

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: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic 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

Table with 4 columns: 1a Name of plan, 1b Three-digit plan number (PN), 1c Effective date of plan, 2a Plan sponsor's name, 2b Employer Identification Number (EIN), 2c Plan Sponsor's telephone number, 2d Business code.

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 for signatures with columns: SIGN HERE, Signature of plan administrator/employer/DFE, Date, and Name of individual signing.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2314
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2314
	6a(2)	2957
	6b	
	6c	
	6d	2957
	6e	
	6f	2957
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

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:
4F

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SOUTH JERSEY ELECTRICAL WORKERS TEMPORARY DISABILITY BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SOUTH JERSEY ELECTRICAL WORKERS TEMPORARY DISABILITY FUND</p>	<p>D Employer Identification Number (EIN) 22-3424489</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	557421-E1		01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	314282
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 518683
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 10599
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 10599
d	Total of balance and additions (add lines 7b and 7c(6))	7d 529282
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ OTHER	7e(4) 215000
(5) Total deductions	7e(5) 215000	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 314282

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan SOUTH JERSEY ELECTRICAL WORKERS TEMPORARY DISABILITY BENEFITS PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTH JERSEY ELECTRICAL WORKERS TEMPORARY DISABILITY FUND	D Employer Identification Number (EIN) 22-3424489	

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

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)

I.E. SHAFFER & CO

22-1750854

(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	NONE	50000	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)

MSPC CERTIFIED PUBLIC ACCOUNTANTS

340 NORTH AVE EAST
CRANFORD, NJ 07016

22-2951202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	16578	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)

GERSON & ASSOC CPAS AND ADVISORS PC

201 WEST PASSAIC STREET
SUITE 405
ROCHELLE PARK, NJ 07662

22-3163246

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	11000	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SOUTH JERSEY ELECTRICAL WORKERS TEMPORARY DISABILITY BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTH JERSEY ELECTRICAL WORKERS TEMPORARY DISABILITY FUND	D Employer Identification Number (EIN) 22-3424489

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)	101229	128400
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		48574
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	38142	346735
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(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)	490179	304774
(15) Other.....	1c(15)	630632	600000

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	1260182	1428483
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	24493	35950
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	24493	35950
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1235689	1392533

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)	2254233	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		2254233
(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)	32829	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	10599	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		43428
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	18995	
(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		2084
d Total income. Add all income amounts in column (b) and enter total	2d		2318740

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2070898	
(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)		2070898
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)	50000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	27578	
(5) Investment advisory and investment management fees	2i(5)	1000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	4722	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	7698	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		90998
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2161896

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		156844
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GERSON & ASSOC. CPAS AND ADVISORS**

(2) EIN: **22-3163246**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

**SOUTH JERSEY ELECTRICAL WORKERS'
TEMPORARY DISABILITY BENEFITS FUND**

FINANCIAL STATEMENTS

**YEARS ENDED:
DECEMBER 31, 2024 AND 2023**

**SOUTH JERSEY ELECTRICAL WORKERS'
TEMPORARY DISABILITY BENEFITS FUND**

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GERSON & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS, P.C.

MEMBER: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
NEW JERSEY SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Board of Trustees of:
**South Jersey Electrical Workers'
Temporary Disability Benefits Fund**

Opinion

We have audited the financial statements of **South Jersey Electrical Workers' Temporary Disability Benefits Fund**, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of **South Jersey Electrical Workers' Temporary Disability Benefits Fund** as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **South Jersey Electrical Workers' Temporary Disability Benefits Fund's** ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Independent Auditor's Report
South Jersey Electrical Workers'
Temporary Disability Benefits Fund
continued, page -2-

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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


Supplemental Schedules required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules "1" thru "3" are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules of assets (held at end of year) and reportable transactions are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

Independent Auditor's Report
South Jersey Electrical Workers'
Temporary Disability Benefits Fund
continued, page -3-

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



Certified Public Accountants
and Advisors, P.C.

