

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: THE UNION LABOR LIFE INS. CO. SEPARATE ACCOUNT J
1b Three-digit plan number (PN): 203
1c Effective date of plan: 07/01/1977
2a Plan sponsor's name (employer, if for a single-employer plan): THE UNION LABOR LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 13-1423090
2c Plan Sponsor's telephone number: 202-682-0900
2d Business code (see instructions): 524140

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

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

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

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">THE UNION LABOR LIFE INSURANCE COMPANY</p> <p style="color: blue;">8403 COLESVILLE RD SILVER SPRING, MD 20910</p>	<p>3b Administrator's EIN 13-1423090</p> <p>3c Administrator's telephone number 202-682-0900</p>																				
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>																				
<p>5 Total number of participants at the beginning of the plan year</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	5	0																		
5	0																				
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="width:90%;"></td> </tr> <tr> <td style="width:10%; text-align: center;">6a(2)</td> <td style="width:90%;"></td> </tr> <tr> <td style="width:10%; text-align: center;">6b</td> <td style="width:90%;"></td> </tr> <tr> <td style="width:10%; text-align: center;">6c</td> <td style="width:90%;"></td> </tr> <tr> <td style="width:10%; text-align: center;">6d</td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;">6e</td> <td style="width:90%;"></td> </tr> <tr> <td style="width:10%; text-align: center;">6f</td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;">6g(1)</td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;">6g(2)</td> <td style="width:90%;"></td> </tr> <tr> <td style="width:10%; text-align: center;">6h</td> <td style="width:90%;"></td> </tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f	0	6g(1)	0	6g(2)		6h	
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<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																			
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE UNION LABOR LIFE INS. CO. SEPARATE ACCOUNT J</u>	B Three-digit plan number (PN)	<u>203</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE UNION LABOR LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>13-1423090</u>	

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)
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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:		
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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 GENERAL BUILDING LABORERS LOCAL 66 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND	c EIN-PN 11-1974385-001
a	Plan name CONSTRUCTION WORKERS PENSION TRUST FUND OF LAKE COUNTY INDIANA AND VICINITY	
b	Name of plan sponsor BOARD OF TRUSTEES, CONSTRUCT WRKS PENS TRUST FD LAKE CNTY IN & VICINIT	c EIN-PN 35-6030666-001
a	Plan name SHEET METAL WORKERS LOCAL UNIONS AND COUNCILS PENSION FUND	
b	Name of plan sponsor SHEET METAL WORKERS INTERNATIONAL ASSOCIATION	c EIN-PN 53-6001972-333
a	Plan name MARBLE, TILE AND TERRAZZO WORKERS PENSION FUND	
b	Name of plan sponsor TILE LAYERS, MOSAIC & TERRAZZO WORKERS LOCALS 3, 31, 31A	c EIN-PN 52-6117426-001
a	Plan name IRON WORKERS LOCAL NO. 5 AND IWEA EMPLOYEES PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, IRON WORKERS LOCAL NO. 5 AND IWEA EMPLOYEES PENSION	c EIN-PN 52-1075473-001
a	Plan name INTERNATIONAL ASSOCIATION PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, INTERNATIONAL ASSOCIATION PENSION PLAN	c EIN-PN 52-6128563-002
a	Plan name ANNUITY FUND OF THE ELECTRICAL INDUSTRY OF LONG ISLAND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE ANNUITY FUND OF THE ELECTRICAL INDUSTRY OF LO	c EIN-PN 11-6045930-002
a	Plan name BAY AREA PAINTERS AND TAPERS PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, BAY AREA PAINTERS AND TAPERS PENSION PLAN	c EIN-PN 94-6276501-001
a	Plan name NATIONAL ROOFING INDUSTRY PENSION FUND	
b	Name of plan sponsor NATIONAL ROOFING INDUSTRY PENSION FUND WILSON-MC SHANE CORPORATION	c EIN-PN 36-6157071-001
a	Plan name I.B.E.W. LOCAL 139 PENSION FUND	
b	Name of plan sponsor IBEW LOCAL 139 PENSION PLAN BOARD OF TRUSTEES	c EIN-PN 51-6029960-001
a	Plan name IRONWORKERS LOCAL 580 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 580 PENSION FUND	c EIN-PN 13-6178514-001
a	Plan name SHEET METAL WORKERS LOCAL 265 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF THE SMART LOCAL 265 PENSION FUND	c EIN-PN 36-6168611-001

