

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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) M, 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: JOHNSON AND JOHNSON SALARY MEDICAL VEBA
1b Three-digit plan number (PN): 016
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): JOHNSON AND JOHNSON
2b Employer Identification Number (EIN): 22-1024240
2c Plan Sponsor's telephone number: 800-565-0122
2d Business code (see instructions)

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.

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">PENSION COMMITTEE OF JOHNSON AND JOHNSON</p> <p style="color: blue;">ONE JOHNSON AND JOHNSON PLAZA NEW BRUNSWICK, NJ 08933</p>	<p><b>3b</b> Administrator's EIN 22-2941911</p> <p><b>3c</b> Administrator's telephone number 732-524-0400</p>
<p><b>4</b> 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><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b></p>
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>b</b> Retired or separated participants receiving benefits.....</p> <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p><b>6a(1)</b></p> <p><b>6a(2)</b></p> <p><b>6b</b></p> <p><b>6c</b></p> <p><b>6d</b></p> <p><b>6e</b></p> <p><b>6f</b></p> <p><b>6g(1)</b></p> <p><b>6g(2)</b></p> <p><b>6h</b></p>
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b></p>

**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><b>9a</b> 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><b>9b</b> 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><b>a Pension Schedules</b></p> <p>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>JOHNSON AND JOHNSON SALARY MEDICAL VEBA</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOHNSON AND JOHNSON</b>	<b>D</b> Employer Identification Number (EIN) <b>22-1024240</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

UNITED HEALTHCARE

36-2739571

(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?
13	ADMINISTRATION	140400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERATIVE

13-0871985

(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?
13	ADMINISTRATION	775922	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET

04-2717102

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	11077	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALIGHT

36-2235791

(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	RECORDKEEPING	4506853	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IKON

23-0334400

(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?
13	ADMINISTRATION	59598	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KEPRO

777 EAST PARK DRIVE  
HARRISBURG, PA 17111

(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?
16	CONSULTING	12450	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALLSUP

37-1170934

(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?
16	CONSULTING	188296	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EXPRESS SCRIPTS

43-1420563

(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?
13	ADMINISTRATION	2344800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HARVARD PILGRIM

36-3917295

(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?
13	ADMINISTRATION	435600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EYEMED

36-2136262

(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?
13	ADMINISTRATION	260400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PREMISE HEALTH

23-3057155

(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?
13	ADMINISTRATION	3329340	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BEST DOCTORS

04-2908444

(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?
13	ADMINISTRATION	555600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AETNA

23-2229683

(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?
13	ADMINISTRATION	10410065	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>JOHNSON AND JOHNSON SALARY MEDICAL VEBA</u>	<b>B</b> Three-digit plan number (PN)	<u>016</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JOHNSON AND JOHNSON</u>	<b>D</b> Employer Identification Number (EIN) <u>22-1024240</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>US SHORT TERM GOV'T/CREDIT/BOND INDE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
<b>c</b> EIN-PN <u>27-6934633-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28491057</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>JOHNSON AND JOHNSON SALARY MEDICAL VEBA</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOHNSON AND JOHNSON</b>	<b>D</b> Employer Identification Number (EIN) <b>22-1024240</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	193436
		107099
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	43022321
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	30905369
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	28491057

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	74121126	63455566
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	74121126	63455566

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	2196144	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		2196144
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	3704835	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3619721	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		85114
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1205409
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		3486667

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	6274886	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		6274886
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		6274886

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-2788219
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		1083340524
(2) From this plan .....	<b>2l(2)</b>		1091217865

**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
<b>a</b> 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>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

J&J SALARIED VEBA COMPOSITE  
COMPOSITE  
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

THIS IS A COMPOSITE REPORT FOR:

JJ1A LTD  
JJ2B SSGA VEBA SALARIED MED & DENTL  
JJ5Y LTD

J&J SALARIED VEBA COMPOSITE  
 COMPOSITE  
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
INTEREST BEARING CASH						
		STATE STR INSTL INVT TR		TREAS MMKT FD INST	1.000 12/31/2030	
				34,857,410.17	34,857,410.17	34,857,410.17
JJ1A	85799J9Y2			3,761,795.22	3,761,795.22	3,761,795.22
JJ2B	85799J9Y2			31,095,614.95	31,095,614.95	31,095,614.95
				34,857,410.17	34,857,410.17	34,857,410.17

J&J SALARIED VEBA COMPOSITE  
 COMPOSITE  
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE (D) COST	MAT DATE	(E) CURRENT VALUE
REGISTERED INVESTMENT COMPANY -----					
		US ST GOV CRD BOND INDX NL CTF MUTUAL FUND			
		2,358,921.744		26,342,680.74	28,491,056.82
JJ1A	ACI00PW61	2,358,921.744		26,342,680.74	28,491,056.82
		-----		-----	-----
		2,358,921.744		26,342,680.74	28,491,056.82

J&J SALARIED VEBA COMPOSITE  
COMPOSITE  
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

ASSET CATEGORY	UNITS	COST	CURRENT VALUE
INTEREST BEARING CASH	34,857,410.170	34,857,410.17	34,857,410.17
CERTIFICATES OF DEPOSIT	0.000	0.00	0.00
U.S. GOVERNMENT SECURITIES	0.000	0.00	0.00
CORP. DEBT INSTR. - PREFERRED	0.000	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER	0.000	0.00	0.00
CORPORATE STOCKS - PREFERRED	0.000	0.00	0.00
CORPORATE STOCKS - COMMON	0.000	0.00	0.00
PARTN./JOINT VENTURE INTERESTS	0.000	0.00	0.00
REAL ESTATE-INCOME PRODUCING	0.000	0.00	0.00
REAL ESTATE-NON INC. PRODUCING	0.000	0.00	0.00
LOANS SECURED BY MTGES-RESID.	0.000	0.00	0.00
LOANS SECURED BY MTGES-COM'L	0.000	0.00	0.00
LOANS TO PARTIC. - MORTGAGES	0.000	0.00	0.00
LOANS TO PARTICIPANTS - OTHER	0.000	0.00	0.00
OTHER	0.000	0.00	0.00
COMMON/COLLECTIVE TRUSTS	0.000	0.00	0.00
POOLED SEPARATE ACCOUNTS	0.000	0.00	0.00
103-12 INVESTMENTS	0.000	0.00	0.00
REGISTERED INVESTMENT COMPANY	2,358,921.744	26,342,680.74	28,491,056.82
INSURANCE CO. GENERAL ACCOUNT	0.000	0.00	0.00
** ASSET CATEGORY NOT FOUND **	0.000	0.00	0.00
GRAND TOTALS	37,216,331.914 =====	61,200,090.91 =====	63,348,466.99 =====



J&J SALARIED VEBA COMPOSITE  
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

THIS IS A COMPOSITE REPORT FOR:

JJ1A LTD  
JJ2B SSGA VEBA SALARIED MED & DENTL  
JJ5Y LTD

## J&amp;J SALARIED VEBA COMPOSITE

PLAN YEAR ENDING: 12/31/24

## SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 74,121,126.45

5% OF ASSET VALUE: 3,706,056.32

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS			
INTEREST BEARING CASH									
85799J9Y2	STATE STR INSTL INVT TR		TREAS MMKT FD INST		1.000	12/31/2030			
75	931,977,782.98	140	940,142,693.73	0.00	940,142,693.73	215	1,872,120,476.71		0.00
INTEREST BEARING CASH TOTALS									
75	931,977,782.98	140	940,142,693.73	0.00	940,142,693.73	215	1,872,120,476.71		0.00

J&J SALARIED VEBA COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 74,121,126.45

5% OF ASSET VALUE: 3,706,056.32

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(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR	(C) PURCHASE PRICE	#SALE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS	

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REGISTERED INVESTMENT COMPANY

REGISTERED INVESTMENT COMPANY TOTALS

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0	0.00	0	0.00	0.00	0.00	0	0.00	0.00	0.00
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J&J SALARIED VEBA COMPOSITE  
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 74,121,126.45