Rochelle Park, NJ
June 4, 2025

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
<u>INVESTMENTS AT FAIR VALUE</u>		
Empower - Fixed Rate Fund	\$ 304,774	\$ 490,179
<u>RECEIVABLES</u>		
Employer contributions	128,400	101,229
Due from affiliated funds	0	0
Interest	48,574	0
	<u>176,974</u>	<u>101,229</u>
<u>OTHER ASSETS</u>		
Deposit - NJ Dept of Labor	<u>600,000</u>	<u>630,632</u>
<u>CASH</u>		
Fund checking account	331,120	32,794
Distribution account	15,615	5,348
I.E. Shaffer benefit account	0	0
	<u>346,735</u>	<u>38,142</u>
<u>TOTAL ASSETS</u>	<u>1,428,483</u>	<u>1,260,182</u>
<u>LIABILITIES</u>		
<u>CURRENT LIABILITIES</u>		
Accrued expenses, accounts & taxes payable	<u>35,950</u>	<u>24,493</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 1,392,533</u>	<u>\$ 1,235,689</u>

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

Exhibit "A"

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

<u>ADDITIONS:</u>	<u>2024</u>	<u>2023</u>
<u>CONTRIBUTIONS</u>		
Employer contributions	\$ 2,254,233	\$ 1,829,794
<u>INVESTMENT INCOME</u>		
Net appreciation/(depreciation) in fair value	18,995	18,739
Interest	43,428	28,178
	<u>62,423</u>	<u>46,917</u>
<u>OTHER</u>		
Contractor late fees and other	2,084	1,807
<u>TOTAL ADDITIONS</u>	<u>2,318,740</u>	<u>1,878,518</u>
<u>DEDUCTIONS:</u>		
<u>BENEFITS PAID</u>		
Disability benefit claims, related taxes	2,070,898	1,900,878
<u>ADMINISTRATIVE EXPENSES</u>		
Administrator fees, I.E. Shaffer & Co.	50,000	50,000
Audit fees	11,000	10,500
Agreed upon procedures, employer payroll compliance audits	16,578	18,805
Legal fees	4,722	6,756
Investment consulting	1,000	1,000
Fiduciary bonds	4,369	4,369
Postage, printing, bank fees	3,329	2,856
	<u>90,998</u>	<u>94,286</u>
<u>TOTAL DEDUCTIONS</u>	<u>2,161,896</u>	<u>1,995,164</u>
<u>NET INCREASE / (DECREASE) DURING THE YEAR</u>	156,844	(116,646)
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of Year	1,235,689	1,352,335
<u>END OF YEAR</u>	<u>\$ 1,392,533</u>	<u>\$ 1,235,689</u>

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

Exhibit "B"

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following brief description of the **South Jersey Electrical Workers' Temporary Disability Benefits Fund** (Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

a) **General**

The Plan was established on September 8, 1995 by the International Brotherhood of Electrical Workers ("IBEW") Locals 351 and 269 and became effective on July 1, 1996. The Plan's purpose is to provide temporary disability benefits to eligible employees for non-work-related disabilities. Employers are required to make contributions to the Plan under terms of a collective bargaining agreement with IBEW Locals 351 and 269. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b) **Benefits**

The Plan will provide benefits to eligible participants and their eligible dependents for non-work-related disabilities. The benefits are payable for 26 weeks with a minimum benefit of \$294 per week and a maximum benefit of \$1,025 per week in 2024 and a minimum of \$294 per week and a maximum benefit of \$1,025 per week in 2023.

c) **Eligibility**

All collective bargaining employees who have been employed by a contributing employer during the 28 days prior to becoming disabled are eligible for coverage.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) **Basis of Accounting** - The accompanying financial statements are prepared on the accrual basis of accounting.

b) **Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

c) **Investment Valuation and Income Recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between participants at the measurement date. See Note 5 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

d) **Contributions Receivable** - Employer contributions due and not paid prior to the year-end are recorded as contributions receivable. Allowance for uncollectable accounts is not considered necessary. Contributions due from employer payroll compliance audits are recorded when received because collectability is uncertain.

