 80206
2b	Employer Identification Number (EIN) 43-1804048
2c	Plan Sponsor's telephone number 303-394-6500
2d	Business code (see instructions) 523900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2026	KARLENE LACY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 1746
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) 1033 6a(2) 1034 6b 9 6c 713 6d 1756 6e 2 6f 1758 6g(1) 1714 6g(2) 1729 6h 48
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2F 2G 2J 2K 2O 2S 2T 3B 3F 3I 2R

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 0
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan JANUS 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 JANUS CAPITAL GROUP INC.	D Employer Identification Number (EIN) 43-1804048	

Part I	Service Provider Information (see instructions)
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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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

STRATEGIC ADVISERS LLC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	INVESTMENT ADVISOR	93931	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(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	ACCOUNTANT AUDITOR	87715	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOGAN LOVELLS

53-0084704

(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?
22	ATTORNEY/LEGAL	66435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

COOK STREET CONSULTING, INC.

84-0854432

(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?
20	INVESTMENT ADVISOR	28815	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24	RECORDKEEPER	13931	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H GAF CONSRV I - JANUS HENDERSON 151 DETROIT STREET DENVER, CO 80206	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H GAF GROWTH I - JANUS HENDERSON 151 DETROIT STREET DENVER, CO 80206	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H GAF MODERATE I - JANUS HENDERS 151 DETROIT STREET DENVER, CO 80206	0.10%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JH GOV MM ACS SUP T - JANUS HENDER 151 DETROIT STREET DENVER, CO 80206	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO STEELPATH MLP SELECT 40 A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AQR DIVERSIFYING STRATEGIES FUND C 1 GREENWICH PLAZA GREENWICH, CT 06830	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AQR STYLE PREMIA ALTERNATIVE CL N 1 GREENWICH PLAZA GREENWICH, CT 06830	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AQR LONG SHORT EQUITY CL N 1 GREENWICH PLAZA GREENWICH, CT 06830	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MEDALIST PART MBS TOTAL RETURN INV 52 VANDERBILT AVE. STE 401 NEW YORK, NY 10017	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADV PREFERRED GOLD BULLION STRAT I 1445 RESEARCH BLVD STE 530 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GQG PARTNERS EMRGING MARKETS EQUITY 1 FREEDOM VALLEY DR OAKS, PA 19456	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO GLOBAL OPPORTUNITIES A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN BEACON ARK TRANS INNOVTN 220 E LAS COLINAS BLVD STE 1200 IRVING, TX 75039	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY GLOBAL GOLD INV C 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARISTOTLE STRATEGIC INCOME FUND A 2220 E. ROUTE 66 SUITE 226 GLENDDORA, CA 91740	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN INTERNATL INVESTOR CLASS 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON OPPORTUNITY FUND 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON PARTNERS FUND 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK COMMODITY STRATEGIES FUN 40 EAST 52ND ST NEW YORK, NY 10022	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BUFFALO FLEXIBLE ALLOCATION FUND 615 E. MICHIGAN ST MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DAVIS REAL ESTATE CLASS A 2949 E ELVIRA ROAD STE 101 TUCSON, AZ 85756	0.40%	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DWS LATIN AMERICA EQUITY FUND A 280 PARK AVE 9TH FLR NEW YORK, NY 10026	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DIAMOND HILL SHORT DURAT SEC BOND 325 JOHN H MCCONNELL BLVD STE 200 COLUMBUS, OH 43215	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALPS CORECOMM MGMT COMP COMM STRT 1290 BROADWAY STE 1100 DENVER, CO 80203	0.40%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN BIOTECH DISCOVERY FUND A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARDING LOEVNER INTL EQUITY PORT I PO BOX 4766 CHICAGO, IL 60680	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARDING LOEVNER INTL EQUITY PORT I PO BOX 4766 CHICAGO, IL 60680	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK FUND INVESTOR CLASS 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK INTL INVESTOR CL 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HENNESSY MIDSTREAM INV 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON GOV MONEY MKT AMER 151 DETROIT ST. DENVER, CO 80206	0.05%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
KINETICS SMALL CAP OPPORTUNITIES 470 PARK AVE SOUTH NEW YORK, NY 10016	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS VALUE EQUITY INVESTOR 1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS CORE EQUITY INVESTOR 1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INCOME FUND CL A 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO COMMODITIES PLUS STRATEGY CL 1633 BROADWAY NEW YORK, NY 10019	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO RAE US SMALL FUND A 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL MID CAP VALUE FUND I CL 620 COOLIDGE DR STE 300 FOLSOM, CA 95630	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BOSTON PARTNERS LONG SHORT EQ INST 223 WILMINGTON W CHESTER PIKE 216 CHADDS FORD, PA 19317	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW RELATIVE VALUE LARGE CAP CLASS 865 S FIGUERA ST 22ND FL LOS ANGELES, CA 90071	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PERFORMANCE TRUST TOTAL RETRN BND 500 WEST MADISON STE 470 CHICAGO, IL 60661	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VIRTUS DUFF & PHELPS SELECT MLP EN 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WESTERN ASSET CORE PLUS BOND FUND 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WILLIAM BLAIR INTNATLEADERS FUND C 222 WEST ADAMS ST 12TH FL CHICAGO, IL 60606	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan JANUS 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 JANUS CAPITAL GROUP INC.		D Employer Identification Number (EIN) 43-1804048

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	10010	136026
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1704459	18298
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	17466429	16166328
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	234622	2515682
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1791484	1622180
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	503822802	572217620
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	19740148	20901785
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	544769954	613577919

Liabilities

1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	544769954	613577919
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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)	10850160	
(B) Participants	2a(1)(B)	17662056	
(C) Others (including rollovers)	2a(1)(C)	4841889	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		33354105
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	686177	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	135847	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		822024
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	733626	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	35490172	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		36223798
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2393411	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2460348	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-66937
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	2259494	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2259494

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		46310535
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		118903019

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49690834	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		49690834
f Corrective distributions (see instructions)	2f		72451
g Certain deemed distributions of participant loans (see instructions)	2g		41043
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	600	
(3) Recordkeeping fees	2i(3)	6444	
(4) IQPA audit fees	2i(4)	87715	
(5) Investment advisory and investment management fees	2i(5)	93931	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	66435	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	35601	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		290726
j Total expenses. Add all expense amounts in column (b) and enter total	2j		50095054

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		68807965
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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.)	☒	☐	4123
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☒	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan JANUS 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 JANUS CAPITAL GROUP INC.		D Employer Identification Number (EIN) 43-1804048
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

Janus 401(k) and Employee Stock Ownership Plan

EIN 43-1804048, PLAN NO. 003

Financial Statements as of December 31, 2025 and 2024,
and for the Year Ended December 31, 2025, Supplemental
Schedules as of December 31, 2025 and for the year then
ended, and Report of Independent Auditors

JANUS 401(k) AND EMPLOYEE STOCK OWNERSHIP PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Report of Independent Auditors

To the Administrator of Janus 401(k) and Employee Stock Ownership Plan

Opinion

We have audited the accompanying financial statements of Janus 401(k) and Employee Stock Ownership Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

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 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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 auditors' 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 US 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 US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal 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.

