Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JOHNS HOPKINS UNIVERSITY 403(B) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1969

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
JOHNS HOPKINS UNIVERSITY OFFICE OF BENEFITS SERVICES

JOHNS HOPKINS UNIVERSITY TAX OFFICE

3910 KESWICK ROAD
SUITE N4329
BALTIMORE, MD 21211-2226

2b Employer Identification Number (EIN)
52-0595110

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

2d Business code (see instructions)
611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	JOEL SEARFOSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	40900
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	25218
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	24733
b	Retired or separated participants receiving benefits	**6b**	1386
c	Other retired or separated participants entitled to future benefits	**6c**	15118
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	41237
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	156
f	Total. Add lines **6d** and **6e**.	**6f**	41393
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	34521
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	36443
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
52-0595110

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

1 Coverage Information:

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

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
74-1625348	70238	50923	315	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	7101361
5	Current value of plan's interest under this contract in separate accounts at year end	5	44485873

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	7657033
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	213094		
	(4) Transferred from separate account	7c(4)	447078		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	660172
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	8317205
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1099536		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	108267		
	(4) Other (specify below) ▶ CONTRACT SURRENDER CHARGES	7e(4)	8041		
	(5) Total deductions			7e(5)	1215844
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	7101361

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
52-0595110

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	50923	267	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
38	0

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

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

VARIOUS
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
38			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1709907
5	Current value of plan's interest under this contract in separate accounts at year end	5	5192667

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	1764540
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	47825		
	(4) Transferred from separate account	7c(4)	144962		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	192787
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1957327
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	246836		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ CONTRACT SURRENDER CHARGES	7e(4)	584		
	(5) Total deductions			7e(5)	247420
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1709907

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
52-0595110

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TIAA - CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	406297	8769	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	917841660
5	Current value of plan's interest under this contract in separate accounts at year end	5	1133370500

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	854069463
c	Additions: (1) Contributions deposited during the year	7c(1)	16325269		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	37478170		
	(4) Transferred from separate account	7c(4)	122299521		
	(5) Other (specify below)	7c(5)	1340563		
	▶ OTHER				
	(6) Total additions			7c(6)	177443523
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1031512986
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	49602144		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	64011129		
	(4) Other (specify below)	7e(4)	58053		
	▶ OTHER				
	(5) Total deductions			7e(5)	113671326
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	917841660

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
52-0595110

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	010215	36443	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	9974431
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	12104289
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	359820		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	359820
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	12464109
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2489678		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	2489678
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	9974431

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

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

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
52-0595110

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

THE VARIABLE ANNUITY LIFE INSURANCE

74-1625348

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

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

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

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

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

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

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

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

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	1061002	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

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

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
52-0595110

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	71471005

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
52-0595110

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	13433337	15641840
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	75543782	71471005
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7830208304	9074666062
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	875595325	936627359
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	8794780748	10098406266
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	8794780748	10098406266

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)	199709931	
(B) Participants	2a(1)(B)	178833215	
(C) Others (including rollovers)	2a(1)(C)	57205643	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		435748789
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1220601	
(F) Other	2b(1)(F)	27296244	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		28516845
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	362069591	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		362069591
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	31617025	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		31617025

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3031447
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1004800708
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1865784405
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	560411509	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		560411509
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		686376
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1061002	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1061002
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		562158887
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1303625518
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SB & COMPANY LLC **(2)** EIN: 20-2153727

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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
JOHNS HOPKINS UNIVERSITY 403(B) PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
52-0595110

Part I Distributions

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

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

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

EIN(s): 13-1624203 04-2647786

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 958

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SB & Company
CPAs and Business Advisors

REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the Board of Trustees of the Johns Hopkins University and
the Participants of the Johns Hopkins University 403(b) Plan

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

We have performed audits of the financial statements of the Johns Hopkins University 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or Federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including

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comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Owings Mills, Maryland
October 10, 2026