3. BENEFIT CLAIMS OBLIGATIONS

Benefit claims obligations are payments that will be paid in the subsequent year for disability claims that commenced in the current year. Benefit claims obligations are \$376,231 and \$356,428 for 2024 and 2023 respectively.

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND

NOTES TO FINANCIAL STATEMENTS

4. FUNDING POLICY

The contribution rate per hour each employee worked was \$0.65 in 2024 and \$0.45 in 2023, respectively.

Contributions in these financial statements:

	<u>12/31/2024</u>	<u>12/31/2023</u>
Contributions collected	\$ 2,227,062	\$ 1,823,009
Receivable, end of period	128,400	101,229
Receivable, beginning of period	<u>(101,229)</u>	<u>(94,444)</u>
	<u>\$ 2,254,233</u>	<u>\$ 1,829,794</u>

5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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

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

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

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

Fixed Rate Fund: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND

NOTES TO FINANCIAL STATEMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Fixed Rate Fund	\$ 304,774	\$ 0	\$ 0	\$ 304,774

Assets at Fair Value as of December 31, 2023

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Fixed Rate Fund	\$ 490,179	\$ 0	\$ 0	\$ 490,179

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2024.

**Level 3 Assets
Year Ended December 31, 2024**

Fixed Rate Fund

Balance, beginning of the year	\$ 490,179
Income, realized gains/(losses)	10,599
Unrealized gains/(losses)	18,996
Purchases, sales, issuances, settlements & expenses (net)	<u>(215,000)</u>
Balance, end of year	<u>\$ 304,774</u>

Gains and losses realized and unrealized included in changes in net assets for the period above are reported in net appreciation/(depreciation) in fair value of investments in the "Statements of Changes in Net Assets Available for Benefits."

The following table presents quantitative information about the significant unobservable inputs used in level 3 fair value measurements within level 3 of the fair value hierarchy.

<u>Instrument</u>	12-31-24 12-31-23 <u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Range of Significant Input Values</u>
Fixed Rate Fund	\$ 304,774 \$ 490,179	Discounted Cash Flow	Discount Rates	3.75% to 4.15%

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND

NOTES TO FINANCIAL STATEMENTS

6. FIXED RATE FUND

The Fixed Rate Fund (FRF) is a group annuity product issued by Empower Annuity Insurance Company of America (EAIC). The contributions are deposited in EAIC's general account. The obligations of EAIC are not insured by the FDIC or any other federal governmental agency. Empower Retirement is compensated in connection with this fund by deducting an amount for investment expenses and risk from the investment experience of certain assets held in EAIC's general account. This is an interest rate based fund and generally the fund's book value is established by applying the stated contractual interest rate against the daily balances. Upon contract liquidation, a market value adjustment may apply based on the economic value at such time, after taking into consideration any Empower guarantees, expenses, taxes or other charges incurred in liquidating the account. Contract provisions may vary and will govern with respect to the value of actual transfers. EAIC periodically resets the interest rate credited on contract balances, subject to a minimum rate specified in the group annuity contract/funding agreement.

7. DEPOSIT WITH NJ DEPARTMENT OF LABOR

The Fund became a self-funded, Temporary Disability Benefits Fund as of October 1, 2004. The NJ Department of Labor required the Plan to deposit a bond in the amount of \$600,000 to provide for claims in excess of the operating plan assets. The balance of the deposit is \$600,000 and \$630,632 as of December 31, 2024 and 2023 respectively.

8. TAX STATUS

The Plan obtained its latest determination letter on November 10, 1997, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for prior years.

9. PLAN TERMINATION

Although they have not expressed any intent to do so, the Trustees reserve the right to change or discontinue the types and amounts of plan benefits and the eligibility rules. The Plan benefits are not guaranteed.