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 EASTERN ATLANTIC STATES CARPENTERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES EASTERN ATLANTIC STATES CARPENTERS PENSION FUND	c EIN-PN 23-1613018-001
a	Plan name WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, IBEW LOCAL UNION NO. 5 AND WESTERN PA CHAPTER NECA	c EIN-PN 25-6032108-001
a	Plan name IRONWORKERS LOCAL NOS 40, 361 AND 417 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IRONWORKERS LOCALS 40, 361, AND 417 PENSION FUND	c EIN-PN 51-6102576-001
a	Plan name INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS NO. 325 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF IBEW LOCAL 325 PENSION FUND	c EIN-PN 16-6098105-001
a	Plan name IBEW LOCAL UNION NO. 98 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, IBEW PENSION PLAN	c EIN-PN 23-1990722-001
a	Plan name PACIFIC COAST ROOFERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES FOR PACIFIC COAST ROOFERS PENSION PLAN	c EIN-PN 94-6051377-001
a	Plan name IBEW LOCAL 25 401(K) FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IBEW LOCAL 25 401(K) FUND	c EIN-PN 11-2744709-003
a	Plan name IRONWORKERS ST. LOUIS DISTRICT COUNCIL PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES OF IRONWORKERS ST. LOUIS DISTRICT COUNCIL PENSION TR	c EIN-PN 43-6052659-001
a	Plan name UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION PENSION PLAN FOR EMPLOYEES	
b	Name of plan sponsor EXECUTIVE COMMITTEE OF THE UNITED FOOD & COMMERCIAL WORKERS INTERNATIO	c EIN-PN 81-2741678-002
a	Plan name SHEET METAL WORKERS LOCAL 22 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, SHEET METAL WORKERS LOCAL 22 PENSION FUND	c EIN-PN 22-6072834-001
a	Plan name LOCAL UNION 41 IBEW PENSION FUND	
b	Name of plan sponsor TRUSTEES OF LOCAL NO. 41 IBEW PENSION PLAN	c EIN-PN 16-0851799-001
a	Plan name NATIONAL ELECTRICAL BENEFIT FUND	
b	Name of plan sponsor TRUSTEES OF NATIONAL ELECTRICAL BENEFIT FUND	c EIN-PN 53-0181657-001

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	CONSTRUCTION INDUSTRY LABORERS PENSION FUND	
b	Name of plan sponsor	CONSTRUCTION INDUSTRY LABORERS PENSION FUND	c EIN-PN 43-6060737-001
a	Plan name	LABORERS PENSION TRUST FUND OF NORTHERN NEVADA	
b	Name of plan sponsor	BOARD OF TRUSTEES, LABORERS PENSION TRUST FUND OF NORTHERN NEVADA	c EIN-PN 88-0138600-001
a	Plan name	IBEW LOCAL 531 & NECA PENSION PLAN	
b	Name of plan sponsor	TRUSTEES, IBEW LOCAL 531 & NECA PENSION PLAN	c EIN-PN 35-6068417-001
a	Plan name	ROOFERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF ROOFERS' PENSION FUND	c EIN-PN 36-6485998-001
a	Plan name	LABORERS' LOCAL 157 PENSION FUND	
b	Name of plan sponsor	LABORERS' LOCAL 157 PENSION FUND	c EIN-PN 14-6076460-001
a	Plan name	UA LOCAL 190 PENSION PLAN	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES UA LOCAL 190 PENSION PLAN	c EIN-PN 38-6065579-001
a	Plan name	ROOFERS LOCAL 241 PENSION FUND	
b	Name of plan sponsor	ROOFERS LOCAL 241 PENSION FUND	c EIN-PN 51-6125180-001
a	Plan name	IBEW LOCAL 25 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, IBEW LOCAL 25 PENSION FUND	c EIN-PN 11-6038558-001
a	Plan name	EASTERN ATLANTIC STATES CARPENTERS ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES EASTERN ATLANTIC STATES CARPENTERS ANNUITY FUND	c EIN-PN 22-2406812-002
a	Plan name	CARPENTERS' PENSION TRUST FUND OF ST. LOUIS	
b	Name of plan sponsor	TRUSTEES OF CARPENTERS' PENSION TRUST FUND OF ST. LOUIS	c EIN-PN 43-1622970-001
a	Plan name	NEW JERSEY BUILDING LABORERS STATEWIDE PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, NEW JERSEY BUILDING LABORERS STATEWIDE PENSION FUND	c EIN-PN 22-6077693-001
a	Plan name	BOARD OF TRUSTEES LOCAL 282 PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES PDC PENSION PLAN	c EIN-PN 04-6043807-001