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.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, line 4a - Schedule of Delinquent Participant Contributions as of December 31, 2025 and for the year then ended and Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and

other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PricewaterhouseCoopers, LLP

June 23, 2026

JANUS 401(k) AND EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2025	December 31, 2024
Cash and investments:		
Participant-directed investments	\$ 590,899,630	\$ 521,523,853
Nonparticipant-directed investments	20,901,785	19,740,148
Cash	<u>136,026</u>	<u>10,010</u>
Total cash and investments	<u>611,937,441</u>	<u>541,274,011</u>
Receivables:		
Sponsor contributions	18,298	1,704,459
Notes receivable from participants	<u>1,622,180</u>	<u>1,791,484</u>
Total receivables	<u>1,640,478</u>	<u>3,495,943</u>
Net assets available for benefits	<u>\$ 613,577,919</u>	<u>\$ 544,769,954</u>

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

JANUS 401(k) AND EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31, 2025
Additions to net assets attributed to:	
Net appreciation in fair value of participant-directed investments	\$ 46,872,243
Net appreciation in fair value of nonparticipant-directed investments	2,182,749
Dividends and interest	<u>36,317,032</u>
Net investment income	<u>85,372,024</u>
 Interest income on notes receivable from participants	 135,847
 Contributions to net assets attributed to:	
Participants	17,662,056
Sponsor	10,850,160
Participant rollovers	<u>4,841,889</u>
Total contributions	<u>33,354,105</u>
 Deductions from net assets attributed to:	
Plan expenses	(290,726)
Benefits paid to participants	<u>(49,763,285)</u>
Total deductions	<u>(50,054,011)</u>
 Net increase in net assets	 68,807,965
 Net assets available for benefits:	
Beginning of year	<u>544,769,954</u>
 End of year	 <u>\$ 613,577,919</u>

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

JANUS 401(k) AND EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

Janus 401(k) and Employee Stock Ownership Plan (the “Plan”) is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The following brief description of the Plan is for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

Eligibility — Substantially all U.S. based employees of Janus Henderson Group plc (“JHG”, the “Company” or the “Sponsor”) and affiliated employers who have adopted the Plan are eligible to participate in the Plan beginning on their date of employment.

Contributions — The Plan consists of a Roth 401(k) and a 401(k) component. Participants may contribute up to 75% of their annual compensation, as defined in the Plan, subject to certain limitations as set forth by the IRS. Participants may also contribute up to 25% of their annual base salary in after-tax contributions. Participants direct the investment of their contributions into various registered mutual funds offered by the Plan. Participants may also direct their investments through a trustee sponsored brokerage account.

The Sponsor contributes to the 401(k) portion of the Plan a matching contribution equal to 100% of each participant’s eligible contribution up to 6% of the participant’s compensation. Employees that work at least 1,000 hours during the year and remain employed on the last day of the Plan year are also eligible for an annual discretionary contribution to the Plan.

Eligible employees may receive matching contributions based on Qualified Student Loan Payments (QSLPs) rather than traditional salary deferrals. The plan matches 100% of the employee’s QSLPs up to the first 6% of their eligible compensation (subject to the IRS annual contribution limits). Employees must provide annual self-certification of their loan repayments. Matching contributions for QSLPs are subject to the same vesting schedule and eligibility requirements as traditional employer matching contributions.

The Sponsor contributions to the profit-sharing portion are invested based on the direction of the participant. Contributions to the Employee Stock Ownership Plan (“ESOP”) are invested directly in JHG common stock. After three years of service, employees may transfer 100% of their ESOP balance and any future contributions to participant-directed investments. Contributions are subject to certain limitations.

Participants can reinvest dividends earned on JHG common stock to purchase additional shares of JHG common stock or elect to receive dividends in cash.

A participant who is age 50 or older may make catch-up deferral contributions of \$7,500 in 2025. Effective 2025, per the 2022 Secure 2.0 Act, participants who are ages 60-63 during the calendar year, are eligible to contribute an additional \$3,750 for a super catch-up contribution.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Contributions are subject to certain Internal Revenue Code (“IRC”) limitations.

Participant Accounts — Individual accounts are maintained for each Plan participant. Each participant’s account is credited with the participant’s contributions, the Sponsor’s contributions and may also include an allocation of Plan earnings and participant forfeitures. Plan losses, withdrawal fees and administrative expenses may be charged to participant’s accounts. Allocations are based on account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account.

Vesting — Participants are always 100% vested in their own contributions. Vesting in discretionary employer contributions, discretionary ESOP stock bonus contributions and in employer matching contributions are based on years of service with JHG or a subsidiary of JHG. Participants earn one year of service for each calendar year that they work at least 1,000 hours and the vesting percentage for the majority of participants is calculated as follows:

Years of Service	Cumulative Percentage Vested
After 1	20%
2	40%
3	60%
4	80%
5	100%

A participant becomes 100% vested in all contributions if employed when the participant reaches normal retirement date (age 65), loses his or her job due to job elimination (as defined by the Plan), or leaves employment due to disability (as defined by the Plan) or death, even if the participant has not yet completed five years of service.

Distribution of Benefits — Distributions generally will be made in the event of retirement, death, disability, resignation, or dismissal. The Plan also provides for early distribution at age 59 1/2 in specific circumstances.

Distributions after termination of employment are made in a lump-sum payment in an amount equal to the value of the participant’s vested interest in his or her account. Terminated participants with an account balance of \$1,000 or less are paid a lump-sum distribution without the request or approval of the participant. If a terminated participant’s account is greater than \$1,000 but not more than \$7,000, and the terminated participant does not elect to have a direct rollover to an eligible retirement plan or to receive a distribution directly, then the Administrator of the Automatic Portability (“AP”) program, the Portability Services Network, LLC (“PSN”), will attempt to transfer the account to another employer’s plan through the AP program; if no match is found, the PSN will process a distribution in a direct rollover to an individual retirement account designated by the PSN.

Distributions may also be made in the event of the financial hardship of the participant, as defined in the Plan.

Notes Receivable from Participants — Participants may only have one loan outstanding at any given time and may borrow an aggregate amount of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1%. Principal and interest are paid ratably through payroll deductions.

Trustee and Recordkeeper — Fidelity Management Trust Company ("Fidelity") holds and administers all assets of the Plan in accordance with the provisions of the Plan agreement.

Administration of the Plan — The Sponsor has appointed an Advisory Committee to the Plan (the "Advisory Committee") to serve as fiduciary with the authority and responsibility to administer the Plan.

Plan Termination — Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination or partial termination, participants will become 100% vested.