10. RISKS AND UNCERTAINTIES

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

The Plan maintains its cash balances in one financial institution located in New Jersey. The balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. The Plan from time to time may have balances that exceed the insured limits.

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND

NOTES TO FINANCIAL STATEMENTS

11. ADMINISTRATION COMMITMENT

The Plan pays administrative expenses that consist primarily of administrative fees paid to the third-party claims administrator, fund professionals and other administrative costs. These expenses are reported on the statements of changes in the net assets available for benefits as expenses.

The Fund has an agreement with I.E. Shaffer & Co., to serve as the third party administrator of the Fund. The third party administrator fees for the years ended December 31, 2024 and 2023 amounted to \$50,000 and \$50,000, respectively.

12. SUBSEQUENT EVENTS

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through June 4, 2025, the date the financial statements were available to be issued.

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND
SCHEDULE OF ASSETS (HELD AT YEAR END)
OTHER INVESTMENTS
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST VALUE 12/31/2024	FAIR VALUE 12/31/2024	
<u>Empower Financial</u>				
Fixed Rate Account		\$ 314,282.03	\$ 304,773.74	
		<u>\$ 314,282.03</u>	<u>\$ 304,773.74</u>	

See Independent Auditors' Report.

Schedule "1"

Attachment to Form 5500
 Schedule H - Part IV - Item 4j
 Plan #501
 ID #22-3424489

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND
SCHEDULE OF REPORTABLE TRANSACTIONS
 YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description Of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Empower Financial	Fixed Rate Fund	N/A	\$ 175,000	\$ 175,000	\$ 175,000	N/A

See Independent Auditors' Report.
Schedule "2"

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND

**SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED
YEAR ENDED DECEMBER 31, 2024**

AARK Electric Inc, Hatboro, PA	\$	1,662.40
I. B. Abel Inc, York, PA		9.45
Ace Electric Inc, Allentown, PA		3,778.05
Albarell Electric Inc, Bethlehem, PA		27.60
Aldridge Electric Inc, Libertyville, IL		89.00
Allan Briteway Electrical Utility Contractors Inc, Florham Park, NJ		1,141.05
American Lighting & Signal Inc, Willow Grove, PA		1,934.50
Armour & Sons Electric Inc, Langhorne, PA		2,239.70
Asplundh Electrical Testing LLC, Foxboro, MA		4,017.85
ATC Systems Inc, Middlesex, NJ		533.00
Atlantic City Convention Center, Atlantic City, NJ		7,272.05
Atlantic Coast Communications, Pennsauken, NJ		944.00
Atlantic Plant Maintenance/EH Hinds, Pasadena, TX		1,117.14
Atlas Security LLC, Atco, NJ		888.90
Bam Electrical Contracting LLC, Pennsauken, NJ		560.00
Battaglia Electric Inc, New Castle, DE		3,939.49
BBC Electrical Services Inc, Joplin, MO		3,508.50
Ronald J Billitier Electric Inc, Rochester, NY		1,364.41
Bluestone Communications Inc, Folcroft, PA		30,602.83
Bowe & Gant Electrical Services LLC, Sewell, NJ		44,176.36
BPK Electrical Contractor LLC, Brick, NJ		337.50
Bradley-Sciocchetti Inc, Pennsauken, NJ		1,433.30
Breaker Electric Inc, Clarksburg, NJ		3,326.06
Bryan Electric Inc, Hamilton, NJ		1,255.85
Burlington Electrical Testing Co, Willow Grove, PA		225.90
BW Electrical Service LLC, Hillsboro, NJ		6,316.03
Calvi Electric Co, Egg Harbor Twp, NJ		77,474.07
Carr & Duff Inc, Huntingdon Valley, PA		2,880.09
JW Carrigan LLC, Norristown, PA		4,956.85
CCL Power LLC, Wheaton, IL		2,211.00
Chammings Electric Incorporated, Vineland, NJ		27,244.98
Checkmate Communications & Electric, Jersey City, NJ		147.60
CJ Drilling Inc, Dundee, IL		6,646.00
Climate Pros, Huntingdon Valley, PA		900.97
William H Clinger Corp, Concordville, PA		46.80
Cobra Electric, Bensalem, PA		122.80
Constant Controls & Electric, Holicong, PA		313.65
Construction Management Srv Inc, New Market, VA		286.00

See Independent Auditors' Report.