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	GENERAL BUILDING LABORERS' LOCAL 66 ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, GENERAL BUILDING LABORERS' LOCAL 66 ANNUITY FUND	c EIN-PN 11-2977468-006
a	Plan name	PLUMBERS LOCAL UNION NO. 1 ADDITIONAL SECURITY BENEFIT FUND	
b	Name of plan sponsor	PLUMBERS LOCAL UNION NO. 1 ADDITIONAL SECURITY BENEFIT FUND	c EIN-PN 11-1870373-501
a	Plan name	S.E.I.U PENSION PLANS MASTER TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE S.E.I.U. PENSION PLANS MASTER TRUST	c EIN-PN 56-6680924-001
a	Plan name	INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 282 PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES LOCAL 282 PENSION TRUST FUND	c EIN-PN 11-6245313-001
a	Plan name	NATIONAL AUTOMATIC SPRINKLER INDUSTRY PENSION FUND	
b	Name of plan sponsor	NATIONAL AUTOMATIC SPRINKLER INDUSTRY PENSION FUND JOINT BOARD OF TRUS	c EIN-PN 52-6054620-001
a	Plan name	MIAMI IRONWORKERS LOCAL 272 PENSION TRUST FUND	
b	Name of plan sponsor	TRUSTEES OF MIAMI IRONWORKERS LOCAL 272 PENSION TRUST FUND	c EIN-PN 59-6486074-015
a	Plan name	AFL-CIO STAFF RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN FEDERATION OF LABOR & CONGRESS OF INDUSTRIAL ORGANIZATIONS	c EIN-PN 53-0228172-001
a	Plan name	NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF NY CITY DISTRICT COUNCIL OF CARPENTERS PENSION FU	c EIN-PN 51-0174276-001
a	Plan name	PENSION FUND OF HEAT AND FROST INSULATORS LOCAL 12 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES PENSION FUND OF HEAT AND FROST INSULATORS LOCAL 12	c EIN-PN 51-6045262-002
a	Plan name	SOUTHERN CALIFORNIA PLASTERING INSTITUTE PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, SOUTHERN CA PLASTERERS INSTITUTE PENSION TRUST FUND	c EIN-PN 51-6052141-001
a	Plan name	CHICAGO AND VICINITY LABORERS' DISTRICT COUNCIL PENSION FUND	
b	Name of plan sponsor	BOT. CHICAGO AND VICINITY LABORERS' DISTRICT COUNCIL PENSION FUND	c EIN-PN 36-2514514-002
a	Plan name	SHEET METAL WORKERS LOCAL UNION 17 ANNUITY INCOME FUND	
b	Name of plan sponsor	SHEET METAL WORKERS LOCAL 17 ANNUITY INCOME FUND	c EIN-PN 04-6394579-003

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	PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO.35 ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES PAINTERS DISTRICT COUNCIL NO.35 ANNUITY FUND	c EIN-PN 22-2489316-001
a	Plan name	IRONWORKERS LOCAL NO. 16 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES IRONWORKERS LOCAL 16 PENSION FUND	c EIN-PN 52-6148924-001
a	Plan name	ROOFERS LOCAL NO. 8 PENSION FUND	
b	Name of plan sponsor	UNITED UNION OF ROOFER LOCAL 8 PENSION FUND BOARD OF TRUSTEES	c EIN-PN 11-6003399-006
a	Plan name	MASON TENDERS DISTRICT COUNCIL PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, MASON TENDERS DISTRICT COUNCIL PENSION FUND	c EIN-PN 13-6190433-074
a	Plan name	RETIREMENT & PENSION PLAN FOR OFFICERS & EMPLOYEES OF THE N. Y. DIST COUNCIL OF CARP AND RELATED ORGANIZAIONS	
b	Name of plan sponsor	TRUSTEES RETIRE & PENSION PLAN OFFICERS & EMPLOYEES NY DIST CARP & REL	c EIN-PN 51-0167964-001
a	Plan name	CEMENT MASONS LOCAL 502 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, CEMENT MASONS PENSION FUND	c EIN-PN 51-6034597-001
a	Plan name	NATIONAL ELEVATOR INDUSTRY PENSION PLAN	
b	Name of plan sponsor	NATIONAL ELEVATOR INDUSTRY PENSION PLAN BOARD OF TRUSTEES	c EIN-PN 23-2694291-001
a	Plan name	INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS SALARIED EMPLOYEES PENSION FUND	
b	Name of plan sponsor	INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS	c EIN-PN 53-0038250-001
a	Plan name	IBEW LOCAL UNION NO. 357 PENSION TRUST FUND PLAN A	
b	Name of plan sponsor	IBEW BOARD OF TRUSTEES FOR LOCAL UNION NO. 357 PENSION TRUST	c EIN-PN 88-6023284-001
a	Plan name	CEMENT MASONS OF SOUTHERN CALIFORNIA PENSION TRUST	
b	Name of plan sponsor	CEMENT MASONS OF SOUTHERN CALIFORNIA PENSION TRUST	c EIN-PN 95-3379185-001
a	Plan name	MID-ATLANTIC REGIONAL COUNCIL OF CARPENTERS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES - MARC PENSION PLAN	c EIN-PN 52-6051388-001
a	Plan name	BRICKLAYERS PENSION TRUST FUND - METROPOLITAN AREA	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES BRICKLAYERS PENSION TRUST FUND - METROPOLITAN	c EIN-PN 51-6030972-001