Forfeitures — When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Nonvested profit sharing, ESOP and employer matching contributions amounts forfeited by employees are first applied against Plan administration expenses. Any forfeiture amounts remaining after Plan expenses have been paid will be applied against any employer contribution obligation. Should the forfeiture amounts exceed Plan expenses and the Sponsor's contribution obligations, the excess amount will be allocated to the other participants as a part of and in the same manner as the Sponsor's contributions for the Plan year in which the forfeitures occurred. During 2025, forfeited amounts applied against Plan expenses totaled \$183,015. There were \$175,000 of forfeitures applied against employer contributions for the year ended December 31, 2025. As of December 31, 2025 and 2024, forfeited nonvested accounts totaled \$170,197 and \$122,343, respectively.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes in net assets available for benefits. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan provides for various investment options as set forth in the Plan agreement. Investment securities are exposed to various risks such as interest rate, market, concentration and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits. Approximately 3% and 4% of net assets available for benefits as of December 31, 2025 and 2024, respectively, were invested in JHG common stock, representing the ESOP portion of the Plan.

Investment Valuation and Income Recognition — The Plan's investments are stated at fair value. Fair value of a financial instrument 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. Shares of mutual funds and money market funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan on December 31, 2025. Common stock is valued at

quoted market prices. 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.

Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants — Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan agreement. Notes receivable from participants have various maturity dates and interest rates ranging from 2026 to 2038 and 4.25% to 9.50%, respectively.

Administrative Expenses — Plan expenses include loan, distribution and administration fees paid to Fidelity. Other plan expenses include audit, legal and advisory fees. Nonvested profit sharing and ESOP amounts forfeited by employees are used to pay administration fees. Loan and distribution fees are charged against individual participant accounts. The Plan Sponsor may pay Plan expenses at its sole discretion but is not obligated to pay Plan expenses. Unless paid by the Plan Sponsor, such costs and expenses are charged against Plan assets at the participant account level and deducted by the trustee.

Administrative fees paid to Fidelity may be reduced to the extent Plan assets are invested in certain Fidelity and non-Fidelity investment products. Plan expenses were reduced by \$40,073 and \$66,098 during the years ended December 31, 2025 and 2024, respectively, as a result of such investment.

Payment of Benefits — Benefit payments to participants are recorded upon distribution. There were no participants who have elected to withdraw from the Plan, but have not yet been paid, as of December 31, 2025 and 2024.

Contributions — Contributions are recognized in the year to which they relate.

Income Tax Status — The IRS has determined and informed the Company by a letter dated October 14, 2014, that the Plan was designed in accordance with the applicable regulations of the IRC requirements. The Plan Sponsor believes the Plan has maintained its tax-exempt status. Therefore, no provision for income taxes has been included in the Plan's financial statements. The plan was last amended on November 12, 2025, for operational and regulatory matters. The amendments were not impactful to the Plan's tax-exempt status.

Subsequent Events — Subsequent events were evaluated through the date the financial statements were issued.

On December 21, 2025, JHG entered into a Merger Agreement under which the company will be acquired by a private investor group which is expected to close subsequent to the issuance of these financial statements. Any shares of JHG common stock owned by the Plan at the time the transaction is completed will be liquidated. As a result of this change, the Plan will cease to qualify as an 11-K filer under SEC rules.

3. FAIR VALUE MEASUREMENTS

Measurements of fair value are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. The Plan's policy is to recognize significant transfers between levels at the end of the reporting period. The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis as of December 31, 2025 and 2024.

Fair value measurements as of December 31, 2025, using:				
	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Total
Mutual funds	\$ 556,075,039	\$ -	\$ -	\$ 556,075,039
Common stock	20,901,785	-	-	20,901,785
Money market funds	17,415,320	-	-	17,415,320
Participant-directed brokerage accounts	17,409,271	-	-	17,409,271
Total	<u>\$ 611,801,415</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 611,801,415</u>

Fair value measurements as of December 31, 2024, using:				
	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Total
Mutual funds	\$ 494,289,154	\$ -	\$ -	\$ 494,289,154
Common stock	19,740,148	-	-	19,740,148
Money market funds	15,219,032	-	-	15,219,032
Participant-directed brokerage accounts	12,015,667	-	-	12,015,667
Total	<u>\$ 541,264,001</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 541,264,001</u>

4. NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments for the year ended December 31, 2025, are as follows:

Janus Henderson Group plc common stock—at December 31, 2024	\$19,740,148
Changes in net assets:	
Net appreciation in fair value of investments	2,182,749
Dividends reinvested	710,572
Benefits paid to participants	(1,214,513)
Forfeitures	(6,999)
Transfers to participant-directed investments	(510,172)
Net change	1,161,637
Janus Henderson Group plc common stock—at December 31, 2025	<u>\$20,901,785</u>

5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by JHG and mutual funds and brokerage accounts managed by Fidelity. Certain Plan expenses include loan, distribution and administrative fees paid to Fidelity. JHG is the sponsoring employer of the Plan and Fidelity is the trustee and, therefore, these transactions qualify as exempt party-in-interest transactions.

In addition to mutual funds managed by JHG, the Plan also holds JHG common stock. As of December 31, 2025 and 2024, the Plan held 439,352 and 464,108 shares of JHG common stock with a cost basis of \$12,065,158 and \$12,417,969 and a market value of \$20,901,785 and \$19,740,148, respectively. During the year ended December 31, 2025, the Plan recorded dividend income attributable to JHG common stock of \$710,572.

Certain employees of JHG perform administrative work and financial reporting for the Plan and are not compensated by the Plan.

6. LITIGATION AND OTHER REGULATORY MATTERS

We are periodically involved in various legal proceedings and other regulatory matters.

Sandra Schissler v. Janus Henderson US (Holdings) Inc., Janus Henderson Advisory Committee, and John and Jane Does 1-30

On September 9, 2022, a class action complaint, captioned *Schissler v. Janus Henderson US (Holdings) Inc., et al.*, was filed in the United States District Court for the District of Colorado. Named as defendants are Janus Henderson US (Holdings) Inc. (“Janus US Holdings”) and the Advisory Committee to the Plan. The complaint purports to be brought on behalf of a class consisting of participants and beneficiaries of the Plan that invested in Janus Henderson funds on or after September 9, 2016. On January 10, 2023, an amended complaint was filed against the same defendants, naming two additional plaintiffs, Karly Sissel and Derrick Hittson. As amended, the complaint alleges that for the period since September 9, 2016, among other things, the defendants breached fiduciary duties of loyalty and prudence by (i) selecting higher-cost Janus Henderson funds over less expensive investment options, (ii) retaining Janus Henderson funds despite their alleged underperformance and (iii) failing to consider actively managed funds outside of Janus Henderson to

add as investment options. The amended complaint also alleges that Janus US Holdings failed to monitor the Advisory Committee with respect to the foregoing. The amended complaint seeks various declaratory, equitable and monetary relief in unspecified amounts. On January 22, 2024, the district court entered an order granting in part and denying in part Janus US Holdings' motion to dismiss. The parties thereafter conducted fact and expert discovery, which was completed on May 27, 2025.