5% OF ASSET VALUE: 3,706,056.32

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS	
INTEREST BEARING CASH											
75				931,977,782.98	140	940,142,693.73	0.00	940,142,693.73	215	1,872,120,476.71	0.00
CERTIFICATES OF DEPOSIT											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
U.S. GOVERNMENT SECURITIES											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORP. DEBT INSTR. - PREFERRED											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORPORATE STOCKS - PREFERRED											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORPORATE STOCKS - COMMON											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
PARTN./JOINT VENTURE INTERESTS											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
REAL ESTATE-INCOME PRODUCING											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
REAL ESTATE-NON INC. PRODUCING											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-RESID.											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-COM'L											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS TO PARTIC. - MORTGAGES											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS TO PARTICIPANTS - OTHER											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
OTHER											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
COMMON/COLLECTIVE TRUSTS											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
POOLED SEPARATE ACCOUNTS											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
103-12 INVESTMENTS											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
REGISTERED INVESTMENT COMPANY											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
INSURANCE CO. GENERAL ACCOUNT											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
** ASSET CATEGORY NOT FOUND **											
0				0.00	0	0.00	0.00	0.00	0	0.00	0.00
REPORTABLE TRANSACTION TOTALS											
75				931,977,782.98	140	940,142,693.73	0.00	940,142,693.73	215	1,872,120,476.71	0.00
NON-REPORTABLE TRANSACTION TOTALS											
0				0.00	6	3,704,835.27	0.00	3,494,626.49	6	3,704,835.27	210,208.78

RUN DATE: 01/10/25



J&J SALARIED VEBA COMPOSITE  
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

THIS IS A COMPOSITE REPORT FOR:

JJ1A LTD  
JJ2B SSGA VEBA SALARIED MED & DENTL  
JJ5Y LTD

J&J SALARIED VEBA COMPOSITE  
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 74,121,126.45

5% OF ASSET VALUE: 3,706,056.32

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH									
85799J9Y2	STATE STR INSTL INVT TR		11,688,604.09		11,688,604.09	1.000	12/31/2030	11,688,604.09	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		11,189,200.72		11,189,200.72	1.000	12/31/2030	11,189,200.72	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		15,406,117.02		15,406,117.02	1.000	12/31/2030	15,406,117.02	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	66,686,861.82			0.00	0.00	12/31/2030	66,686,861.82	0.00
85799J9Y2	STATE STR INSTL INVT TR		12,231,360.67		12,231,360.67	1.000	12/31/2030	12,231,360.67	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		7,577,977.93		7,577,977.93	1.000	12/31/2030	7,577,977.93	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		14,324,495.63		14,324,495.63	1.000	12/31/2030	14,324,495.63	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	7,212,079.00			0.00	0.00	12/31/2030	7,212,079.00	0.00
85799J9Y2	STATE STR INSTL INVT TR		7,229,030.05		7,229,030.05	1.000	12/31/2030	7,229,030.05	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		11,846,319.58		11,846,319.58	1.000	12/31/2030	11,846,319.58	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		11,516,086.84		11,516,086.84	1.000	12/31/2030	11,516,086.84	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	65,273,905.58			0.00	0.00	12/31/2030	65,273,905.58	0.00
85799J9Y2	STATE STR INSTL INVT TR		12,601,056.75		12,601,056.75	1.000	12/31/2030	12,601,056.75	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		10,720,233.03		10,720,233.03	1.000	12/31/2030	10,720,233.03	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		7,735,810.89		7,735,810.89	1.000	12/31/2030	7,735,810.89	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		11,372,219.88		11,372,219.88	1.000	12/31/2030	11,372,219.88	0.00
				0.00					

J&J SALARIED VEBA COMPOSITE  
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 74,121,126.45