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	TEAMSTERS LOCAL 282 ANNUITY FUND
b	Name of plan sponsor	BOARD OF TRUSTEES LOCAL 282
c	EIN-PN	11-6276104-002
a	Plan name	NORTH ATLANTIC CARPENTERS PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES NORTH ATLANTIC CARPENTERS PENSION FUND
c	EIN-PN	51-6040899-001
a	Plan name	NORTH ATLANTIC STATE CARPENTERS ANNUITY PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES NORTH ATLANTIC STATE CARPENTERS ANNUITY PLAN
c	EIN-PN	06-1308364-002
a	Plan name	IRONWORKERS DISTRICT COUNCIL OF NEW ENGLAND PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES OF IRONWORKERS DISTRICT COUNCIL OF NEW ENGLAND PENS
c	EIN-PN	04-2591016-001
a	Plan name	TWIN CITY CARPENTERS AND JOINERS PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE TWIN CITY CARPENTERS PENSION FUND
c	EIN-PN	41-6043137-001
a	Plan name	NEW JERSEY BUILDING LABORERS STATEWIDE ANNUITY FUND
b	Name of plan sponsor	BOARD OF TRUSTEES NEW JERSEY BUILDING LABORERS STATEWIDE ANNUITY FUND
c	EIN-PN	22-2450453-001
a	Plan name	LOCALS 302 & 612 OF THE I.U.O.E EMPLOYERS CONSTRUCTION INDUSTRY RETIREMENT PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES, LOCALS 302 & 612 OF THE I.U.O.E.
c	EIN-PN	91-6028571-001
a	Plan name	HEAVY & GENERAL LABORERS LOCAL UNIONS 472 & 172 OF NEW JERSEY ANNUITY PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES HEAVY & GENERAL LABORERS OF NEW JERSEY ANNUITY PLAN
c	EIN-PN	22-2331070-001
a	Plan name	HEAVY & GENERAL LABORERS LOCAL UNIONS 472 & 172 OF NEW JERSEY PENSIONS
b	Name of plan sponsor	BOARD OF TRUSTEES HEAVY & GENERAL LABORERS OF NEW JERSEY PENSION FUND
c	EIN-PN	22-6032103-001
a	Plan name	OPERATING ENGINEERS LOCAL PENSION TRUST FUND OF WASHINGTON, D.C
b	Name of plan sponsor	BOARD OF TRUSTEES, OPERATING ENGINEERS LOCAL PENSION TRUST FUND OF WAS
c	EIN-PN	52-6038506-001
a	Plan name	INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES INDUSTRY PENSION FUND
b	Name of plan sponsor	INTERNATIONAL PAINTERS & ALLIED TRADES INDUSTRY PENSION FUND -BOARD OF
c	EIN-PN	52-6073909-001
a	Plan name	LABORERS NATIONAL PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE LABORERS NATIONAL PENSION FUND
c	EIN-PN	75-1280827-001