On July 11, 2025, the defendants filed a motion for summary judgment with respect to all of the claims asserted in the complaint, as well as a motion to exclude certain opinions offered by the plaintiffs' experts. Also on July 11, 2025, the plaintiffs filed a motion for partial summary judgment with respect to one element of their fiduciary duty claim, and a motion to exclude certain opinions offered by the defendants' damages expert. Those motions have been fully briefed, but no decision has been issued.

On February 18, 2026, and without admitting any liability, fault or wrongdoing, Janus US Holdings reached an agreement in principle with plaintiffs to settle the matter for an immaterial amount. On February 24, 2026, the parties filed a Notice of Settlement with the district court. On April 29, 2026, plaintiffs filed a motion for preliminary approval. On May 4, 2026, the district court entered an order preliminarily approving the settlement. A fairness hearing for final approval of the settlement is set for September 4, 2026.

SUPPLEMENTAL SCHEDULES

**JANUS 401(k) AND EMPLOYEE STOCK OWNERSHIP PLAN
EIN 43-1804048, PLAN NO. 003**

**SCHEDULE H, LINE 4a — SCHEDULE OF DELIQUENT PARTICIPANT CONTRIBUTIONS
AS OF DECEMBER 31, 2025 AND FOR THE YEAR THEN ENDED**

Participant Contributions Transferred Late to Plan Check here if late participant loan repayments are included ☐	Total that Constitutes Nonexempt Prohibited Transactions			Total fully corrected under VFCP and PTE 2002-51
	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
\$4,123	\$ -	\$ -	\$ -	\$ 4,123

JANUS 401(k) AND EMPLOYEE STOCK OWNERSHIP PLAN
EIN 43-1804048, PLAN NO. 003

SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

Identity of issue, borrower, lessor, or similar party	Shares	Description of investment, including maturity date, rate of interest, collateral, par or maturity date	Current value ⁽²⁾
Fidelity Freedom [®] Index 2010 Fund ⁽¹⁾	12,330	Mutual Fund	\$166,583
Fidelity Freedom [®] Index 2020 Fund ⁽¹⁾	10,984	Mutual Fund	\$185,186
Fidelity Freedom [®] Index 2025 Fund ⁽¹⁾	34,492	Mutual Fund	\$701,228
Fidelity Freedom [®] Index 2030 Fund ⁽¹⁾	152,030	Mutual Fund	\$3,437,408
Fidelity Freedom [®] Index 2035 Fund ⁽¹⁾	170,234	Mutual Fund	\$4,531,633
Fidelity Freedom [®] Index 2040 Fund ⁽¹⁾	111,573	Mutual Fund	\$3,216,653
Fidelity Freedom [®] Index 2045 Fund ⁽¹⁾	139,730	Mutual Fund	\$4,309,272
Fidelity Freedom [®] Index 2050 Fund ⁽¹⁾	212,008	Mutual Fund	\$6,553,177
Fidelity Freedom [®] Index 2055 Fund ⁽¹⁾	83,186	Mutual Fund	\$2,117,072
Fidelity Freedom [®] Index 2060 Fund ⁽¹⁾	51,304	Mutual Fund	\$1,106,618
Fidelity Freedom [®] Index 2065 Fund ⁽¹⁾	72,040	Mutual Fund	\$1,257,819
Fidelity Freedom [®] Index 2070 Fund ⁽¹⁾	5,511	Mutual Fund	\$68,009
Fidelity Freedom [®] Index Retirement Fund ⁽¹⁾	484	Mutual Fund	\$5,978
Fidelity [®] Emerging Markets Index Fund ⁽¹⁾	434,027	Mutual Fund	\$5,937,483
Fidelity [®] Extended Market Index Fund ⁽¹⁾	61,480	Mutual Fund	\$6,189,155
Fidelity [®] 500 Index Fund ⁽¹⁾	327,766	Mutual Fund	\$77,916,501
Fidelity [®] Inflation-Protected Bond Index Fund ⁽¹⁾	218,844	Mutual Fund	\$1,995,859
Fidelity [®] International Index Fund ⁽¹⁾	195,482	Mutual Fund	\$11,885,321
Fidelity [®] U.S. Bond Index Fund ⁽¹⁾	637,082	Mutual Fund	\$6,727,581
Janus Henderson Absolute Return Income Opportunities Fund ⁽¹⁾	40,818	Mutual Fund	\$371,448
Janus Henderson Adaptive Global Allocation Fund ⁽¹⁾	660,080	Mutual Fund	\$7,980,363
Janus Henderson Balanced Fund ⁽¹⁾	455,674	Mutual Fund	\$21,986,275
Janus Henderson Contrarian Fund ⁽¹⁾	688,070	Mutual Fund	\$18,405,873
Janus Henderson Developed World Bond Fund ⁽¹⁾	85,275	Mutual Fund	\$671,116
Janus Henderson Enterprise Fund ⁽¹⁾	123,035	Mutual Fund	\$17,753,939
Janus Henderson European Focus Fund ⁽¹⁾	23,478	Mutual Fund	\$1,424,154
Janus Henderson Flexible Bond Fund ⁽¹⁾	721,020	Mutual Fund	\$6,784,802
Janus Henderson Forty Fund ⁽¹⁾	627,399	Mutual Fund	\$38,221,121

(continued)