SB & Company, LLC

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 52-0595110
Plan Number: 003
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment	(e) Current value
*	TIAA GSRA Contracts	Insurance contracts	$ 122,869,601
*	TIAA RA Contracts	Insurance contracts	493,517,005
*	TIAA SRA Contracts	Insurance contracts	25,178,971
*	TIAA GRA Contracts	Insurance contracts	77,173,327
*	TIAA Retirement Choice Contracts	Insurance contracts	198,631,405
*	TIAA Plan LD Fund	Insurance contracts	471,351
	Total TIAA-CREF – Annuity accounts		917,841,660
*	VALIC Fixed Account Plus	Insurance contracts	7,101,361
*	VALIC Short Term Fixed Account	Insurance contracts	1,709,907
	Total VALIC – Annuity accounts		8,811,268
	Total Annuity accounts		926,652,928
*	Empower Guaranteed Investment Contract	Guaranteed investment contract	9,974,431
*	TIAA Real Estate	Pooled separate account	71,471,005
*	TIAA Self-directed brokerage accounts	Various	108,350,002
	Allspring Spec SmallCap Val R6	Registered investment companies	6,596,570
	BlackRock Mid Cap Growth Eq K	Registered investment companies	6,851,155
*	CREF Core Bond R3	Registered investment companies	35,962,736
*	CREF Global Equities R3	Registered investment companies	121,954,293
*	CREF Growth R3	Registered investment companies	157,605,352
*	CREF Inflation-Linked Bond R3	Registered investment companies	20,427,211
*	CREF Money Market R3	Registered investment companies	66,783,972
*	CREF Responsible Balanced R3	Registered investment companies	81,880,843
*	CREF S&P 500 Index R3	Registered investment companies	99,306,583
*	CREF Total Global Stock R3	Registered investment companies	477,978,504
	JPMorgan Large Cap Growth R6	Registered investment companies	227,827,803
	Loomis Sayles Sm Cap Growth N	Registered investment companies	4,796,038
	MFS Intl Diversification Cl R6	Registered investment companies	97,666,336
	MFS Mid Cap Value Class R6	Registered investment companies	22,157,806
	PGIM Total Return Bond R6	Registered investment companies	34,269,500
	Vanguard Devlopd Mkts Idx Ins	Registered investment companies	186,051,408
	Vanguard Emr Mkts Stk Idx Inst	Registered investment companies	108,264,046
	Vanguard Equity Income Adm	Registered investment companies	99,318,109
	Vanguard FTSE Social Idx Instl	Registered investment companies	25,761,685
	Vanguard Growth Index Inst	Registered investment companies	179,622,107
	Vanguard Infl Protect Sec Inst	Registered investment companies	40,322,294
	Vanguard Inst Idx Inst Plus	Registered investment companies	616,702,035
	Vanguard Long-Trm Bd Idx Inst	Registered investment companies	37,354,245
	Vanguard Mid-Cap Grw Idx Adm	Registered investment companies	53,129,442
	Vanguard Mid-Cap Idx Inst	Registered investment companies	53,603,352
	Vanguard Mid-Cap Value Idx Adm	Registered investment companies	15,825,769
	Vanguard PRIMECAP Adm	Registered investment companies	163,313,914
	Vanguard Short-Trm Bd Idx Inst	Registered investment companies	115,687,842
	Vanguard Shrt-Term IP Sec Id I	Registered investment companies	58,206,299
	Vanguard Small-Cap Grw Idx Inst	Registered investment companies	113,067,376
	Vanguard Small-Cap Idx Inst	Registered investment companies	31,822,177
	Vanguard Small-Cap Val Idx Inst	Registered investment companies	55,705,240
	Vanguard Target Retire 2020	Registered investment companies	323,464,949
	Vanguard Target Retire 2025	Registered investment companies	532,466,160
	Vanguard Target Retire 2030	Registered investment companies	693,715,945
	Vanguard Target Retire 2035	Registered investment companies	793,074,584
	Vanguard Target Retire 2040	Registered investment companies	689,751,012
	Vanguard Target Retire 2045	Registered investment companies	584,398,207
	Vanguard Target Retire 2050	Registered investment companies	363,073,708
	Vanguard Target Retire 2055	Registered investment companies	148,516,945
	Vanguard Target Retire 2060	Registered investment companies	49,938,892
	Vanguard Target Retire 2065	Registered investment companies	15,576,351
	Vanguard Target Retire 2070	Registered investment companies	2,459,481
	Vanguard Target Retire Income	Registered investment companies	285,703,384
	Vanguard Total St Mk Ix In Pl	Registered investment companies	409,749,654
	Vanguard Treasury MoneyMkt Inv	Registered investment companies	157,788,762
	Vanguard Ttl Bd Mkt Idx InstPl	Registered investment companies	153,810,177
	Vanguard Ttl Intl Bnd Idx Inst	Registered investment companies	21,885,836
	Vanguard Ttl Intl Stk Idx Inst	Registered investment companies	127,748,740
	Vanguard Value Index Inst	Registered investment companies	147,692,691
	Total TIAA-CREF Registered investment companies		8,916,637,520