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 INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO. 99 RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES IBEW LOCAL UNION NO. 99 RETIREMENT PLAN	c EIN-PN 05-6049538-001
a	Plan name CEMENT MASONS AND PLASTERERS JOINT PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES CEMENT MASONS AND PLASTERERS JOINT PENSION PLAN	c EIN-PN 88-0135696-001
a	Plan name CENTRAL LABORERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, CENTRAL LABORERS PENSION FUND	c EIN-PN 37-6052379-001
a	Plan name CONSTRUCTION LABORERS PENSION FUND FOR SOUTHERN CALIFORNIA	
b	Name of plan sponsor BOARD OF TRUSTEES, CONSTRUCTION LABORERS PENSION TRUST	c EIN-PN 43-6159056-001
a	Plan name CONSTRUCTION INDUSTRY AND LABORERS JOINT PENSION TRUST FOR SOUTHERN NEVADA	
b	Name of plan sponsor CONSTRUCTION INDUSTRY & LABORERS JOINT PENSION TRUST BOARD OF TRUSTEES	c EIN-PN 88-0135695-001
a	Plan name BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES BRICKLAYERS AND TROWEL TRADES INTERNATIONAL PENSION	c EIN-PN 52-6127746-001
a	Plan name MARITIME ASSOCIATION - I.L.A. PENSION FUND	
b	Name of plan sponsor THE BOARD OF TRUSTEES OF THE MARITIME ASSOCAITON - I.L.A.	c EIN-PN 74-1721447-001
a	Plan name HAWAII GLAZIERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES HAWAII GLAZIERS PENSION FUND	c EIN-PN 99-0145070-001
a	Plan name IBEW LOCAL 701 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES IBEW LOCAL 701 PENSION PLAN	c EIN-PN 36-6455509-001
a	Plan name LABORERS DISTRICT COUNCIL & CONTRACTORS PENSION FUND OF OHIO	
b	Name of plan sponsor BOARD OF TRUSTEES OF LABORERS DISTRICT COUNCIL & CONTRACTORS PENSION F	c EIN-PN 31-6129964-001
a	Plan name INLANDBOATMEN'S UNION OF THE PACIFIC NATIONAL PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, IBU OF THE PACIFIC NATIONAL PENSION PLAN	c EIN-PN 93-0792184-001
a	Plan name LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA	
b	Name of plan sponsor BOARD OF TRUSTEES LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA	c EIN-PN 94-6277608-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ROOFERS LOCAL 149 PENSION FUND	
b	Name of plan sponsor	ROOFERS LOCAL 149 PENSION FUND	c EIN-PN 38-1425819-001
a	Plan name	DESERT STATES EMPLOYERS AND UNITED FOOD & COMMERCIAL WORKERS UNIONS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE DESERT STATES EMPLOYERS AND UFCW UNIONS	c EIN-PN 84-6277982-001
a	Plan name	CENTRAL LABORERS ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE CENTRAL LABORERS ANNUITY FUND	c EIN-PN 37-6052379-002
a	Plan name	UNITED ASSOCIATION LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND	
b	Name of plan sponsor	UNITED ASSOCIATION LOCAL UNION OFFICERS AND EMPLOYEES PENSION PLAN	c EIN-PN 52-1178032-333
a	Plan name	UNITED ASSOCIATION GENERAL OFFICERS AND EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	BOT, UNITED ASSOCIATION GENERAL OFFICERS AND EMPLOYEES RETIREMENT PLAN	c EIN-PN 52-6134634-002
a	Plan name	CONNECTICUT LABORERS' PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES CONNECTICUT LABORERS' PENSION FUND	c EIN-PN 06-6044348-001
a	Plan name	IBEW LOCAL 223 PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF PENSION FUND IBEW LOCAL 223 PENSION FUND	c EIN-PN 04-2780301-005
a	Plan name	LOCAL NO. 731, I.B. OF T. PENSION FUND	
b	Name of plan sponsor	LOCAL NO. 731, I.B. OF T. PENSION FUND	c EIN-PN 36-6513567-001
a	Plan name	SOUTHERN ILLINOIS LABORERS ANNUITY FUND	
b	Name of plan sponsor	TRUSTEES OF SOUTHERN ILLINOIS LABORERS EMPLOYEES ANNUITY FUND	c EIN-PN 37-1215679-001
a	Plan name	ELECTRICAL WORKERS PENSION FUND, LOCAL 103, I.B.E.W.	
b	Name of plan sponsor	BOARD OF TRUSTEES ELECTRICAL WORKERS PENSION FUND, LOCAL 103, I.B.E.W.	c EIN-PN 04-6063734-001
a	Plan name	IRONWORKERS NATIONAL PENSION PLAN	
b	Name of plan sponsor	IRONWORKERS NATIONAL PENSION PLAN BOARD OF TRUSTEES	c EIN-PN 52-6122274-001
a	Plan name	UNITED ASSOCIATION NATIONAL PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES UNITED ASSOCIATION NATIONAL PENSION FUND	c EIN-PN 52-6152779-001