JANUS 401(k) AND EMPLOYEE STOCK OWNERSHIP PLAN
EIN 43-1804048, PLAN NO. 003

SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

Identity of issue, borrower, lessor, or similar party	Shares	Description of investment, including maturity date, rate of interest, collateral, par or maturity date	Current value ⁽²⁾
Janus Henderson Global Allocation Fund - Conservative ⁽¹⁾	40,101	Mutual Fund	\$513,291
Janus Henderson Global Allocation Fund - Growth ⁽¹⁾	52,525	Mutual Fund	\$755,828
Janus Henderson Global Allocation Fund - Moderate ⁽¹⁾	22,678	Mutual Fund	\$303,664
Janus Henderson Global Equity Income Fund ⁽¹⁾	520,682	Mutual Fund	\$3,811,390
Janus Henderson Global Life Science Fund ⁽¹⁾	258,897	Mutual Fund	\$20,926,627
Janus Henderson Global Real Estate Fund ⁽¹⁾	155,005	Mutual Fund	\$1,878,657
Janus Henderson Global Research Fund ⁽¹⁾	141,475	Mutual Fund	\$17,149,601
Janus Henderson Global Select Fund ⁽¹⁾	331,729	Mutual Fund	\$6,425,596
Janus Henderson Global Sustainable Equity Fund ⁽¹⁾	92,142	Mutual Fund	\$1,629,076
Janus Henderson Global Technology and Innovation Fund ⁽¹⁾	396,509	Mutual Fund	\$27,398,782
Janus Henderson Growth and Income Fund ⁽¹⁾	199,209	Mutual Fund	\$14,352,984
Janus Henderson High-Yield Fund ⁽¹⁾	428,197	Mutual Fund	\$3,207,194
Janus Henderson International Dividend Fund ⁽¹⁾	115,312	Mutual Fund	\$2,100,990
Janus Henderson Mid Cap Value Fund ⁽¹⁾	440,405	Mutual Fund	\$6,544,418
Janus Henderson Multi-Sector Income Fund ⁽¹⁾	1,002,575	Mutual Fund	\$8,812,635
Janus Henderson Overseas Fund ⁽¹⁾	289,421	Mutual Fund	\$16,528,831
Janus Henderson Research Fund ⁽¹⁾	508,135	Mutual Fund	\$45,676,228
Janus Henderson Short Duration Flexible Bond Fund ⁽¹⁾	801,523	Mutual Fund	\$2,316,401
Janus Henderson Small Cap Value Fund ⁽¹⁾	270,050	Mutual Fund	\$6,319,166
Janus Henderson Small-Mid Cap Value Fund ⁽¹⁾	196,398	Mutual Fund	\$2,942,046
Janus Henderson Triton Fund ⁽¹⁾	376,663	Mutual Fund	\$10,275,366
Janus Henderson U.S. Dividend Income Fund ⁽¹⁾	385,418	Mutual Fund	\$5,060,540
Janus Henderson Venture Fund ⁽¹⁾	98,526	Mutual Fund	\$8,750,130
Vanguard Balanced Index Fund	1,709,130	Mutual Fund	\$88,550,005
Vanguard Short-Term Corporate Bond Index Fund	89,266	Mutual Fund	\$1,937,966

(continued)

JANUS 401(k) AND EMPLOYEE STOCK OWNERSHIP PLAN
EIN 43-1804048, PLAN NO. 003

SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

Identity of issue, borrower, lessor, or similar party	Shares	Description of investment, including maturity date, rate of interest, collateral, par or maturity date	Current value ⁽²⁾
Fidelity Brokeragelink® Common Stock ^(1,3)	2,515,682	Fidelity Brokeragelink Common Stock	\$2,515,682
Fidelity Brokeragelink® External Funds ^(1,3)	2,275,706	Fidelity Brokeragelink Mutual Fund	\$2,275,706
Fidelity Brokeragelink® Fidelity Funds ^(1,3)	4,044,884	Fidelity Brokeragelink Mutual Fund	\$4,044,884
Fidelity Brokeragelink® Unit ^(1,3)	6,579,091	Fidelity Brokeragelink Mutual Fund	\$6,579,091
Fidelity Brokeragelink® Interest-Bearing Cash Reserves ^(1,3)	1,993,908	Fidelity Brokeragelink Interest-bearing Cash	\$1,993,908
Janus Henderson Group plc common stock ^(1,4)	439,352	Common Stock	\$20,901,785
Janus Henderson Government Money Market Fund ⁽¹⁾	3,242,900	Money Market Fund	\$3,242,900
Vanguard Treasury Money Market Fund	14,172,420	Money Market Fund	\$14,172,420
Total investments			\$611,801,415
Notes receivable from participants ^(1,5,6)		Participant loans	\$1,622,180
Total investments and notes receivable from participants			<u>\$613,423,595</u>

⁽¹⁾ Indicates a party-in-interest (Note 5).

⁽²⁾ Cost information is not required for participant directed investments and is therefore not included.

⁽³⁾ Fidelity Brokeragelink common stock, mutual funds and interest-bearing cash are participant-directed brokerage accounts.

⁽⁴⁾ The cost basis of the Janus Henderson Group plc common stock is \$12,065,158.

⁽⁵⁾ With various maturity dates and interest rates ranging from 2026 to 2038 and 4.25% to 9.50%, respectively.

⁽⁶⁾ The cost on notes receivable from participants is \$0.

JANUS 401(k) AND EMPLOYEE STOCK OWNERSHIP PLAN
EIN 43-1804048, PLAN NO. 003

SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

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Fidelity Freedom [®] Index 2020 Fund ⁽¹⁾	10,984	Mutual Fund	\$185,186
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EIN 43-1804048, PLAN NO. 003

SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

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Janus Henderson Global Life Science Fund ⁽¹⁾	258,897	Mutual Fund	\$20,926,627
Janus Henderson Global Real Estate Fund ⁽¹⁾	155,005	Mutual Fund	\$1,878,657
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(continued)

JANUS 401(k) AND EMPLOYEE STOCK OWNERSHIP PLAN
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Fidelity Brokeragelink [®] Common Stock ^(1,3)	2,515,682	Fidelity Brokeragelink Common Stock	\$2,515,682
Fidelity Brokeragelink [®] External Funds ^(1,3)	2,275,706	Fidelity Brokeragelink Mutual Fund	\$2,275,706
Fidelity Brokeragelink [®] Fidelity Funds ^(1,3)	4,044,884	Fidelity Brokeragelink Mutual Fund	\$4,044,884
Fidelity Brokeragelink [®] Unit ^(1,3)	6,579,091	Fidelity Brokeragelink Mutual Fund	\$6,579,091
Fidelity Brokeragelink [®] Interest-Bearing Cash Reserves ^(1,3)	1,993,908	Fidelity Brokeragelink Interest-bearing Cash	\$1,993,908
Janus Henderson Group plc common stock ^(1,4)	439,352	Common Stock	\$20,901,785
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⁽⁴⁾ The cost basis of the Janus Henderson Group plc common stock is \$12,065,158.

⁽⁵⁾ With various maturity dates and interest rates ranging from 2026 to 2038 and 4.25% to 9.50%, respectively.

⁽⁶⁾ The cost on notes receivable from participants is \$0.

Penalty of Perjury Statement - The following statement must be signed and dated by a plan fiduciary with knowledge of the transaction that is the subject of the SCC notice and by the authorized representative, if any. Each plan official who is seeking the relief afforded under the SCC must also sign and date the statement, which must be retained by the plan administrator. (In the case of a contributing or adopting employer in a multiemployer plan or multiple employer plan, the employer may sign the Penalty of Perjury statement and, without regard to the employer's status as a plan fiduciary, no other plan fiduciary need sign.)

Under penalties of perjury I certify that I am not Under Investigation (as defined in VFC Program section 3(b)(3)) and that I have reviewed the SCC notice acknowledgement and summary, the checklist and all the required documentation, and to the best of my knowledge and belief the contents are true, correct, and complete.

Name and Title	Signature	Date
Astrid Arakaki		6/3/2026
Stock Plan Manager, LTI & Retirement Team		

 X Did a plan official complete the following authorization, if an authorized preparer was used to submit the SCC notice?

Authorization Of Plan Official

I have authorized Astrid Arakaki to submit the VFCP SCC notice.