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 52-0595110
Plan Number: 003
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment	(e) Current value
*	VALIC Aggressive Alloc Lifestyle Fnd	Registered investment companies	$ 112,702
*	VALIC Amer Beacon Brdwy Lrg Cp Grw I	Registered investment companies	763
*	VALIC Ariel Appreciation Fund	Registered investment companies	532,949
*	VALIC Ariel Fund	Registered investment companies	728,475
*	VALIC Asset Allocation Fund	Registered investment companies	68,870
*	VALIC Conservative Alloc Lifestyle	Registered investment companies	121,494
*	VALIC Core Bond Fund	Registered investment companies	2,998,927
*	VALIC Dividend Value	Registered investment companies	463,731
*	VALIC Emerging Economies	Registered investment companies	1,489,110
*	VALIC Global Real Estate Fund	Registered investment companies	398,405
*	VALIC Global Strategy	Registered investment companies	280,266
*	VALIC Government Securities Fund	Registered investment companies	571,916
*	VALIC Growth Fund	Registered investment companies	2,690,786
*	VALIC Gs Vit Gov Money Mkt Fd Inst	Registered investment companies	794,847
*	VALIC High Yield Bond Fund	Registered investment companies	390,713
*	VALIC Inflation Protected Fund	Registered investment companies	511,045
*	VALIC International Government Bond	Registered investment companies	211,103
*	VALIC International Growth Fund	Registered investment companies	324,381
*	VALIC International Value Fund	Registered investment companies	1,171,646
*	VALIC Internatl Equities Index Fund	Registered investment companies	1,864,680
*	VALIC Intl Opportunities	Registered investment companies	265,156
*	VALIC Intl Socially Responsible Fund	Registered investment companies	1,454,430
*	VALIC Large Capital Growth	Registered investment companies	1,705,183
*	VALIC Loan Collateral Fund	Registered investment companies	166,899
*	VALIC Loan Escrow Fund	Registered investment companies	1,669
*	VALIC Mid Cap Index Fund	Registered investment companies	1,843,534
*	VALIC Mid Cap Strategic Gwth	Registered investment companies	2,249,137
*	VALIC Mid Cap Value Fund	Registered investment companies	870,097
*	VALIC Moderate Alloc Lifestyle Fund	Registered investment companies	570,473
*	VALIC Nasdaq-100(R) Index Fund	Registered investment companies	561,600
*	VALIC Science & Technology Fund	Registered investment companies	7,461,529
*	VALIC Small Cap Growth Fund	Registered investment companies	348,827
*	VALIC Small Cap Index Fund	Registered investment companies	798,893
*	VALIC Small Cap Special Value Fund	Registered investment companies	564,943
*	VALIC Small Cap Value Fund	Registered investment companies	216,197
*	VALIC Stock Index Fund	Registered investment companies	6,564,571
*	VALIC Systematic Core Fund	Registered investment companies	1,750,128
*	VALIC Systematic Growth Fund	Registered investment companies	934,616
*	VALIC Systematic Value	Registered investment companies	303,825
*	VALIC US Socially Responsible Fund	Registered investment companies	740,803
*	VALIC Vanguard Lifestrategy Conser	Registered investment companies	71,911
*	VALIC Vanguard Lifestrategy Growth	Registered investment companies	778,351
*	VALIC Vanguard Lifestrategy Modera	Registered investment companies	54,179
*	VALIC Vanguard Long-Term Treasury	Registered investment companies	199,753
*	VALIC Vanguard Lt Inv-Grade Fund	Registered investment companies	81,412
*	VALIC Vanguard Wellington Fund Inc	Registered investment companies	541,234
*	VALIC Vanguard Windsor Ii	Registered investment companies	2,010,871
*	VALIC VC I Capital Appreciation	Registered investment companies	841,510
	Total VALIC – Registered investment companies		49,678,540
	Total registered investment companies		8,966,316,060
	Subtotal investments		10,082,764,426
*	Participants:		
	Notes receivable from participants	Participant loans with interest rates of 4.25% to	
	Subtotal assets	9.50% with maturities through 2037	15,641,840
	Total assets		$10,098,406,266

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

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

Financial Statements and ERISA-Required Supplemental Schedule

December 31, 2025 and 2024

(With Report of Independent Public Accountants)

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

Years Ended December 31, 2025 and 2024

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REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the Board of Trustees of the Johns Hopkins University and
the Participants of the Johns Hopkins University 403(b) Plan

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

We have performed audits of the financial statements of the Johns Hopkins University 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or Federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including

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comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Owings Mills, Maryland
October 10, 2026

SB & Company, LLC

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Investments at fair value, participant directed (notes 3 and 5):		
Non benefit-responsive annuity accounts	$ 674,558,430	$ 649,315,519
Registered investment companies	8,966,316,060	7,743,090,796
Self directed brokerage accounts	108,350,002	87,117,507
Pooled separate account	71,471,005	75,543,782
Total investments at fair value	9,820,695,497	8,555,067,604
Investments at contract value, participant directed (notes 3, 4, and 6):		
Guaranteed investment contract	9,974,431	12,104,289
Fully benefit-responsive annuity accounts	252,094,498	214,175,518
Total investments	10,082,764,426	8,781,347,411
Notes receivable from participants (note 1h)	15,641,840	13,433,337
Net assets available for benefits	$ 10,098,406,266	$ 8,794,780,748

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

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions:		
Investment income (note 3)		
Net appreciation of investments	$ 1,039,449,180	$ 712,681,809
Dividends and interest	389,365,835	195,715,117
Interest on notes receivable from participants	1,220,601	959,812
Net investment income	1,430,035,616	909,356,738
Contributions:		
Employer contributions	199,709,931	193,111,835
Participant contributions	178,833,215	165,604,034
Rollovers	57,205,643	45,756,766
Total contributions	435,748,789	404,472,635
Total additions	1,865,784,405	1,313,829,373
Deductions:		
Benefits paid to participants	561,097,885	436,031,936
Administrative expenses	1,061,002	958,400
Total deductions	562,158,887	436,990,336
Transfer In:		
Bayview Plan Transfer (note 1a)	-	74,733,374
Net increase	1,303,625,518	951,572,411
Net assets available for benefits, beginning of period	8,794,780,748	7,843,208,337
Net assets available for benefits, end of period	$ 10,098,406,266	$ 8,794,780,748