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 CONSTRUCTION LABORERS PENSION TRUST OF GREATER ST. LOUIS	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES OF THE CONSTRUCTION LABORERS PENSION TRUST	c EIN-PN 43-6142465-001
a	Plan name MIDWEST OPERATING ENGINEERS PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES MIDWEST OPERATING ENGINEERS PENSION TRUST FUND	c EIN-PN 36-6140097-001
a	Plan name LABORERS' DISTRICT COUNCIL OF WESTERN PENNSYLVANIA PENSION FUND	
b	Name of plan sponsor LABORERS' DISTRICT COUNCIL OF WESTERN PA PENSION FUND BOARD OF TRUSTEE	c EIN-PN 25-6135576-001
a	Plan name MICHIGAN CARPENTERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES MICHIGAN CARPENTERS PENSION FUND	c EIN-PN 38-6233978-001
a	Plan name SOUTHWEST ASBESTOS WORKERS PENSION FUND	
b	Name of plan sponsor SOUTHWEST ASBESTOS WORKERS LOCAL 94	c EIN-PN 73-6158924-001
a	Plan name ROOFERS AND WATERPROOFERS LOCAL NO 44 PENSION FUND	
b	Name of plan sponsor UNION OF ROOFERS, WATERPROOFERS AND ALLIED WORKERS LOCAL 44 PENSION FU	c EIN-PN 34-6611397-001
a	Plan name LOCAL NO. 1 IBEW PENSION TRUST FUND	
b	Name of plan sponsor TRUSTEES OF LOCAL NO. 1 PENSION BENEFIT TRUST FUND	c EIN-PN 43-6032286-001
a	Plan name ELECTRICIANS SALARY DEFERRAL PLAN OF LOCAL NO. 1 IBEW	
b	Name of plan sponsor BOARD OF TRUSTEES OF ELECTRICIANS SALARY DEFERRAL PLAN OF LOCAL NO.1 I	c EIN-PN 43-1529993-001
a	Plan name BOILERMAKERS-BLACKSMITH NATIONAL PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES BOILERMAKER-BLACKSMITH NATIONAL PENSION FUND	c EIN-PN 48-6168020-001
a	Plan name NECA-IBEW PENSION TRUST FUND	
b	Name of plan sponsor NECA-IBEW PENSION TRUST FUND	c EIN-PN 51-6029903-001
a	Plan name SHEET METAL WORKERS OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	
b	Name of plan sponsor THE BOARD OF TRUSTEES OF SHEET METAL WORKERS	c EIN-PN 95-6052257-001
a	Plan name OPERATIVE PLASTERERS AND CEMENT MASONS OFFICERS AND EMPLOYEES PENSION FUND	
b	Name of plan sponsor OPERATIVE PLASTERERS & CEMENT MASONS OFFICERS & EMPLOYEES PENSION FUND	c EIN-PN 52-6135348-002

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	KANSAS CITY CEMENT MASONS PENSION FUND	
b	Name of plan sponsor	KANSAS CITY CEMENT MASONS PENSION FUND	c EIN-PN 43-6098247-001
a	Plan name	AGC-INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 701 PENSION FUND	
b	Name of plan sponsor	BOT AGC-INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 701 PENSION F	c EIN-PN 93-6075580-001
a	Plan name	WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND	
b	Name of plan sponsor	WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES	c EIN-PN 91-6145047-001
a	Plan name	HOTEL UNION AND HOTEL INDUSTRY OF HAWAII PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE HOTEL UNION & HOTEL INDUSTRY OF HAWAII PENSI	c EIN-PN 99-6024339-001
a	Plan name	PLUMBERS & PIPEFITTERS LOCAL UNION 525 PENSION FUND	
b	Name of plan sponsor	JOINT GOV. COMM. PLUMBERS & PIPEFITTERS LOCAL UNION 525	c EIN-PN 88-6003864-001
a	Plan name	HAWAII ELECTRICIANS PENSION PLAN	
b	Name of plan sponsor	HAWAII ELECTRICIANS PENSION PLAN	c EIN-PN 99-6005391-002
a	Plan name	HAWAII ELECTRICIANS ANNUITY PLAN	
b	Name of plan sponsor	HAWAII ELECTRICIANS ANNUITY PLAN	c EIN-PN 99-6020486-001
a	Plan name	PLUMBERS' PENSION FUND, LOCAL 130 UA	
b	Name of plan sponsor	TRUSTEES OF THE PLUMBERS' PENSION FUND, LOCAL 130 UA	c EIN-PN 36-6489579-001
a	Plan name	EMPLOYERS AND CEMENT MASONS LOCAL 90 PENSION FUND	
b	Name of plan sponsor	EMPLOYERS AND CEMENT MASONS LOCAL 90 PENSION FUND	c EIN-PN 37-6060397-001
a	Plan name	AUTOMOTIVE INDUSTRIES PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES AUTOMOTIVE INDUSTRIES PENSION PLAN	c EIN-PN 94-1133245-001
a	Plan name	SHEET METAL WORKERS NATIONAL PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES SHEET METAL WORKERS NATIONAL PENSION FUND	c EIN-PN 52-6112463-001
a	Plan name	WASHINGTON STATE PLUMBING & PIPEFITTING INDUSTRY PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES WASHINGTON STATE PLUMBING & PIPEFITTING INDUSTRY PEN	c EIN-PN 91-6029141-001