Schedule "3"

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND

**SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED
YEAR ENDED DECEMBER 31, 2024**

Contract Callers Inc, Augusta, GA	\$	5,045.55
Nelson B Cooney & Son, Medford, NJ		8,594.45
County of Burlington, Mount Holly, NJ		1,402.40
Ed Cray Electric, Trenton, NJ		707.80
Current Electrical Solutions Inc, Richboro, PA		53.60
Currentmaster Electric, LLC, Mantua, NJ		18,285.49
Daidone Electric Incorporated, Newark, NJ		315.90
Day & Zimmerman NPS Inc, Philadelphia, PA		64,633.91
DC Building Systems LLC, Toms River, NJ		81.90
DEC Electrical Cont Inc, Berlin, NJ		99,478.94
Deerfield Electric Construction Inc, Millville, NJ		13,398.96
Delaney Telecom Inc, Plymouth Meeting, PA		485.50
Joseph R Delgado Incorporated, Vineland, NJ		6,898.51
Delta Line Construction Co, Egg Harbor Twp, NJ		16,162.56
Orlando Diefenderfer, Allentown, PA		22.95
Diehl Electric Contractor Inc, Hammonton, NJ		15,665.82
Divergent Alliance, Algonquin, IL		107.50
Dynamic Utility Solutions LLC, Lombard, IL		984.00
Eastern Sign Tech LLC, Burlington, NJ		490.57
Eco-Letric Electrical Contractors, Brielle, NJ		3.60
EDC-Electrical Desgin & Constr Corp, Shrewsbury, NJ		428.36
EII Inc, Cranford, NJ		7,430.18
EPS Technology Inc, Rockaway, NJ		511.88
Fai-gon Electric Inc, Piscataway, NJ		162.90
Finesse Electrical Corp, Freehold, NJ		724.50
Fisher Electric Inc, Pennsburg, PA		3.15
Flemington Instrument Co Inc, Ringoes, NJ		41.85
H B Frazer Company, Phoenixville, PA		2,099.15
General Controls Inc, Cinnaminson, NJ		5,471.54
Giordano Electric Corp, Toms River, NJ		414.00
M Gitlin Co Inc, Glen Mills, PA		118.20
J Givoo Consultants Corp, Cherry Hill, NJ		6,135.05
Gloucester County Improvement Auth, Woodbury, NJ		2,318.35
GM Electric Inc, Shamong, NJ		5,173.28
Goldhorn Electrical Construction, Aston, PA		2,476.80
Goldsmith Associates Inc, Cherry Hill, NJ		1,464.10

See Independent Auditors' Report.

Schedule "3"