Name of Plan Official	Signature	Date
Susan Armstrong		6/3/2026

Paperwork Reduction Act Notice

The information identified on this form is required for a valid use of the Self-Correction Component for Delinquent Participant Contributions or Loan Repayments of the Voluntary Fiduciary Correction Program of the U.S. Department of Labor's Employee Benefits Security

Administration (EBSA). You must complete this form and provide a copy of the completed checklist and the required documentation to the plan administrator to receive the relief under the Self-Correction Component of the Program with respect to the breach of fiduciary responsibility under Part 4 of Title I of ERISA associated with the delinquent participant contributions or loan repayments. EBSA may request a copy of this information to determine that you have satisfied the requirements of the Self-Correction Component of the Program. EBSA estimates assembling this information will require an average of 4 hours and completing this form will require an average of 2 to 4 minutes. This collection of information is currently approved under **OMB Control Number 1210-0118**. You are not required to respond to a collection of information unless it displays a currently valid OMB Control Number.

INTERNAL MEMO

Subject: Correction of Delinquent Participant Contributions – Self-Correction Component (SCC)
Voluntary Fiduciary Correction Program (VFCP 2025)

Plan: Janus 401(k) and Employee Stock Ownership Plan

Plan Year: 2025

Prepared by: Astrid Arakaki

Date: June 3, 2026

The following summarizes the discovery and correction of delinquent 401(k) contributions for the non-U.S. employee population. Janus evaluated eligibility for the Self-Correction Component (SCC) under the Department of Labor's 2025 Voluntary Fiduciary Correction Program (VFCP 2025) update and concluded the correction qualifies for treatment under the SCC. An SCC Notice was submitted to EBSA via the web tool; Janus will retain the acknowledgment email and no formal VFCP application or "no action" letter is being sought.

Background/Initial Discovery

During routine plan administration, the LTI & Retirement Team (Plan Sponsor) identified an instance of delinquent remittance of participant 401(k) contributions related to the non-U.S. employee population, specifically impacting four (4) participants.

The LTI & Retirement Team (Plan Sponsor) manually calculates and submits contributions to Fidelity for this population. As a result of an administrative oversight, the July 2025 contributions were not submitted timely and were not identified until processing the submission of the August 2025 contributions.

Late remittances constitute a prohibited transaction under ERISA and are eligible for correction under the Department of Labor's Voluntary Fiduciary Correction Program (VFCP), including the Self-Correction Component (SCC).

Nature of the Issue

- Contributions were withheld from participant payroll but not remitted to the Plan within the required timeframe.
- The delay resulted from a missed manual submission of July contributions.
- The issue was identified during the August contribution submission process.

Correction Performed

Upon identification of the issue, the LTI & Retirement Team (Plan Sponsor) took immediate corrective action:

- All delinquent July 2025 contributions were submitted and funded to Fidelity on August 22, 2025. Participant contributions totaled \$4,122.64. The related employer match contributions totaled \$2,686.55. Combined total is \$6,809.19.
- A “Contribution(s) or Loan Repayment Posted – Need Earnings Only” service request was also submitted to Fidelity on August 22, 2025.
- Earnings were calculated from July 25, 2025, representing the date contributions should have been posted to participant accounts. The DOL (Department of Labor) Earnings Method for Adjustment was used.
- \$36.69 of required lost earnings were funded to participant accounts via ACH debit from the Janus bank account used to fund 401(k) contributions on August 25, 2025.
- All costs associated with the correction were borne by the Plan Sponsor/Janus (not the plan).

Accordingly, participant accounts were restored to the position they would have been in had the contributions been deposited timely.

SCC Eligibility Assessment (with DOL References)

The LTI & Retirement Team (Plan Sponsor) evaluated eligibility for the Self-Correction Component (SCC) under the Department of Labor (DOL) Employee Benefits Security Administration (EBSA) 2025 Voluntary Fiduciary Correction Program (VFCP) update.

Pursuant to EBSA guidance, SCC is available for delinquent participant contributions where, among other criteria:

- Contributions are remitted within **180 days of withholding or receipt**.
- Lost earnings do not exceed **\$1,000**.
- Lost earnings are calculated using the **DOL VFCP online**.
- The plan and sponsor are **not under investigation**.

The SCC framework was formally implemented under the DOL’s 2025 VFCP amendments.

Conclusion: Based on these criteria, the correction qualifies for SCC treatment.

****DOL References****

- **Federal Register (Official Rulemaking) - [Federal Register – Voluntary Fiduciary Correction Program \(VFCP\) 2025 Update \(Jan 15, 2025\)](#)**
This is the legal source establishing:
 - Addition of the Self-Correction Component (SCC)
 - Applicability to delinquent participant contributions
 - Effective date: March 17, 2025
- **DOL VFCP Main Page (Program Overview + SCC Description) - [DOL VFCP Page \(EBSA\)](#)**
- **EBSA SCC Eligibility Tool (Official Criteria Questions) - [Delinquent Participant Contributions SCC Eligibility \(Ask EBSA\)](#)**

Documentation Retained

The LTI & Retirement Team (Plan Sponsor) has prepared and retained the following documentation:

- Payroll records supporting contribution amounts and timing.
- Fidelity confirmations supporting actual deposit dates.
- Service request documentation for earnings calculation.
- Evidence of contribution and earnings funding to participant accounts
- SCC Retention Record Checklist
- Penalty of perjury statement

These materials are maintained for audit and regulatory review.

Root Cause and Remediation/Process Improvement

The delay was attributable to a manual processing gap in the submission of non-U.S. contributions, resulting in a missed contribution remittance.

To mitigate recurrence, the LTI & Retirement Team (Plan Sponsor) has implemented the following enhancements:

- Updated manual processing procedures to submit contributions **as soon as** the non-U.S. payroll deductions have been reviewed.
- Added non-US contribution submission reminders to Outlook calendar 1-week prior non-U.S. pay date to ensure contributions have been submitted.
- Monitor contribution remittance timing each month-end.

Conclusion

The LTI & Retirement Team (Plan Sponsor) has:

- Fully corrected the delinquent contributions.
- Restored participant accounts, including earnings.
- Met all applicable SCC eligibility requirements.
- Retained all required documentation.

Accordingly, the LTI & Retirement Team (Plan Sponsor) believes the correction is compliant with **VFCP and SCC requirements** and qualifies for **relief under PTE 2002-51**, subject to satisfaction of all applicable conditions.

Audit Considerations

- The late remittance may require disclosure on **Form 5500 (Schedule H)**, as applicable.
- No further financial adjustment is required beyond the recorded correction.
- Supporting documentation is available for audit review.

Prepared For: Audit / Financial Reporting / LTI & Retirement Team File

Participant Name 

Search Participants



Apply Funding - Confirmation

You have applied funding with the information shown below. If you have elected to receive notification, Fidelity will notify you when this funding is complete or if there is a problem with the funding. The status of the file may be viewed on the File Management page at any time. You may want to [print this page](#) for your records.