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 WESTERN WASHINGTON LABORERS' EMPLOYER PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES WESTERN WASHINGTON LABORERS' EMPLOYERS PENSION TRUST	c EIN-PN 91-6022315-001
a	Plan name MASSACHUSETTS LABORERS' ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES MASSACHUSETTS LABORERS' ANNUITY FUND	c EIN-PN 04-6553616-001
a	Plan name FLINT AREA SHEET METAL WORKERS LOCAL 7-4 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES FLINT AREA SHEET METAL WORKERS LOCAL 7-4 PENSION FUN	c EIN-PN 38-6082372-001
a	Plan name IRON WORKERS DISTRICT COUNCIL PHILADELPHIA & VICINITY PENSION PLAN	
b	Name of plan sponsor IRON WORKERS DISTRICT COUNCIL PHILADELPHIA & VICINITY RETIREMENT AND P	c EIN-PN 23-6529504-001
a	Plan name SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES SOUTHERN NV CULINARY AND BARTENDERS PENSION PLAN	c EIN-PN 88-6016617-001
a	Plan name EMPLOYERS' AND LABORERS LOCAL 100 AND 397 SUPPLEMENTAL ANNUITY PLAN	
b	Name of plan sponsor EMPLOYERS' AND LABORERS LOCAL 100 AND 397 SUPPLEMENTAL ANNUITY PLAN	c EIN-PN 37-6085017-002
a	Plan name EMPLOYERS & OPERATING ENGINEERS LOCAL 520 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES EMPLOYERS & OPERATING ENGINEERS LOCAL 520 PENSION PL	c EIN-PN 37-6053929-001
a	Plan name ALASKA LABORERS- EMPLOYERS RETIREMENT FUND	
b	Name of plan sponsor BOARD OF TRUSTEES ALASKA LABORERS-EMPLOYERS RETIREMENT FUND	c EIN-PN 91-6028298-001
a	Plan name ROOFER'S UNION LOCAL NO. 33 PENSION TRUST FUND	
b	Name of plan sponsor ROOFER'S UNION LOCAL NO. 33 PENSION TRUST FUND	c EIN-PN 04-2228135-001
a	Plan name RHODE ISLAND LABORERS' ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES RHODE ISLAND LABORERS' ANNUITY FUND	c EIN-PN 05-0417267-002
a	Plan name RHODE ISLAND LABORERS' PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES RHODE ISLAND LABORERS' PENSION FUND	c EIN-PN 51-6095806-001
a	Plan name THE NEWSPAPER GUILD INTERNATIONAL PENSION PLAN	
b	Name of plan sponsor THE NEWSPAPER GUILD INTERNATIONAL PENSION PLAN	c EIN-PN 52-1082662-001

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 OPERATIVE PLASTERERS & CEMENT MASONS PROFIT SHARING ANNUITY PLAN	
b	Name of plan sponsor OPERATIVE PLASTERERS & CEMENT MASONS - TRUSTEES	c EIN-PN 34-1736454-001
a	Plan name SOLANO-NAPA COUNTIES ELECTRICAL WORKERS PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES SOLANO-NAPA COUNTIES ELECTRICAL WORKERS PENSION TRUS	c EIN-PN 94-6220673-001
a	Plan name IBEW LOCAL UNION NO. 100 PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IBEW LOCAL UNION NO. 100 PENSION PLAN	c EIN-PN 94-6216336-001
a	Plan name CEMENT MASONS LOCAL UNION NO. 886 AND 404 PENSION PLAN	
b	Name of plan sponsor CEMENT MASONS LOCAL UNION NO. 886 AND 404 PENSION PLAN BOARD OF TRUSTE	c EIN-PN 34-1290577-001
a	Plan name OHIO LOCAL NO 1 OPERATIVE PLASTERERS' AND CEMENT MASONS' PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OHIO LOCAL NO 1 OPERATIVE PLASTERERS' AND CEMENT MAS	c EIN-PN 31-6126988-001
a	Plan name PIPEFITTERS LOCAL 636 DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor PIPEFITTERS LOCAL 636 DEFINED BENEFIT PENSION FUND	c EIN-PN 38-3009873-001
a	Plan name UNITED UNION OF ROOFERS, WATERPROOFERS & ALLIED WORKERS LOCAL 154 PENSION	
b	Name of plan sponsor BOARD OF TRUSTEES UNITED UNION OF ROOFERS WATERPROOFERS ALLIED WORKERS	c EIN-PN 11-1982624-001
a	Plan name LOCAL 580 ANNUITY FUND	
b	Name of plan sponsor LOCAL 580 ANNUITY FUND	c EIN-PN 13-6178512-001
a	Plan name BANQUET EMPLOYEES UNION PENSION TRUST FUND	
b	Name of plan sponsor CONAGRA CONSUMER FROZEN FOODS COMPANY	c EIN-PN 47-0248710-004
a	Plan name BUILDING TRADES PENSION PLAN OF WESTERN PENNSYLVANIA	
b	Name of plan sponsor BUILDING TRADES PENSION PLAN OF WESTERN PENNSYLVANIA, BOARD OF TRUSTEE	c EIN-PN 25-6118878-001
a	Plan name NECA-IBEW LOCAL UNION NO 35 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES NECA-IBEW LOCAL UNION NO 35 PENSION FUND	c EIN-PN 06-6152969-001
a	Plan name LOCAL 522 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 522 PENSION FUND	c EIN-PN 11-6171611-001