5% OF ASSET VALUE: 3,706,056.32

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
85799J9Y2	STATE STR INSTL INVT TR		10,390,878.39		10,390,878.39	1.000	12/31/2030	10,390,878.39	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		15,384,867.49		15,384,867.49	1.000	12/31/2030	15,384,867.49	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	76,558,194.90			0.00	1.000	12/31/2030	76,558,194.90	0.00
					0.00				
85799J9Y2	STATE STR INSTL INVT TR		12,889,720.55		12,889,720.55	1.000	12/31/2030	12,889,720.55	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		9,663,349.52		9,663,349.52	1.000	12/31/2030	9,663,349.52	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		8,840,392.36		8,840,392.36	1.000	12/31/2030	8,840,392.36	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	21,089,867.76			0.00	1.000	12/31/2030	21,089,867.76	0.00
					0.00				
85799J9Y2	STATE STR INSTL INVT TR		9,928,581.82		9,928,581.82	1.000	12/31/2030	9,928,581.82	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		11,707,221.70		11,707,221.70	1.000	12/31/2030	11,707,221.70	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		10,056,870.82		10,056,870.82	1.000	12/31/2030	10,056,870.82	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		12,113,715.97		12,113,715.97	1.000	12/31/2030	12,113,715.97	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	64,764,129.68			0.00	1.000	12/31/2030	64,764,129.68	0.00
					0.00				
85799J9Y2	STATE STR INSTL INVT TR		14,181,015.64		14,181,015.64	1.000	12/31/2030	14,181,015.64	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		10,638,735.16		10,638,735.16	1.000	12/31/2030	10,638,735.16	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		8,652,165.97		8,652,165.97	1.000	12/31/2030	8,652,165.97	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		17,243,122.55		17,243,122.55	1.000	12/31/2030	17,243,122.55	0.00
				0.00					

J&J SALARIED VEBA COMPOSITE  
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 74,121,126.45

5% OF ASSET VALUE: 3,706,056.32

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
85799J9Y2	STATE STR INSTL INVT TR		4,264,042.90		4,264,042.90	1.000	12/31/2030	4,264,042.90	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		13,223,678.67		13,223,678.67	1.000	12/31/2030	13,223,678.67	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		14,894,300.81		14,894,300.81	1.000	12/31/2030	14,894,300.81	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		3,799,084.40		3,799,084.40	1.000	12/31/2030	3,799,084.40	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	62,420,993.15			0.00	1.000	12/31/2030	62,420,993.15	0.00
					0.00				
85799J9Y2	STATE STR INSTL INVT TR		11,403,304.93		11,403,304.93	1.000	12/31/2030	11,403,304.93	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		14,266,620.14		14,266,620.14	1.000	12/31/2030	14,266,620.14	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		11,121,510.31		11,121,510.31	1.000	12/31/2030	11,121,510.31	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		10,923,514.51		10,923,514.51	1.000	12/31/2030	10,923,514.51	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		13,775,197.68		13,775,197.68	1.000	12/31/2030	13,775,197.68	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	69,282,071.59			0.00	1.000	12/31/2030	69,282,071.59	0.00
					0.00				
85799J9Y2	STATE STR INSTL INVT TR		12,379,480.13		12,379,480.13	1.000	12/31/2030	12,379,480.13	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		27,560,918.24		27,560,918.24	1.000	12/31/2030	27,560,918.24	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	25,452,111.19			0.00	1.000	12/31/2030	25,452,111.19	0.00
					0.00				
85799J9Y2	STATE STR INSTL INVT TR		11,977,072.17		11,977,072.17	1.000	12/31/2030	11,977,072.17	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		13,822,069.03		13,822,069.03	1.000	12/31/2030	13,822,069.03	0.00
				0.00					

J&J SALARIED VEBA COMPOSITE  
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 74,121,126.45