NOTE- The payment method shown is the method initially chosen. The actual method may differ (for example, if there were insufficient funds in the selected account).

Plan: 20963 JANUS 401(K)**File Name:** 073125INTL**Tracking Number:** 082101

File Details

01 EMPLOYEE 401(K) PRE-TAX (cannot be funded with suspense accounts)	\$2,542.99
02 ROTH 401(K) CONTRIBUTION (cannot be funded with suspense accounts)	\$1,579.65
03 EMPLOYER 401(K) MATCHING	\$818.10
10 EMPLOYER MATCH 2014	\$1,868.45
Total amount to fund (see below): \$6,809.19	

Suspense Account Information

Suspense accounts will not be used for this funding request.

Payment Method Information

Payment Method: Janus 401K Funding (202-001-6039)**Funding Expected Date:** 08/22/2025**Amount Funded with this Payment Method: \$6,809.19**[Return to Contribution Center](#)[Return to Submission details](#)

Service Request

Tracking number

W908578-22AUG25

Status

Resolved as of Aug-29-2025 8:00 a.m. ET

Type

Contribution(s) or loan repayment posted - need earnings only

Source type

PSW opened

Benefit

Defined Contribution

Participant

Multiple participants

Plan

JANUS 401(K) - 20963

Owner name

Arakaki,Astrid

Expand all sections

**Notes**

Add a note

Showing 1 of 1 notes

Fidelity added on Aug-27-2025 3:20 p.m. ET

We have completed the corrective processing associated with your service request or letter of direction. The final principal adjustment value is \$0.00 and the final market value adjustment value of \$36.69.

As a result of this processing, the required funding amount of \$36.69 will be processed from your auto debit account.

Please note:

- The account will be deemed to have been made 'whole' with the final adjustments.
- To meet the funding requirements of 3 business days, Fidelity Investments will initiate an auto-debit request in the amount of \$36.69 by 4:00 PM EST on the day following the completed correction.

Adjustments to individual accounts can be viewed through PSW. If the correction involves multiple participants, a plan level report of the adjustments may be ordered through the report tab on PSW.

Thank You,
Customer Account Resolution
Fidelity Investments
535376.1.0 [View less](#)

Files

07-2025 Earnings Only_Fidelity.xlsx [Download](#)
Upload date and time: Aug-22-2025 12:10 p.m. ET

Submission details

What do you need to correct?

Earnings only (for a contribution or loan repayment that has already been posted)

How many transactions does this apply to?

Multiple transactions (upload template provided below)

Who should calculate earnings?

Fidelity

How will earnings be funded?

Automatic debit

If you have multiple accounts, enter the account number or account name for the one you want to use. If you have one account, enter "on file."
on file

What's the best number to reach you? (Optional)

9702315298

Which email do you want to use to receive updates about this request?

ASTRID.ARAKAKI@JANUSHENDERSON.COM

SSN *	Is this a contribution or a loan correction? *	Contribution Source ID (2 Digit Number) or Loan ID (from PSW) *	Corrected Amount Use positive values to indicate money that has been added to participant accounts *	Error Date (MM/DD/YYYY) This is the date that the amount should have posted to the participant account at Fidelity *	Self-Correction Date (MM/DD/YYYY) This field should only be populated if the correction amount has already been posted to the participant account at Fidelity *	Fiscal Year For contributions only. This is the plan's fiscal year in which the contribution amount should be posted to or removed from *	Earnings Method for Adjustments Use drop down to select earnings method. This field is required for each line of this correction request. Please see the instructions tab for additional information. *
XXX-XX-XXXX	Contribution	01	818.10	7/25/2025	8/22/2025	2025	DOL (Department of Labor)
XXX-XX-XXXX	Contribution	03	818.10	7/25/2025	8/22/2025	2025	DOL (Department of Labor)
XXX-XX-XXXX	Contribution	01	696.29	7/25/2025	8/22/2025	2025	DOL (Department of Labor)
XXX-XX-XXXX	Contribution	10	596.82	7/25/2025	8/22/2025	2025	DOL (Department of Labor)
XXX-XX-XXXX	Contribution	01	486.04	7/25/2025	8/22/2025	2025	DOL (Department of Labor)
XXX-XX-XXXX	Contribution	02	1579.65	7/25/2025	8/22/2025	2025	DOL (Department of Labor)
XXX-XX-XXXX	Contribution	10	729.07	7/25/2025	8/22/2025	2025	DOL (Department of Labor)
XXX-XX-XXXX	Contribution	01	542.56	7/25/2025	8/22/2025	2025	DOL (Department of Labor)
XXX-XX-XXXX	Contribution	10	542.56	7/25/2025	8/22/2025	2025	DOL (Department of Labor)

Audit Participant Level Activity Report - PSW Fidelity

Sum of Transaction Cash Amount	Column Labels		
Row Labels	16-Adjustment	1-Contributions	Grand Total
HAUT, JEREMY	5.84	2164.69	2170.53
8/22/2025		2164.69	2164.69
10-EMPLOYER MATCH 2014		1082.35	1082.35
1-EMPLOYEE 401(K) PRE-TAX		1082.34	1082.34
8/25/2025	5.84		5.84
10-EMPLOYER MATCH 2014	2.92		2.92
1-EMPLOYEE 401(K) PRE-TAX	2.92		2.92
INCE, SAMANTHA	6.97	2579.59	2586.56
8/22/2025		2579.59	2579.59
10-EMPLOYER MATCH 2014		1190.58	1190.58
1-EMPLOYEE 401(K) PRE-TAX		1389.01	1389.01
8/25/2025	6.97		6.97
10-EMPLOYER MATCH 2014	3.22		3.22
1-EMPLOYEE 401(K) PRE-TAX	3.75		3.75
KNIGHTS, VARRON	8.82	3275.1	3283.92
8/22/2025		3275.1	3275.1
1-EMPLOYEE 401(K) PRE-TAX		1637.55	1637.55
3-EMPLOYER 401(K) MATCHING		1637.55	1637.55
8/25/2025	8.82		8.82
1-EMPLOYEE 401(K) PRE-TAX	4.41		4.41
3-EMPLOYER 401(K) MATCHING	4.41		4.41
MASSARONI, QUINN	15.06	5575.2	5590.26
8/22/2025		5575.2	5575.2
10-EMPLOYER MATCH 2014		1454.41	1454.41
1-EMPLOYEE 401(K) PRE-TAX		969.59	969.59
2-ROTH 401(K) CONTRIBUTION		3151.2	3151.2
8/25/2025	15.06		15.06
10-EMPLOYER MATCH 2014	3.93		3.93
1-EMPLOYEE 401(K) PRE-TAX	2.62		2.62
2-ROTH 401(K) CONTRIBUTION	8.51		8.51
Grand Total	36.69	13594.58	13631.27

EE & ER

	July	August	Total	
HAUT, JEREMY	1,085.12	1,079.57	2,164.69	-
INCE, SAMANTHA	1,293.11	1,286.48	2,579.59	-
KNIGHTS, VARRON	1,636.20	1,638.90	3,275.10	-
MASSARONI, QUINN	2,794.76	2,780.44	5,575.20	-
	6,809.19	6,785.39	13,594.58	

EE Contributions Only

	July
HAUT, JEREMY	542.56
INCE, SAMANTHA	696.29
KNIGHTS, VARRON	818.10
MASSARONI, QUINN	2,065.69
	4,122.64

Employee Benefits Security Administration

Voluntary Fiduciary Correction Program (VFCP) Online Calculator

The online calculator is designed to enhance accuracy, ensure consistency, and expedite the process for VFCP applications. By using the Online Calculator, applicants can efficiently calculate the Correction Amounts owed.