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

(1) Description of the Plan

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

(a) General

The Plan is a defined-contribution retirement program established by The Johns Hopkins University (the Plan Sponsor, the Plan Administrator, or University) in accordance with Section 403(b) of the Internal Revenue Code of 1986, as amended (the IRC). The effective date of the Plan was July 1, 1969. Effective July 1, 2011, the Johns Hopkins University Staff Voluntary 403(b) Retirement Plan was merged into the Johns Hopkins University Faculty and Senior Staff Retirement Plan, which was renamed the Johns Hopkins University 403(b) Plan. The merger was part of the University's overall revision to its retirement plans and programs. The Plan was amended and restated effective on December 31, 2021 to change the Plan year from the fiscal year to the calendar year. In December of 2024, The Johns Hopkins University Tax Sheltered Annuity Program for Former Employees of Johns Hopkins Bayview Physicians (The Bayview Plan) was merged into The Johns Hopkins University 403(b) Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

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

(b) Contributions

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

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

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

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

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

Effective January 1, 2025, the Plan was amended to automatically enroll employees who meet the eligibility criteria and do not make an affirmative election to opt out at a contribution rate of 3% of eligible compensation. The automatic contribution rate increases by 1% each July 1 up to a maximum election of 10% of eligible compensation. Participants may elect to change their contribution rate or opt out of participation in accordance with the provisions of the Plan.

(c) Participant Accounts

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

(d) Vesting

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

(e) Investment Options

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

- The Variable Annuity Life Insurance Company (VALIC) – Available to participants who were actively investing with VALIC as of June 30, 2011 until January 1, 2016 when participants were no longer able to make contributions to VALIC funding vehicles
- Teachers Insurance and Annuity Association/College Retirement Equities Fund (TIAA)
- Empower Annuity Insurance Company of America (Empower) - In December 2024, participant funds from the Bayview Plan at recordkeeper Empower were grandfathered into The Plan. The Bayview Plan was frozen in 2002; participants are ineligible to make further contributions to the annuity.

For certain funds held at TIAA, TIAA-CREF Trust Company, Federal Savings Bank is the custodian.

TIAA-CREF is the master record keeper for all investments held by the trustees listed above. VALIC and Empower continue to be recordkeepers for certain legacy assets.

(f) Payment of Benefits

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

(g) Loans with VALIC

The VALIC loan program was frozen effective as of January 1, 2014, and no new loans were available to Plan participants subsequent to this date. Generally, participants could borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000, or 50%, of the assets held with VALIC, subject to certain restrictions. Participants could borrow from employee/rollover contributions plus earnings in the manner specified by and subject to the approval of VALIC. Loans used to purchase a primary residence may be repaid over 10 years. Loans for all other purposes must be repaid within 5 years. Adequate security is required and a portion of the participant's account is reserved, or held in collateral, to cover 100% of the outstanding loan from VALIC in case of default. Interest rates are variable and can increase or decrease once per year. Loans are issued directly from funds owned by VALIC, and loan proceeds are not removed from the participant's account balance. The participant's account balance in the VALIC Fixed Annuity Account is used as collateral. Interest and principal are paid by the participant directly to VALIC. The loans are not considered investments of the Plan and, therefore, are not reported in the statements of net assets available for benefits. The VALIC loans amounted to $166,899 and $233,952 as of December 31, 2025 and 2024, respectively. Interest rates on the loans from VALIC ranged from 2.00% and 4.50% as of December 31, 2025 and 2024, respectively.

(h) Notes Receivable from Participants

Participant loans issued by TIAA are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 9.50% as of December 31, 2025 and 2024, respectively Generally, participants may borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the assets held with TIAA, subject to certain restrictions. TIAA participant loans are considered assets of the Plan and, therefore, are reported in the statements of net assets available for benefits.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Investment Valuation and Income Recognition

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

The shares in registered investment companies consist of various mutual funds that invest principally in equity securities, fixed income instruments, other mutual funds, and short term investments in accordance with each fund's investment objectives. Fund holdings are generally

valued using market quotations or prices obtained from independent pricing services, except those held by the money market funds, whose holdings are valued at amortized cost. The money market funds are managed to maintain a constant value, though not guaranteed, of $1 per share.

TIAA's Real Estate Account (the REA) is a pooled separate account/insurance company separate account of TIAA investing mainly in real estate and real estate – related investments. This is a variable annuity.

The REA's value is principally derived from the market value of the underlying real estate holdings or other real estate – related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The REA sometimes holds securities as well. These are generally priced using values obtained from independent pricing sources. Returns are not guaranteed and accumulations and returns fluctuate based on the performance of the underlying investments.

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

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

The guaranteed investment contract with Empower is stated at contract value. Under the group annuity insurance contract that supports this product, participants may ordinarily direct permitted withdrawal or transfers of all or a portion of their account balance at contract value within reasonable time frames. Value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. The contract is fully benefit-responsive at contract value for all plan permitted, participant-directed transactions. These fully benefit-responsive investment contracts enable the fund to realize a specific known value for the assets if it needs to liquidate them for benefit payments.

