

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 07/01/2024 and ending 06/30/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: NEW JERSEY FIREMEN'S HOME EMPLOYEES' PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1982
2a Plan sponsor's name, mailing address, city, state, and ZIP: NEW JERSEY FIREMENS HOME, 565 LATHROP AVENUE, BOONTON, NJ 07005
2b Employer Identification Number (EIN): 22-1500566
2c Plan Sponsor's telephone number: 973-334-0024
2d Business code (see instructions): 623000

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 rows for plan administrator, employer/plan sponsor, and DFE.

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	132
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)	21
	6a(2)	18
	6b	61
	6c	39
	6d	118
	6e	12
	6f	130
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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 checked="" 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 checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</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 _____

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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 07/01/2024 and ending 06/30/2025

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NEW JERSEY FIREMEN'S HOME EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NEW JERSEY FIREMENS HOME</u>	D Employer Identification Number (EIN) <u>22-1500566</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>6149246</u>
	b Actuarial value	2b	<u>6149246</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>65</u>	<u>1819601</u>
	b For terminated vested participants	<u>46</u>	<u>515187</u>
	c For active participants	<u>21</u>	<u>667645</u>
	d Total	<u>132</u>	<u>3002433</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.32 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>117767</u>
	b Expected plan-related expenses	6b	<u>12000</u>
	c Target normal cost	6c	<u>129767</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>08/26/2025</u>	Date
	<u>SHERYL GABRIEL</u>	<u>23-03545</u>	Most recent enrollment number
	<u>BPAS ACTUARIAL & PENSION SERVICES</u>	<u>212-284-9021</u>	Telephone number (including area code)
	<u>239 NEW ROAD BUILDING B SUITE B307 PARSIPPANY, NJ 07054</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	676172	2388263
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	112132	0
9	Amount remaining (line 7 minus line 8)	564040	2388263
10	Interest on line 9 using prior year's actual return of <u>12.09</u> %	68192	288741
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.13</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	632232	2677004

Part III Funding Percentages			
14	Funding target attainment percentage	14	92.30 %
15	Adjusted funding target attainment percentage	15	199.85 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	108.34 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0	
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 72
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	129767	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	129767	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	129767	0	129767
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

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 **07/01/2024** and ending **06/30/2025**

A Name of plan NEW JERSEY FIREMEN'S HOME EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEW JERSEY FIREMENS HOME	D Employer Identification Number (EIN) 22-1500566	

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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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)

PGB TRUST & INVESTMENTS

1 MAIN STREET
PEAPACK, NJ 07044

22-2491488

(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?
28	NONE	45657	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)

BPAS ACTUARIAL & PENSION SERVICES

30-0192194

(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?
11 17 50 70	NONE	12050	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"/>

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

(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 07/01/2024 and ending 06/30/2025	
A Name of plan NEW JERSEY FIREMEN'S HOME EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEW JERSEY FIREMENS HOME	D Employer Identification Number (EIN) 22-1500566

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8971	46967
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	242401	96742
(2) U.S. Government securities	1c(2)	893465	730333
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	365226	323970
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4777516	5167296
(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)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	6287579	6365308
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	519
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	519
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6287579	6364789

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	857	
(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)	58123	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		58980
(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)	111761	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		111761
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	201819	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	156703	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		45116
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	272421	
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		488278

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	340254	
(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)		340254
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	45658	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	12050	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	13106	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		70814
j Total expenses. Add all expense amounts in column (b) and enter total	2j		411068

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		77210
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: YODICE & CO, PC

(2) EIN: 22-3204269

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		1000000
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.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 200359.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 07/01/2024 and ending 06/30/2025

A Name of plan <u>NEW JERSEY FIREMEN'S HOME EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NEW JERSEY FIREMENS HOME</u>	D Employer Identification Number (EIN) <u>22-1500566</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-2716768</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705374A.

NEW JERSEY FIREMEN'S HOME
EMPLOYEE'S PENSION PLAN

JUNE 30, 2025

FINANCIAL STATEMENTS

Yodice & Company, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

1055 Parsippany Blvd, Suite 506 • Parsippany, New Jersey 07054
(973) 263-8228

FAX: (973) 263-2515

Independent Auditor's Report

Trustees
New Jersey Firemen's Home
Employees' Pension Plan
565 Lathrop Avenue
Boonton, NJ 07005

Opinion

We have audited the accompanying financial statements of the New Jersey Firemen's Home Employees' Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended June 30, 2025, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of the New Jersey Firemen's Home Employees' Pension Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the year ended June 30, 2025, 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the New Jersey Firemen's Home Employees' Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the New Jersey Firemen's Home Employees' Pension Plan'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 that may become due to such participants.