Although the use of the Online Calculator is highly recommended for ease and precision, it is not mandatory. Applicants have the option to perform manual calculations in accordance with VFCP Section 5(b), using the IRC underpayment rates and IRS Factors.

Please be aware that relying solely on the calculator to determine and repay lost earnings does not fulfill the full correction requirements under the VFCP. We encourage applicants to consider all VFCP guidelines to ensure complete compliance.

U.S. DEPARTMENT OF LABOR

Employee Benefits Security Administration

VFCP Calculator - Final Result

Lost Earnings and interest, if any, (\$36.68) exceed Restoration of Profits (\$0.00). Therefore the amount due to the plan is: **\$36.68**.

Note: This amount does **not** include any Principal Amount that may also need to be paid to the plan. Check the specific transaction to determine if the Principal Amount must be paid.

Lost Earnings

Principal	Loss Date	Recovery Date	Final Payment Date	Amount Due
\$6,809.19	7/25/2025	8/22/2025	8/25/2025	\$36.68
Principal Amount total: \$6,809.19		Lost Earnings total: \$36.68		

Restoration of Profits

No Restoration of Profit transactions entered.

Disclaimer and Limitations

The U.S. Department of Labor is not responsible for any loss of calculations and data. The Department does not monitor data you enter online, and you cannot save calculations online. You may save your results by printing a copy or copying/pasting a copy into a text document on your computer before terminating your session.

For more information on the collection, use and disclosure of personally identifying information, see the Department's Privacy and Security Statement.

The VFCP Online Calculator is a compliance assistance tool and is made available to facilitate applications under the VFCP. Use of the VFCP Online Calculator does not create or confer legally enforceable rights upon any person or entity.

[Start Over](#)

Frequently Asked Questions (FAQs)

[Expand All](#) [Collapse All](#)

How The Online Calculator Works

Instructions

Correction of most eligible VFCP transactions involves repayment of a Principal Amount. Select the transaction you are correcting from the [Index Of Eligible VFCP Transactions](#) for examples of calculations. Consult these examples first to be certain you enter the correct Principal Amount in the Online Calculator for the type of transaction being corrected.

Generally, the instructions for using the Online Calculator are:

- Enter the Principal Amount. (Note: Not all VFCP transaction corrections involve a Principal Amount, and in those cases Lost Earnings would not be calculated.)
- Enter the Loss Date.
- Enter the Recovery Date.
- Enter the Final Payment Date. (i.e., date Lost Earnings and interest, if any, will be paid.) If Lost Earnings are paid on the Recovery Date, leave the Final Payment Date blank.
- The Online Calculator computes a total. This total reflects only Lost Earnings and interest, if any, but not any Principal Amount that also must be paid to the plan.
- Continue entering data as needed (e.g. for additional pay periods) until all information is entered.
- Select the Calculate Restoration of Profits button only if a profit is determinable.
- Applicants must print and submit with the application calculations and data necessary for the Department to verify the calculations. The Online Calculator allows applicants to view printable inputs and results. Note: Calculations and data cannot be saved online. You may save your results by printing a copy or copying/pasting a copy into a text document on your computer before terminating your session.

Index Of Eligible VFCP Transactions

Examples

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Employee Benefits Security Administration

An agency within the U.S.
Department of Labor

FEDERAL GOVERNMENT

White House

Disaster Recovery Assistance Guidance Search

DisasterAssistance.gov

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U.S. Office of Special Counsel

LABOR DEPARTMENT

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Astrid Arakaki

From: noreply-ebsa@dol.gov
Sent: Wednesday, June 3, 2026 5:17 PM
To: Astrid Arakaki
Subject: [EXT]VFC Program SCC Notice Acknowledgment and Summary
Attachments: snapshot-image.pdf

You don't often get email from noreply-ebsa@dol.gov. [Learn why this is important](#)

CAUTION: This email originated from outside JHI. Do not click links or open attachments unless you recognize the sender. If you have concerns, please contact ITSecurity.

The Employee Benefits Security Administration received your SCC Notice on on formattedNoticeDate.
Your confirmation number is N-20260603-00794.

Please print or save the attached Acknowledgment and Summary.

To complete the process:

1. Fill out the [SCC Retention Record Checklist](#).
2. Prepare or collect all required documentation, including the Acknowledgement and Summary.
3. Provide copies of the completed checklist and required documentation to the plan administrator.

For questions, please call 1-866-444-3272 and ask for the VFCP coordinator for the appropriate EBSA regional office.

Do not reply to this email as this address is not monitored.

Voluntary Fiduciary Correction Program Acknowledgment and Summary of SCC Notice - Delinquent Participant Contributions and Loan Repayments

The Employee Benefits Security Administration has received your SCC Notice on June 03, 2026. Your confirmation number is N-20260603-00794.

Your SCC Notice includes the following details:

- The plan named in the SCC Notice provides retirement benefits;
- All delinquent participant contributions and loan repayments were paid to the plan within 180 calendar days from the date they were received or withheld by the employer from a participant's wages;
- Lost Earnings were calculated from either the date of withholding or date of receipt using the Online Calculator;
- The total Lost Earnings is \$1000 or less;
- Any penalties, late fees, and other charges were paid by the employer or other plan official; and
- Neither this plan nor the self-corrector is under investigation.

Your SCC Notice Contained the Following Information:

Plan Name

Janus 401(k) and Employee Stock Ownersh

Plan Sponsor EIN

43-1804048

Plan Number

003

Name of Self-Corrector

Astrid Arakaki

Email Address of Self-Corrector

astrid.arakaki@janushenderson.com

Principal Amount

4123

Total Amount of Lost Earnings

37

Date Lost Earnings Paid to the Plan

08/25/2025

Number of Participants Affected by the Correction

4

Loss Dates (dates of withholding or receipt) entered on the Online Calculator

07/25/2025

Important Reminder: You must provide the following to the plan administrator:

- A copy of the **Acknowledgment and Summary**
- A completed **SCC Retention Record Checklist**
- Any required supporting documents

The plan administrator must retain these records.

Note: The Acknowledgment and Summary is not a determination that excise tax relief is available under Class Exemption PTE 2002-51. For more information contact the Office of Exemption Determinations at 202-693-8540.