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

(c) Contributions

Contributions are recorded in the period that the University makes payroll deductions from the participant's earnings. Employer contributions are recorded and paid at month-end.

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Forfeitures

Participants are immediately 100% vested in their account balances; therefore, forfeitures generally arise only in rare instances when a participant receives amounts to which they were not entitled due to an administrative error. The Plan Sponsor provides direction at least annually on the use of any forfeitures. In accordance with the Plan document, forfeitures are applied first to reduce employer contributions, and any remaining amounts may be used to pay eligible plan administrative expenses.

(f) Administrative Expenses

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

(g) Use of Estimates

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

(h) Notes Receivable from Participants

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

(3) Information Certified

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held as of December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest on notes receivable from participants for the years ended December 31, 2025 and 2024 were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by TIAA-CREF; TIAA-CREF, as agent for TIAA-CREF Trust Company FSB, VALIC, and Empower, the Custodians of the Plan.

Assets as of December 31, 2025 and 2024 are summarized as follows:

	TIAA-CREF	VALIC	EMPOWER	December 31, 2025 Total
Investments at fair value:				
Non benefit-responsive annuity accounts	$ 665,747,162	$ 8,811,268	$ —	$ 674,558,430
Registered investment companies	8,916,637,520	49,678,540	—	8,966,316,060
Self directed brokerage accounts	108,350,002	—	—	108,350,002
Pooled separate account	71,471,005	—	—	71,471,005
Investments at contract value:				
Guaranteed Investment contract	—	—	9,974,431	9,974,431
Fully benefit-responsive annuity accounts	252,094,498	—	—	252,094,498
Total investments	10,014,300,187	58,489,808	9,974,431	10,082,764,426
Loans to participants	15,641,840	—	—	15,641,840
Total	$ 10,029,942,027	$ 58,489,808	$ 9,974,431	$ 10,098,406,266

	TIAA-CREF	VALIC	EMPOWER	December 31, 2024 Total
Investments at fair value:				
Non benefit-responsive annuity accounts	$ 639,893,946	$ 9,421,573	$ —	$ 649,315,519
Registered investment companies	7,694,866,774	48,224,022	—	7,743,090,796
Self directed brokerage accounts	87,117,507	—	—	87,117,507
Pooled separate account	75,543,782	—	—	75,543,782
Investments at contract value:				
Guaranteed Investment contract	—	—	12,104,289	12,104,289
Fully benefit-responsive annuity accounts	214,175,518	—	—	214,175,518
Total investments	8,711,597,527	57,645,595	12,104,289	8,781,347,411
Loans to participants	13,433,337	—	—	13,433,337
Total	$ 8,725,030,864	$ 57,645,595	$ 12,104,289	$ 8,794,780,748

Investment activity for the periods ended December 31, 2025 and 2024 was summarized as follows:

	TIAA-CREF	VALIC	EMPOWER	December 31, 2025 Total
Net appreciation in fair value of investments	$ 1,032,629,811	$ 6,819,369	$ —	$ 1,039,449,180
Dividends and interest	388,734,616	271,399	359,820	389,365,835
Interest on notes receivable from participants	1,220,601	—	—	1,220,601

	TIAA-CREF	VALIC	EMPOWER	December 31, 2024 Total
Net appreciation in fair value of investments	$ 706,042,770	$ 6,639,039	$ —	$ 712,681,809
Dividends and interest	195,422,561	292,556	—	195,715,117
Interest on notes receivable from participants	959,812	—	—	959,812

(4) Guaranteed Investment Contract

Due to the transfer from the Bayview Plan in December of 2024, the Plan entered into a fully benefit-responsive guaranteed investment contract with Empower. Empower maintains the investments in a general account.

The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay principal and interest and a specified interest rate guaranteed to the Plan.

Interest is credited on contract balances using a single “portfolio rate” approach. Under this methodology, a single interest crediting rate is applied to all contributions made to the product regardless of the timing of those contributions. Interest crediting rates are determined using a formula. Factors utilized in the determination of interest crediting rates include the timing and amount of the Plan’s cash flow as well as the expected and actual investment experience of securities held in a commingled reference portfolio within the issuer’s general account. The minimum crediting rate under the contract is 3.00%. Interest crediting rates are reviewed on an annual basis for resetting.

A Plan Sponsor initiated contract termination is an event that could limit the ability of the Plan to transact at contract value if payment is required within 90 days. The Plan Sponsor does not believe that an event that would limit the Plan’s ability to transact at contract value is probable of occurring. There are no events that allow the issuer to terminate the contract and that require the Plan Sponsor to settle at an amount different than contract value paid either within 90 days or over time.

(5) Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted

quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

- Market approach – this approach uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.
- Income approach – this approach determines a valuation by discounting future cash flows.
- Cost approach – this approach is based on the principle of substitution and the concept that a market participant would not pay more than the amount that would currently be required to replace the asset.

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

The following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2025 and 2024. There were no changes in methodologies used as of December 31, 2025 and 2024.