5% OF ASSET VALUE: 3,706,056.32

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
85799J9Y2	STATE STR INSTL INVT TR		9,333,320.23		9,333,320.23	1.000	12/31/2030	9,333,320.23	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		3,785,854.01		3,785,854.01	1.000	12/31/2030	3,785,854.01	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	75,949,424.90			0.00	1.000	12/31/2030	75,949,424.90	0.00
				0.00	0.00				
85799J9Y2	STATE STR INSTL INVT TR		6,724,655.73		6,724,655.73	1.000	12/31/2030	6,724,655.73	0.00
				0.00	0.00				
85799J9Y2	STATE STR INSTL INVT TR		11,902,102.48		11,902,102.48	1.000	12/31/2030	11,902,102.48	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	4,238,072.70			0.00	1.000	12/31/2030	4,238,072.70	0.00
				0.00	0.00				
85799J9Y2	STATE STR INSTL INVT TR		14,635,935.20		14,635,935.20	1.000	12/31/2030	14,635,935.20	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		12,837,912.73		12,837,912.73	1.000	12/31/2030	12,837,912.73	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		9,027,573.34		9,027,573.34	1.000	12/31/2030	9,027,573.34	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		18,463,365.67		18,463,365.67	1.000	12/31/2030	18,463,365.67	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		11,518,547.19		11,518,547.19	1.000	12/31/2030	11,518,547.19	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		3,845,827.02		3,845,827.02	1.000	12/31/2030	3,845,827.02	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	58,993,237.46			0.00	1.000	12/31/2030	58,993,237.46	0.00
				0.00	0.00				
85799J9Y2	STATE STR INSTL INVT TR		14,750,564.03		14,750,564.03	1.000	12/31/2030	14,750,564.03	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		13,369,170.46		13,369,170.46	1.000	12/31/2030	13,369,170.46	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		14,480,593.37		14,480,593.37	1.000	12/31/2030	14,480,593.37	0.00
				0.00					

J&J SALARIED VEBA COMPOSITE  
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 74,121,126.45

5% OF ASSET VALUE: 3,706,056.32

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
85799J9Y2	STATE STR INSTL INVT TR		15,216,481.46		15,216,481.46	1.000	12/31/2030	15,216,481.46	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		11,685,529.16		11,685,529.16	1.000	12/31/2030	11,685,529.16	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		8,978,935.42		8,978,935.42	1.000	12/31/2030	8,978,935.42	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	70,614,310.44			0.00	1.000	12/31/2030	70,614,310.44	0.00
					0.00				
85799J9Y2	STATE STR INSTL INVT TR		13,543,134.69		13,543,134.69	1.000	12/31/2030	13,543,134.69	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		12,117,332.44		12,117,332.44	1.000	12/31/2030	12,117,332.44	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		12,376,256.37		12,376,256.37	1.000	12/31/2030	12,376,256.37	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	20,713,463.32			0.00	1.000	12/31/2030	20,713,463.32	0.00
					0.00				
85799J9Y2	STATE STR INSTL INVT TR		26,395,679.51		26,395,679.51	1.000	12/31/2030	26,395,679.51	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		13,295,053.28		13,295,053.28	1.000	12/31/2030	13,295,053.28	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	78,349,896.11			0.00	1.000	12/31/2030	78,349,896.11	0.00
					0.00				
85799J9Y2	STATE STR INSTL INVT TR		17,598,632.12		17,598,632.12	1.000	12/31/2030	17,598,632.12	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		12,489,853.59		12,489,853.59	1.000	12/31/2030	12,489,853.59	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		13,555,904.38		13,555,904.38	1.000	12/31/2030	13,555,904.38	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		16,602,829.83		16,602,829.83	1.000	12/31/2030	16,602,829.83	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		10,612,078.24		10,612,078.24	1.000	12/31/2030	10,612,078.24	0.00
				0.00					

J&J SALARIED VEBA COMPOSITE  
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 74,121,126.45