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND

**SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED
YEAR ENDED DECEMBER 31, 2024**

Greentech Energy Service, Maple Shade, NJ	\$	7,974.50
H&S Controls, Newtown, PA		278.33
H&M Electrical Contractor, Garfield, NJ		162.00
Hatzel-Buehler Inc, Hamilton, NJ		22,341.90
Henkels & McCoy Inc, Blue Bell, PA		28,455.40
Hi Volt Electric, Laurence Harbor, NJ		550.23
High Potential Testing LLC, Havertown, PA		201.60
Huen Electric Inc, Broadview, IL		15,823.19
Hughes Electric Co, Pleasantville, NJ		43,362.36
IEW Construction Group, Hamilton, NJ		1,393.28
IJB Electrical Contractor LLC, Moorestown, NJ		349.88
Integral Power Atlantic LLC, Algonquin, IL		745.25
Integrity Line Soltuions, Verona, KY		2,686.00
Intren Inc, Union, IL		4,047.50
Ion Electrical Construction Service, Woodlynne, NJ		10,927.00
Joint Apprenticeship Training Comm, Hammonton, NJ		3,913.60
JBL Electric/DBA McPhee Electric, S Plainfield, NJ		17,202.73
Jersey State Energy Controls Inc, Brick, NJ		494.25
Jet Electrical Testing LLC, Lawrenceville, NJ		1,762.60
JJD Electric, LLC, Paulsboro, NJ		18,830.04
Jordano Electric Inc, Hackensack, NJ		5,753.34
Lex Electric Company, Media, PA		3.60
Kane Communications, Trenton, NJ		20,794.57
KE Electric, Yardley, PA		62.40
Kelco Electrical Contr LLC, Glassboro, NJ		2,601.35
Kisby Shore Electrical Contractors, Atlantic City, NJ		14,692.98
KR Utilities LLC, Cuba, NY		25.00
Kuharchik Construction Inc, Exeter, PA		507.00
KV Power LLC, Andrews, TX		1,079.50
Kwasigroch Electric Inc, Orland Park, IL		2,825.02
Lanconnect Inc, Norristown, PA		386.65
Leeway Electric LLC, Landisville, NJ		43,939.07
Liberty Integrated Solutions, Bensalem, PA		292.95
Lighton Industries Inc, Toms River, NJ		720.00
Linecom Inc, Exton, PA		1,326.35

See Independent Auditors' Report.

Schedule "3"

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND

**SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED
YEAR ENDED DECEMBER 31, 2024**

Local Union 351 IBEW, Hammonton, NJ	\$	12,081.61
M C Controls Inc, Shamong, NJ		1,391.20
M J Electric LLC, Iron Mountain, MI		4,676.25
M P Electrical Contr, Fords, NJ		365.85
Marano Electric, Sewell, NJ		81.25
Marlee Contractors, Hammonton, NJ		840.60
Mass Electric Construction, Omaha, NE		1,542.61
Matrix NAC Inc, Tulsa, OK		11,404.33
Maul Power Group, Cranbury, NJ		380.60
MBE Mark III Electric Inc, Madison, NJ		912.80
Mehl Electric Company Inc, Pearl River, NY		2,019.15
Meridian Services Group Inc, Hamilton, NJ		1,864.01
Miller Bros/Div of Wampole-Miller, Conshohocken, PA		3,701.07
MJF Electrical Contracting Inc, Morrisville, PA		1,012.25
MNM Group Inc, Willow Grove, PA		1,664.10
Modern Electric Co, Clifton, NJ		1,619.53
Multi-Temp Mechanical Inc, Westville, NJ		1,609.25
New Jersey Safety Training Fund, Hammonton, NJ		1,154.00
New Jersey State Electrical Workers, Hammonton, NJ		990.00
New River Electrical Corp, Cloverdale, VA		10,417.45
North Central Electric Inc, Hulmeville, PA		5,390.88
North Jersey Power Electrical Cont, Riverdale, NJ		938.18
Northeast Electrical Services LLC, Williamstown, NJ		14,078.35
Northline Utilities, Au Sable Forks, NY		2,304.63
NRC Controls LLC, Deptford, NJ		450.00
Offshore Electric Inc, Somerset, NJ		162.00
Oliver Communications Group, Bordentown, NJ		4,699.34
Orchard Holdings LLC, Manasquan, NJ		896.85
R Palmieri Electricians, Buena, NJ		57,965.25
Par 4 Electric LLC, Delanco, NJ		34.59
Paramount Electrical Service LLC, Swedesboro, NJ		40.05
Parson Assoc Electrical Cont, Glassboro, NJ		6,294.90
Pinnacle Control Systems, Hamilton, NJ		51.60
Precision Electrical Contractors in River Park Commons, Pittsburgh, PA		682.81
Quality Electric Service Co, LLC, Woodbine, NJ		2,034.96

See Independent Auditors' Report.