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

The fair values of accumulation units held by the Plan in TIAA accounts (registered investment companies) are based on each account's daily NAV. TIAA accounts are not exchange traded but are classified within Level 1 of the fair value hierarchy because they are redeemable daily at the NAV

quoted by TIAA. Data for NAVs are available daily to the Plan Administrator and Plan's participants on NASDAQ's website and provide sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in these accounts, and there are no restrictions on redemptions and no notice period for redemption.

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

Self-directed brokerage accounts: The shares in self-directed brokerage accounts consists of various fund options beyond the ones offered through the Plan. Shares are valued using various methodologies depending on where the funds are held.

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

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

The following tables present the Plan's fair value hierarchy for those investments measured at fair value as of December 31, 2025:

	December 31, 2025			
	Total	**Level 1**	**Level 2**	**Level 3**
Annuity accounts	$ 674,558,430	$ —	$ —	$ 674,558,430
Pooled separate accounts	71,471,005	71,471,005	—	—
Self directed accounts	108,350,002	108,350,002	—	—
Registered investment companies:				
Money market	225,367,581	225,367,581	—	—
Equity	3,734,446,437	3,734,446,437	—	—
Fixed income	522,891,009	522,891,009	—	—
Lifecycle/freedom	4,483,044,060	4,483,044,060	—	—
Specialty	566,973	566,973	—	—
	$ 9,820,695,497	$ 9,146,137,067	$ —	$ 674,558,430

The following tables present the Plan's fair value hierarchy for those investments measured at fair value as of December 31, 2024:

	December 31, 2024			
	Total	Level 1	Level 2	Level 3
Annuity accounts	$ 649,315,519	$ —	$ —	$ 649,315,519
Pooled separate accounts	75,543,782	75,543,782	—	—
Self directed accounts	87,117,507	87,117,507	—	—
Registered investment companies:				
Money market	172,012,551	172,012,551	—	—
Equity	3,237,186,202	3,237,186,202	—	—
Fixed income	425,433,644	425,433,644	—	—
Lifecycle/freedom	3,907,800,787	3,907,800,787	—	—
Specialty	657,612	657,612	—	—
	$ 8,555,067,604	$ 7,905,752,085	$ —	$ 649,315,519

For the years ended December 31, 2025, and 2024, the Plan did not have any transfers between fair value levels.

The following table presents the total purchases and sales of the Plan's Level 3 assets for the period ended December 31, 2025:

	TIAA's traditional nonbenefit responsive	VALIC's fixed account plus	VALIC's short-term fixed account	December 31, 2025 Total
Purchases	$ 72,466,601	$ 202,014	$ 58,906	$ 72,727,521
Sales	(48,565,233)	(44,267)	(818,332)	(49,427,832)

The following table presents the total purchases and sales of the Plan's Level 3 assets for the period ended December 31, 2024:

	TIAA's traditional nonbenefit responsive	VALIC's fixed account plus	VALIC's short-term fixed account	December 31, 2024 Total
Purchases	$ 81,730,567	$ 205,421	$ 73,987	$ 82,009,975
Sales	(56,661,133)	(1,059,748)	(206,326)	(57,927,207)

The following table represents the Plan's Level 3 financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2025.

Instrument	December 31, 2025 Fair value	Significant unobservable inputs	Rates
TIAA's non benefit-responsive annuity accounts	$ 665,747,162	Risk adjusted discount rate applied	GRA 3.55% to 6.50% RA 3.55% to 6.50%
VALIC's non benefit-responsive annuity accounts	8,811,268	Risk adjusted discount rate applied	Fixed Account Plus - Greater than 1.00% Short Term Fixed - Greater than 1.00%

The following table represents the Plan's Level 3 financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2024.

Instrument	December 31, 2024 Fair value	Significant unobservable inputs	Rates
TIAA's non benefit-responsive annuity accounts	$ 639,893,946	Risk adjusted discount rate applied	GRA 3.65% to 6.50% RA 3.65% to 6.50%
VALIC's non benefit-responsive annuity accounts	9,421,573	Risk adjusted discount rate applied	Fixed Account Plus - Greater than 1.00% Short Term Fixed - Greater than 1.00%

(6) TIAA Traditional Annuity Accounts

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

Interest credited to TIAA's Traditional Annuity accumulations includes a guaranteed rate, plus additional amounts that are not guaranteed but may be established on a year-by-year basis. These additional amounts, when declared, remain in effect through the end of the "declaration year," which begins each March 1. The guaranteed annual interest rate is 3% for all premiums remitted since 1979 through the summer of 2022 under TIAA's Traditional Retirement Annuity accumulating contracts. During the summer of 2022, JHU converted to new contracts where the guaranteed minimum crediting rate is 1%. Both the one-year total returns and the yield credited to participants for 2025 and 2024 are out of annual fees. The crediting interest rate is calculated daily.

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

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

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

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

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

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

5. Premature termination of the contract.

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

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

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

2. A breach of material obligation under the contract;

3. A material misrepresentation; and/or

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

(7) Tax Status

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for all Plan years three or more years prior to the 2025 Plan year.

(8) Risks and Uncertainties

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

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

(9) Plan Termination

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

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

Certain Plan investments are managed by TIAA, VALIC, and Empower, trustees for the Plan, and, therefore, these transactions qualify as party in interest transactions.