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 LOCAL 522 PENSION FUND ROOFERS' DIVISION	
b	Name of plan sponsor BOARD OF TRUSTEES LOCAL 522 PENSION FUND ROOFERS' DIVISION	c EIN-PN 11-6158900-001
a	Plan name PLUMBERS & PIPEFITTERS LOCAL UNION NO 74 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES PLUMBERS & PIPEFITTERS LOCAL UNION NO 74 PENSION FUN	c EIN-PN 51-6015925-001
a	Plan name UA PLUMBERS LOCAL 24 PENSION FUND	
b	Name of plan sponsor PLUMBERS PENSION FUND LOCAL 24 BOARD OF TRUSTEES	c EIN-PN 22-6042823-001
a	Plan name TEAMSTERS LOCAL UNION NO. 115 PENSION PLAN	
b	Name of plan sponsor TEAMSTERS LOCAL UNION NO. 115 PENSION PLAN	c EIN-PN 23-6282827-001
a	Plan name LABORERS LOCAL 1822 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF LABORERS LOCAL 1822 PENSION FUND	c EIN-PN 16-6147773-001
a	Plan name IRON WORKERS LOCAL 11 PENSION FUND	
b	Name of plan sponsor IRON WORKERS LOCAL 11 PENSION FUND BOARD OF TRUSTEES	c EIN-PN 22-6243387-001
a	Plan name IRON WORKERS LOCAL 11 ANNUITY FUND	
b	Name of plan sponsor IRON WORKERS LOCAL 11 ANNUITY FUND BOARD OF TRUSTEES	c EIN-PN 51-6135653-001
a	Plan name UA LOCAL NO. 343 DEFINED BENEFIT PLAN	
b	Name of plan sponsor UA LOCAL NO 343 DEFINED PENSION TRUST	c EIN-PN 94-6092775-001
a	Plan name NORTHERN CALIFORNIA PIPE TRADES PENSION TRUST	
b	Name of plan sponsor NORTHERN CALIFORNIA PIPE TRADES PENSION TRUST	c EIN-PN 94-3190386-001
a	Plan name EXCAVATORS UNION LOCAL 731 ANNUITY FUND	
b	Name of plan sponsor EXCAVATORS UNION LOCAL 731 ANNUITY FUND, BOARD OF TRUSTEES	c EIN-PN 51-0136348-001
a	Plan name CARPENTERS PENSION FUND OF ILLINOIS	
b	Name of plan sponsor BOARD OF TRUSTEES CARPENTERS PENSION FUND OF ILLINOIS	c EIN-PN 36-6147396-001
a	Plan name LABORERS DISTRICT COUNCIL EDUCATION AND TRAINING FUND	
b	Name of plan sponsor LDC EDUCATION FUND OF PHILADELPHIA AND VICINITY	c EIN-PN 23-6568023-501

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE UNION LABOR LIFE INS. CO. SEPARATE ACCOUNT J	B Three-digit plan number (PN) ▶ 203
C Plan sponsor's name as shown on line 2a of Form 5500 THE UNION LABOR LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 13-1423090

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

	(a) Beginning of Year	(b) End of Year
Assets		
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)	27510511
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	219497917
(2) U.S. Government securities	1c(2)	5808893
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	466866386
(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)	3400000
(7) Loans (other than to participants)	1c(7)	3025735357
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	626300
		24997075
		290681293
		3262002
		368217109
		103771000
		3153234628
		183642

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3749445364	3944346749
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	21525018	31488853
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	21525018	31488853
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3727920346	3912857896

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	13051996	
(B) U.S. Government securities.....	2b(1)(B)	1423852	
(C) Corporate debt instruments.....	2b(1)(C)	15829083	
(D) Loans (other than to participants).....	2b(1)(D)	206617907	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		236922838
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1023693988	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1048560470	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-24866482
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-27516591	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		5768228
d Total income. Add all income amounts in column (b) and enter total	2d		190307993

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	5724519	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5724519
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5724519

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		184583474
l Transfers of assets:			
(1) To this plan	2l(1)		86785871
(2) From this plan	2l(2)		86431795

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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