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 generally accepted auditing standards 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 generally accepted auditing standards, we:

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

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

Report on 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, Schedule H, Line 4i – Schedule of Assets (Held at Year end) and (Acquired and Disposed of Within a Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 generally accepted auditing standards.

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

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

A handwritten signature in black ink that reads "Yodice & Company, P.C." The signature is written in a cursive, flowing style.

Yodice & Company, P.C.
Parsippany, New Jersey
September 26, 2025

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	JUNE 30,	
	<u>2025</u>	<u>2024</u>
ASSETS:		
Investments, at Fair Value:		
Money Market Funds	\$ 13,931	\$ 36,069
Common Stock	2,824,568	2,661,321
Mutual Funds	2,342,728	2,116,196
Corporate Bonds	323,970	365,226
U.S. Government Securities	730,333	993,013
	<u>6,235,530</u>	<u>6,171,825</u>
OTHER ASSETS:		
Accrued Interest Receivable	12,029	8,970
Miscellaneous Receivables	34,938	-
	<u>46,967</u>	<u>8,970</u>
Cash	<u>82,811</u>	<u>106,784</u>
Total Assets	<u>6,365,308</u>	<u>6,287,579</u>
LIABILITY; Miscellaneous Payable	<u>519</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 6,364,789</u></u>	<u><u>\$ 6,287,579</u></u>

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED JUNE 30, 2025**

ADDITIONS TO NET ASSETS:

INVESTMENT INCOME:

Net Appreciation in Fair Value of Investments	317,537
Interest	58,979
Dividends	111,761
	<u>488,277</u>
Less; Investment Expense	<u>45,657</u>
Total Additions	<u>442,620</u>

DEDUCTIONS FROM NET ASSETS:

Benefits paid Directly to Participants	340,254
Administrative Expenses	25,156
	<u>365,410</u>

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	77,210
--	---------------

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of Year	<u>6,287,579</u>
End of Year	<u><u>\$ 6,364,789</u></u>

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS**

	JUNE 30,	
	2025	2024
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested Benefits:		
Participants currently receiving payments	\$ 1,758,655	\$ 1,638,141
Other Participants	876,858	1,022,006
	2,635,513	2,660,147
 Nonvested Benefits	 92,749	 63,863
 TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	 \$ 2,728,262	 \$ 2,724,010

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED JUNE 30, 2025**

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	<u>\$ 2,724,010</u>
 INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:	
Increase for Interest Due to the Decrease in the Discount Period at 7%	178,772
Benefits Paid	(340,254)
Changes to Actuarial Assumptions	5,541
Benefits Accumulated and Actuarial Gains and Losses	<u>160,193</u>
Net Increase	<u>4,252</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u><u>\$ 2,728,262</u></u>

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 and 2024**

NOTE 1: Description of Plan

The following brief description of the New Jersey Firemen's Home Employees' Pension Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension. All non-union employees entered the plan on the July 1st nearest later of the last day of their first year of service and age 21. Effective July 1, 1998, only those employees who completed at least 1,000 hours of service in a plan year accrued pension benefits. Effective July 1, 1999, members of the Board of Managers are credited with 83 1/3 hours for each month they serve on the Board. Effective July 1, 2000, all staff employees are covered under the New Jersey Public Employees Retirement System and will not accrue any further benefits under this Plan.

Pension Protection Act of 2006

The Pension Protection Act of 2006 (PPA) was signed into law on August 17, 2006 and is generally effective for Plan Years beginning after 2007. PPA amended the Employee Retirement Income Security Act of 1974 (ERISA) under which increased responsibility had been placed on the Plan's Enrolled Actuary and the selection of the actuarial assumptions. In an attempt to strengthen the financial stability of all defined benefit plans, PPA substantially changed the way funding requirements are determined. The Worker, Retiree and Employer Recovery Act of 2008, which was signed into law on December 23, 2008, included technical corrections to PPA. The Moving Ahead for Progress in the 21st Century Act (MAP-21) was signed into law on July 6, 2012. The Highway and Transportation Funding Act of 2014 (HATFA) was signed into law on August 8, 2014. MAP-21 and HATFA contained Pension Funding Relief provisions.

The actuarial cost method (funding method) to be used to determine the Minimum Required Contribution under PPA is an unprojected unit credit cost method.