(11) Subsequent Events

The Plan Sponsor has evaluated subsequent events through October 10, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 52-0595110
Plan Number: 003
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment	(e) Current value
*	TIAA GSRA Contracts	Insurance contracts	$ 122,869,601
*	TIAA RA Contracts	Insurance contracts	493,517,005
*	TIAA SRA Contracts	Insurance contracts	25,178,971
*	TIAA GRA Contracts	Insurance contracts	77,173,327
*	TIAA Retirement Choice Contracts	Insurance contracts	198,631,405
*	TIAA Plan LD Fund	Insurance contracts	471,351
	Total TIAA-CREF – Annuity accounts		917,841,660
*	VALIC Fixed Account Plus	Insurance contracts	7,101,361
*	VALIC Short Term Fixed Account	Insurance contracts	1,709,907
	Total VALIC – Annuity accounts		8,811,268
	Total Annuity accounts		926,652,928
*	Empower Guaranteed Investment Contract	Guaranteed investment contract	9,974,431
*	TIAA Real Estate	Pooled separate account	71,471,005
*	TIAA Self-directed brokerage accounts	Various	108,350,002
	Allspring Spec SmallCap Val R6	Registered investment companies	6,596,570
	BlackRock Mid Cap Growth Eq K	Registered investment companies	6,851,155
*	CREF Core Bond R3	Registered investment companies	35,962,736
*	CREF Global Equities R3	Registered investment companies	121,954,293
*	CREF Growth R3	Registered investment companies	157,605,352
*	CREF Inflation-Linked Bond R3	Registered investment companies	20,427,211
*	CREF Money Market R3	Registered investment companies	66,783,972
*	CREF Responsible Balanced R3	Registered investment companies	81,880,843
*	CREF S&P 500 Index R3	Registered investment companies	99,306,583
*	CREF Total Global Stock R3	Registered investment companies	477,978,504
	JPMorgan Large Cap Growth R6	Registered investment companies	227,827,803
	Loomis Sayles Sm Cap Growth N	Registered investment companies	4,796,038
	MFS Intl Diversification Cl R6	Registered investment companies	97,666,336
	MFS Mid Cap Value Class R6	Registered investment companies	22,157,806
	PGIM Total Return Bond R6	Registered investment companies	34,269,500
	Vanguard Devlopd Mkts Idx Ins	Registered investment companies	186,051,408
	Vanguard Emr Mkts Stk Idx Inst	Registered investment companies	108,264,046
	Vanguard Equity Income Adm	Registered investment companies	99,318,109
	Vanguard FTSE Social Idx Instl	Registered investment companies	25,761,685
	Vanguard Growth Index Inst	Registered investment companies	179,622,107
	Vanguard Infl Protect Sec Inst	Registered investment companies	40,322,294
	Vanguard Inst Idx Inst Plus	Registered investment companies	616,702,035
	Vanguard Long-Trm Bd Idx Inst	Registered investment companies	37,354,245
	Vanguard Mid-Cap Grw Idx Adm	Registered investment companies	53,129,442
	Vanguard Mid-Cap Idx Inst	Registered investment companies	53,603,352
	Vanguard Mid-Cap Value Idx Adm	Registered investment companies	15,825,769
	Vanguard PRIMECAP Adm	Registered investment companies	163,313,914
	Vanguard Short-Trm Bd Idx Inst	Registered investment companies	115,687,842
	Vanguard Shrt-Term IP Sec Id I	Registered investment companies	58,206,299
	Vanguard Small-Cap Grw Idx Inst	Registered investment companies	113,067,376
	Vanguard Small-Cap Idx Inst	Registered investment companies	31,822,177
	Vanguard Small-Cap Val Idx Inst	Registered investment companies	55,705,240
	Vanguard Target Retire 2020	Registered investment companies	323,464,949
	Vanguard Target Retire 2025	Registered investment companies	532,466,160
	Vanguard Target Retire 2030	Registered investment companies	693,715,945
	Vanguard Target Retire 2035	Registered investment companies	793,074,584
	Vanguard Target Retire 2040	Registered investment companies	689,751,012
	Vanguard Target Retire 2045	Registered investment companies	584,398,207
	Vanguard Target Retire 2050	Registered investment companies	363,073,708
	Vanguard Target Retire 2055	Registered investment companies	148,516,945
	Vanguard Target Retire 2060	Registered investment companies	49,938,892
	Vanguard Target Retire 2065	Registered investment companies	15,576,351
	Vanguard Target Retire 2070	Registered investment companies	2,459,481
	Vanguard Target Retire Income	Registered investment companies	285,703,384
	Vanguard Total St Mk Ix In Pl	Registered investment companies	409,749,654
	Vanguard Treasury MoneyMkt Inv	Registered investment companies	157,788,762
	Vanguard Ttl Bd Mkt Idx InstPl	Registered investment companies	153,810,177
	Vanguard Ttl Intl Bnd Idx Inst	Registered investment companies	21,885,836
	Vanguard Ttl Intl Stk Idx Inst	Registered investment companies	127,748,740
	Vanguard Value Index Inst	Registered investment companies	147,692,691
	Total TIAA-CREF Registered investment companies		8,916,637,520