5% OF ASSET VALUE: 3,706,056.32

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
85799J9Y2	STATE STR INSTL INVT TR		13,725,642.63		13,725,642.63	1.000	12/31/2030	13,725,642.63	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		4,055,304.11		4,055,304.11	1.000	12/31/2030	4,055,304.11	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	59,629,453.55			0.00	1.000	12/31/2030	59,629,453.55	0.00
					0.00				
85799J9Y2	STATE STR INSTL INVT TR		16,327,001.71		16,327,001.71	1.000	12/31/2030	16,327,001.71	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		16,201,846.36		16,201,846.36	1.000	12/31/2030	16,201,846.36	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		12,478,934.58		12,478,934.58	1.000	12/31/2030	12,478,934.58	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	4,478,188.93			0.00	1.000	12/31/2030	4,478,188.93	0.00
					0.00				
85799J9Y2	STATE STR INSTL INVT TR		11,439,216.79		11,439,216.79	1.000	12/31/2030	11,439,216.79	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		7,361,525.68		7,361,525.68	1.000	12/31/2030	7,361,525.68	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	51,367,093.67			0.00	1.000	12/31/2030	51,367,093.67	0.00
					0.00				
85799J9Y2	STATE STR INSTL INVT TR		13,877,875.57		13,877,875.57	1.000	12/31/2030	13,877,875.57	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		17,242,542.26		17,242,542.26	1.000	12/31/2030	17,242,542.26	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR		12,897,515.02		12,897,515.02	1.000	12/31/2030	12,897,515.02	0.00
				0.00					
85799J9Y2	STATE STR INSTL INVT TR	22,739,154.21			0.00	1.000	12/31/2030	22,739,154.21	0.00
					0.00				
INTEREST BEARING CASH TOTALS									
				0.00	908,565,815.87			1,821,102,981.56	0.00

J&J SALARIED VEBA COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 74,121,126.45

5% OF ASSET VALUE: 3,706,056.32

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET		RATE	MAT DATE		
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS	
REGISTERED INVESTMENT COMPANY						
REGISTERED INVESTMENT COMPANY TOTALS						
		0.00	0.00	0.00	0.00	

J&J SALARIED VEBA COMPOSITE  
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

PLAN YEAR ENDING: 12/31/24

BEGINNING NET ASSET VALUE: 74,121,126.45

5% OF ASSET VALUE: 3,706,056.32

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
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INTEREST BEARING CASH									
				0.00	908,565,815.87			1,821,102,981.56	0.00
CERTIFICATES OF DEPOSIT				0.00		0.00		0.00	0.00
U.S. GOVERNMENT SECURITIES				0.00		0.00		0.00	0.00
CORP. DEBT INSTR. - PREFERRED				0.00		0.00		0.00	0.00
CORP. DEBT INSTR. - ALL OTHER				0.00		0.00		0.00	0.00
CORPORATE STOCKS - PREFERRED				0.00		0.00		0.00	0.00
CORPORATE STOCKS - COMMON				0.00		0.00		0.00	0.00
PARTN./JOINT VENTURE INTERESTS				0.00		0.00		0.00	0.00
REAL ESTATE-INCOME PRODUCING				0.00		0.00		0.00	0.00
REAL ESTATE-NON INC. PRODUCING				0.00		0.00		0.00	0.00
LOANS SECURED BY MTGES-RESID.				0.00		0.00		0.00	0.00
LOANS SECURED BY MTGES-COM'L				0.00		0.00		0.00	0.00
LOANS TO PARTIC. - MORTGAGES				0.00		0.00		0.00	0.00
LOANS TO PARTICIPANTS - OTHER				0.00		0.00		0.00	0.00
OTHER				0.00		0.00		0.00	0.00
COMMON/COLLECTIVE TRUSTS				0.00		0.00		0.00	0.00
POOLED SEPARATE ACCOUNTS				0.00		0.00		0.00	0.00
103-12 INVESTMENTS				0.00		0.00		0.00	0.00
REGISTERED INVESTMENT COMPANY				0.00		0.00		0.00	0.00
INSURANCE CO. GENERAL ACCOUNT				0.00		0.00		0.00	0.00
** ASSET CATEGORY NOT FOUND **				0.00		0.00		0.00	0.00
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REPORTABLE TRANSACTION TOTALS				0.00	908,565,815.87			1,821,102,981.56	0.00

RUN DATE: 01/10/25