PPA prescribes the use of segment interest rates for determining the present value of benefits. These segment rates are based on the corporate bond yield curve for certain investment grade bonds that mature at three different times (less than 5 years, between 5 and 20 years, and after 20 years). Alternatively, a full yield curve can be used, if elected. PPA added the calculation of an Effective Rate which is the equivalent single rate that will produce the same accrued liability (the Funding Target) as the segment rates used for funding. PPA further prescribes the use of specific mortality tables which will be published periodically by the Secretary of the Treasury.

MAP-21 changed the method of calculating the segment interest rates resulting in a reduction in Plan liabilities and minimum required contribution. Beginning with the 2008 actuarial valuation, the prescribed assumptions will be reflected, where applicable, and revised each year.

The balance of the actuarial assumptions will continue to reasonably reflect the Plan's experience. As part of the annual report to the Internal Revenue Service, the Plan's Enrolled Actuary must prepare an "actuarial statement" which includes an opinion that these nonprescribed actuarial assumptions reasonably reflect the Plan's experience and expectations and represent the "best estimate" of anticipated experience under the Plan. No changes, other than those prescribed by law, are required at this time.

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 and 2024**

NOTE 1 (Continued)

Pension Benefits

Participants with three or more years of participation were previously entitled to annual pension benefits beginning at normal retirement age (65) equal to \$16.67 multiplied by benefit years, not to exceed 30 benefit years, to a maximum of \$500 per month and a minimum of \$100 provided they had 10 or more benefit years. Effective July 1, 2002, a participant's normal pension benefit shall provide a monthly payment equal to \$83.33 multiplied by his benefit years up to, but not exceeding 10 benefit years, to a maximum of \$833.33. The Plan permits early retirement at age 55 with a minimum of 10 years of service. Participants may elect to receive their pension benefits in the form of a joint and survivor annuity. If participants terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits. Effective July 1, 2005, normal retirement date was amended to be the first of the month after the age 62 (from 65) and the later completion of three years of plan participation.

Death Benefits

If a participant dies before benefits commence, but after the interest in the Accrued Benefit has become vested to some extent, his/her Spouse shall receive the survivor annuity benefit which would have been payable if the participant had elected to receive the Standard Annuity commencing the day before death, or, if the participant had not yet reached the earliest retirement age under the Plan, the benefit which would have been payable based on the actual Accrued Benefit but assuming that the participant had survived to the earliest retirement age under the Plan, had elected to receive the Standard Annuity, and had died on the following day, subject to the same actuarial reduction normally applicable on account of the commencement of benefits before the Normal Retirement Date. The Administrator may pay the Spouse, in lieu of monthly payments, a lump sum which is the Actuarial Equivalent of the survivor annuity, provided the lump sum is less than \$7,000.

If the participant dies before benefits commence while in active service, but after Normal Retirement Date, the Spouse, if any, shall receive the survivor annuity benefit which would have been payable assuming that the participant had elected to receive the Standard Annuity, and had died on the following day.

If the participant dies after benefits commence, any remaining benefits under the Standard Annuity or the alternative benefit form, if any, that was elected shall be paid to the Spouse or other Beneficiary, as the case may be.

Disability Benefits

If Service is terminated by Disability, the participant shall be eligible to receive a Disability Pension Benefit. The Disability Pension Benefit shall provide monthly payments of an amount such that the benefit is the Actuarial Equivalent of the Accrued Benefit at termination. If the participant is disabled, he/she may not elect to receive an alternative form of benefit other than the Standard Annuity. Disability Pension Benefits shall begin on the first day of the month following the fifth full calendar month of Disability, and shall end only if Disability ends before the Normal Retirement date. A participant will not be considered disabled unless he/she qualifies for disability benefits under the Federal Social Security Act or Veterans Disability Act.

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 and 2024**

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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 market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and custodian. 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.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Effective July 1, 2002, benefits under the plan are based on participants' benefit years multiplied by \$83.33 per year not to exceed \$833.33 per month. The benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from BPAS Actuarial and Pension Services, LLC, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of July 1, 2025 and July 1, 2024 were life expectancy of participants. The base mortality tables for July 1, 2025 and July 1, 2024 are the sex distinct RP-2014 mortality tables for healthy annuitants adjusted backwards to 2006 with Scale MP-2014. The base mortality table is adjusted by projecting mortality improvements using Scale MP-2017 from the year 2006 through 2019 with an additional projection period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by one year for each year below 80; for ages above 80, the additional projection period is reduced (but not below zero) by one third year for each year above 80.

The interest rate used to discount the obligation for July 1, 2025 and July 1, 2024 was 7%, including a reduction of 0% to reflect anticipated administrative expenses associated with providing benefits.

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 and 2024**

NOTE 2 (Continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as July 1, 2025 and July 1, 2024. Had the valuations been performed as of June 30, there would be no material differences.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Subsequent events have been evaluated through September 26, 2025, which is the date the financial statements were issued.