Schedule "3"

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND

**SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED
YEAR ENDED DECEMBER 31, 2024**

RJ Smith Electric LLC, Wrightstown, NJ	\$	14.40
R/S Electric, St Joseph, MO		785.00
Raff Electric, Aston, PA		398.95
Ranco Construction, Southampton, NJ		189.70
RCR Electrical Contractors, Palmyra, NJ		106.40
Reagan Electric LLC, Vineland, NJ		4,159.30
Red Rover Electric LLC, Louisville, KY		461.25
Riggs Distler & Company Inc, Cherry Hill, NJ		103,990.13
Scalfo Electric Inc, Vineland, NJ		48,499.35
Scholes Electric & Communications, Piscataway, NJ		3,445.80
A C Scott Electric Co, Trenton, NJ		3,144.90
Scott Testing Inc, Hamilton, NJ		820.95
Seven Utility Services, Sherrills Ford, NC		962.50
Skyline Electrical Contracting, Pittsgrove, NJ		3,141.20
South NJ Chapter Inc, Mt Laurel, NJ		1,980.00
Star Lo Electric, Whippany, NJ		144.75
Star-Lo Communications, Whippany, NJ		304.20
Starko Electric Services Inc, Whippany, NJ		7.20
Straddick Electric & Systems Inc, Medford, NJ		5,065.50
T & J Electrical Associates LLC, Clifton Park, NY		869.88
Tangent Cable Systems Inc, Wilmington, DE		3,148.62
Techna-Pro Electric LLC, Mount Laurel, NJ		3,954.71
Teldat Communications Inc, Hatfield, PA		876.80
The Directive Group, Absecon, NJ		1,940.91
Tiffany Electric Inc, Livingston, NJ		20.71
Top Line Hands LLC, Dillsboro, IN		924.00
Travis Inc, East Hanover, NJ		9,441.89
Tru Val Electric Corp, Rutherford, NJ		5,032.18
Ultra Lum Enterprises Inc, Palm Harbor, FL		1,546.90
United Fire Protection Corp, Kenilworth, NJ		76.05
USA Electrical Construction Contrs, Pitman, NJ		1,012.18
Valiant Pwr GP Inc/DBA SM Electric, Rahway, NJ		6,241.24
Valiant Energy Services LLC, Allentown, PA		34,698.95
Vanalt Electrical Construction Inc, Yeadon, PA		1,689.40
Vision Utilities Inc, Berlin, NJ		793.00

See Independent Auditors' Report.

Schedule "3"

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND

**SCHEDULE OF EMPLOYER CONTRIBUTIONS COLLECTED
YEAR ENDED DECEMBER 31, 2024**

G M White Electrical Inc, Vineland, NJ	\$ 10,160.37
J J White Inc, Philadelphia, PA	<u>880.32</u>
Total Local 351 Employers	1,226,918.24
Total Local 269 Employers	<u>1,000,143.80</u>
<u>TOTAL CONTRIBUTIONS COLLECTED</u>	<u>\$ 2,227,062.04</u>

See Independent Auditors' Report.

Schedule "3"

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND
 SCHEDULE OF ASSETS (HELD AT YEAR END)
OTHER INVESTMENTS
 YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST VALUE	12/31/2024	FAIR VALUE 12/31/2024
<u>Empower Financial</u>				
Fixed Rate Account		\$ 314,282.03		\$ 304,773.74
		<u>\$ 314,282.03</u>		<u>\$ 304,773.74</u>

See Independent Auditors' Report.

Schedule "1"

Attachment to Form 5500
Schedule H - Part IV - Item 4j
Plan #501
ID #22-3424489

SOUTH JERSEY ELECTRICAL WORKERS' TEMPORARY DISABILITY BENEFITS FUND
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description Of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Empower Financial	Fixed Rate Fund	N/A	\$ 175,000	\$ 175,000	\$ 175,000	N/A

See Independent Auditors' Report.

Schedule "2"