THE JOHNS HOPKINS UNIVERSITY
403(b) PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 52-0595110
Plan Number: 003
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment	(e) Current value
*	VALIC Aggressive Alloc Lifestyle Fnd	Registered investment companies	$ 112,702
*	VALIC Amer Beacon Brdwy Lrg Cp Grw I	Registered investment companies	763
*	VALIC Ariel Appreciation Fund	Registered investment companies	532,949
*	VALIC Ariel Fund	Registered investment companies	728,475
*	VALIC Asset Allocation Fund	Registered investment companies	68,870
*	VALIC Conservative Alloc Lifestyle	Registered investment companies	121,494
*	VALIC Core Bond Fund	Registered investment companies	2,998,927
*	VALIC Dividend Value	Registered investment companies	463,731
*	VALIC Emerging Economies	Registered investment companies	1,489,110
*	VALIC Global Real Estate Fund	Registered investment companies	398,405
*	VALIC Global Strategy	Registered investment companies	280,266
*	VALIC Government Securities Fund	Registered investment companies	571,916
*	VALIC Growth Fund	Registered investment companies	2,690,786
*	VALIC Gs Vit Gov Money Mkt Fd Inst	Registered investment companies	794,847
*	VALIC High Yield Bond Fund	Registered investment companies	390,713
*	VALIC Inflation Protected Fund	Registered investment companies	511,045
*	VALIC International Government Bond	Registered investment companies	211,103
*	VALIC International Growth Fund	Registered investment companies	324,381
*	VALIC International Value Fund	Registered investment companies	1,171,646
*	VALIC Internatl Equities Index Fund	Registered investment companies	1,864,680
*	VALIC Intl Opportunities	Registered investment companies	265,156
*	VALIC Intl Socially Responsible Fund	Registered investment companies	1,454,430
*	VALIC Large Capital Growth	Registered investment companies	1,705,183
*	VALIC Loan Collateral Fund	Registered investment companies	166,899
*	VALIC Loan Escrow Fund	Registered investment companies	1,669
*	VALIC Mid Cap Index Fund	Registered investment companies	1,843,534
*	VALIC Mid Cap Strategic Gwth	Registered investment companies	2,249,137
*	VALIC Mid Cap Value Fund	Registered investment companies	870,097
*	VALIC Moderate Alloc Lifestyle Fund	Registered investment companies	570,473
*	VALIC Nasdaq-100(R) Index Fund	Registered investment companies	561,600
*	VALIC Science & Technology Fund	Registered investment companies	7,461,529
*	VALIC Small Cap Growth Fund	Registered investment companies	348,827
*	VALIC Small Cap Index Fund	Registered investment companies	798,893
*	VALIC Small Cap Special Value Fund	Registered investment companies	564,943
*	VALIC Small Cap Value Fund	Registered investment companies	216,197
*	VALIC Stock Index Fund	Registered investment companies	6,564,571
*	VALIC Systematic Core Fund	Registered investment companies	1,750,128
*	VALIC Systematic Growth Fund	Registered investment companies	934,616
*	VALIC Systematic Value	Registered investment companies	303,825
*	VALIC US Socially Responsible Fund	Registered investment companies	740,803
*	VALIC Vanguard Lifestrategy Conser	Registered investment companies	71,911
*	VALIC Vanguard Lifestrategy Growth	Registered investment companies	778,351
*	VALIC Vanguard Lifestrategy Modera	Registered investment companies	54,179
*	VALIC Vanguard Long-Term Treasury	Registered investment companies	199,753
*	VALIC Vanguard Lt Inv-Grade Fund	Registered investment companies	81,412
*	VALIC Vanguard Wellington Fund Inc	Registered investment companies	541,234
*	VALIC Vanguard Windsor Ii	Registered investment companies	2,010,871
*	VALIC VC I Capital Appreciation	Registered investment companies	841,510
	Total VALIC – Registered investment companies		49,678,540
	Total registered investment companies		8,966,316,060
	Subtotal investments		10,082,764,426
*	Participants:		
	Notes receivable from participants	Participant loans with interest rates of 4.25% to	
	Subtotal assets	9.50% with maturities through 2037	15,641,840
	Total assets		$10,098,406,266

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

Docusign Envelope ID: EE47AD4D-2284-871C-8028-1CFC9405D142

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
JOHNS HOPKINS UNIVERSITY 403(B) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1969

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
JOHNS HOPKINS UNIVERSITY OFFICE OF BENEFITS SERVICE

JOHNS HOPKINS UNIVERSITY TAX OFFICE
3910 KESWICK ROAD
SUITE N4329
BALTIMORE MD 21211-2226

2b Employer Identification Number (EIN) 52-0595110

2c Plan Sponsor's telephone number 4105162000

2d Business code (see instructions) 611000

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

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

SIGN HERE	Signed by: Joel Searfoss ACF834A3AE7D40E	10/13/2026 | 5:53 AM PDT	JOEL SEARFOSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025) v. 250312**

518401 12-22-25