NOTE 3: FUNDING POLICY

The New Jersey Firemen's Home's funding policy is to make annual contributions to the Plan in amounts that are usually within the minimum required contribution and maximum recommended contribution as computed by BPAS Actuarial and Pension Services, LLC (BPAS). The minimum required contributions were \$129,767 and \$112,132 for years beginning July 1, 2024 and 2023. The Finance Committee of the Plan sponsor elected to contribute \$0 and \$0 in plan years ended June 30, 2025 and 2024.

NOTE 4: PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Benefits former participants or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable or would have been payable under plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 and 2024**

NOTE 4 (Continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 5: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefit.

Assets at Fair Value as of June 30, 2025

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 13,931	\$ -	-	\$ 13,931
Common Stock	2,824,568	-	-	2,824,568
Mutual Funds	2,342,728	-	-	2,342,728
Corporate Bonds	-	323,970	-	323,970
U.S. Government Securities	-	730,333	-	730,333
Total Assets at Fair Value	<u>\$ 5,181,227</u>	<u>\$ 1,054,303</u>	<u>-</u>	<u>\$ 6,235,530</u>

Assets at Fair Value as of June 30, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 36,069	\$ -	-	\$ 36,069
Common Stock	2,661,321	-	-	2,661,321
Mutual Funds	2,116,196	-	-	2,116,196
Corporate Bonds	-	365,226	-	365,226
U.S. Government Securities	-	993,013	-	993,013
Total Assets at Fair Value	<u>\$ 4,813,586</u>	<u>\$ 1,358,239</u>	<u>-</u>	<u>\$ 6,171,825</u>

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 and 2024**

NOTE 5 (Continued)

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs other than quoted market prices included in Level 1 that are either directly or indirectly observable for the asset, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when level 1 or Level 2 inputs are not available.

Level 1 Fair Value Measurements

The fair value of certificates of deposit, mutual funds, money market funds, US Government Securities and preferred stocks is based on quoted net asset values of the shares held by the Plan at year end.

Level 2 Fair Value Measurements

The fair value of corporate bonds is based on quoted prices for similar assets in active markets.

NOTE 6: 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.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 7: PLAN AMENDMENT

Effective July 1, 2024 the Plan was amended and restated to comply with changes in laws and regulations. An advisory letter dated February 28, 2023 relative to the restated plan was received by BPAS from the Internal Revenue Service which provided preapproval of the amended and restated Plan.

**NEW JERSEY FIREMEN’S HOME
EMPLOYEES’ PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 and 2024**

NOTE 8: TAX STATUS

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization 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.

NOTE 9: ADMINISTRATIVE EXPENSES/RELATED PARTY TRANSACTIONS

Certain administrative expenses of the Plan are paid by the Operating Fund of the New Jersey Firemen’s Home. For plan years ended June 30, 2025 and 2024 those expenses, consisting primarily of fees paid to actuaries and auditors, were \$23,970 and \$19,623, respectively. Those expenses are excluded from these financial statements. Certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

NOTE 10: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for pension benefits for the financial statements to the form 5500:

	<u>JUNE 30,</u>	
	<u>2025</u>	<u>2024</u>
Market Value of Assets in the Trust	\$ 6,364,789	\$ 6,287,579
Receivable Contributions	0	0
Payables Benefits Due	<u>0</u>	<u>0</u>
Market Value of Assets Including Receivables and Payables	<u>\$ 6,364,789</u>	<u>\$ 6,287,579</u>

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2025**

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<u>COMMON STOCK</u>			
	VERIZON COMMUNICATIONS	600 COMMON SHARES	\$ 31,054	\$ 25,962
	LOWES	350 COMMON SHARES	23,051	77,655
	TJXCO INC	600 COMMON SHARES	19,219	74,094
	MCDONALDS CORP	200 COMMON SHARES	20,370	58,434
	HONEYWELL INTL INC	190 COMMON SHARES	26,157	44,247
	CHEVRON CORP	400 COMMON SHARES	45,971	57,276
	JP MORGAN CHASE & CO	600 COMMON SHARES	35,457	173,946
	GENUINE PARTS CO	200 COMMON SHARES	20,545	24,262
	BLACKROCK INC	75 COMMON SHARES	22,285	78,694
	WALMART INC	150 COMMON SHARES	13,068	44,001
	WALT DISNEY CO	180 COMMON SHARES	16,905	22,322
	PAYPAL	315 COMMON SHARES	10,801	23,411
	ARROW TECHNOLOGIES INC	350 COMMON SHARES	25,862	44,600
	GENERAL DYNAMICS CORP	200 COMMON SHARES	34,204	58,332
	WASTE MANAGEMENT INC	400 COMMON SHARES	16,866	91,528
	QUALCOMM INC	650 COMMON SHARES	37,588	103,519
	MICROSOFT CORP	315 COMMON SHARES	15,950	156,684
	IBM	350 COMMON SHARES	55,070	103,173
	AIR PRODUCTS & CHEMICALS INC	150 COMMON SHARES	24,370	42,309
	DUPONT	128 COMMON SHARES	6,720	8,780
	AT&T	700 COMMON SHARES	19,012	20,258
	APPLIED MATERIALS INC	500 COMMON SHARES	21,495	91,535
	PEPSICO INC	225 COMMON SHARES	17,095	29,709
	AMGEN INC	150 COMMON SHARES	26,150	41,882
	PROCTOR AND GAMBLE CO	400 COMMON SHARES	32,381	63,728
	CVS CAREMARK CORP	500 COMMON SHARES	34,339	34,490
	EXXON MOBIL	550 COMMON SHARES	47,053	59,290
	UNION PAC CORP	200 COMMON SHARES	16,771	46,016
	APPLE INC	720 COMMON SHARES	13,463	147,722
	BRISTOL MYERS PUBLIC SVC ENTERPRISE GROUP INC	510 COMMON SHARES	33,414	23,608
	BECTON DICKINSON	115 COMMON SHARES	21,939	42,090
	BOOKING HOLDINGS INC	14 COMMON SHARES	15,730	19,809
	LABORATORY CORP	200 COMMON SHARES	25,292	81,049
	CHARLES SCHWAB CORP	200 COMMON SHARES	22,024	52,502
	CHECKPOINT SOFTWARE TECH LTD	850 COMMON SHARES	29,418	77,554
	ALPHABET	220 COMMON SHARES	23,368	48,675
	MERCK & CO INC	900 COMMON SHARES	32,975	158,607
	FEDEX CORP	400 COMMON SHARES	22,403	31,664
	BORG WARNER AUTOMOTIVE INC.	200 COMMON SHARES	36,823	45,462
	DOW INC	500 COMMON SHARES	22,551	16,740
	TE CONNECTIVITY LIMITED	128 COMMON SHARES	4,691	3,389
	INTERNATIONAL PAPER CO	350 COMMON SHARES	24,371	59,035
	CHUBB LTD	450 COMMON SHARES	19,646	21,073
	OTIS WORLDWIDE CORP	130 COMMON SHARES	23,033	37,664
	AUTOMATIC DATA PROCESSING INC.	150 COMMON SHARES	7,064	14,853
	PNC FINANCIAL SERVICES	100 COMMON SHARES	25,131	30,840
	TRUIST FINANCIAL CORP	250 COMMON SHARES	35,135	46,605
	CARRIER GLOBAL CORP	750 COMMON SHARES	26,673	32,242
	KELLANOVA	300 COMMON SHARES	4,723	21,957
	CLOROX COMPANY	350 COMMON SHARES	19,500	27,836
	SYSCO CORP	220 COMMON SHARES	31,052	26,415
	BAKER HUGHES CO	500 COMMON SHARES	38,117	37,870
			21,473	19,170
		TOTAL COMMON STOCK	\$ 1,295,818	\$ 2,824,568

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2025
(CONTINUED)**

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<u>MUTUAL FUNDS</u>			
	SPDR	550.00 HEALTH CARE SELECT SECTOR (XLV)	36,923	74,135
	VANGUARD	200.00 VANGUARD HEALT CARE (VHT)	25,670	49,668
	iSHARES	2000.00 ISHARES S&P SMALLCAP 600/VAL ETF (IJS)	58,336	198,980
	iSHARES	500.00 ISHARES S&P SMALLCAP/600 GROWTH ETF (IJT)	13,871	66,520
	iSHARES	2000.00 S&P MIDCAP 400 VALUE ETF (IJJ)	66,269	247,160
	VANGUARD	2000.00 FTSE EMERGING MARKETS ETF (VWO)	86,594	98,920
	VANGUARD	3000.00 FTSE ALL WORLD EX-US (VEA)	136,440	171,030
	VANGUARD	21902.76 VANGUARD SHORT TERM INVESTMENT GRADE VFSTX	234,728	229,322
	VANGUARD	440 S&P 500 ETF (VOO)	119,641	249,933
	INVESCO	1500 S&P 500 EQUAL WEIGHT ETF (RSP)	160,279	272,610
	VANGUARD	500 VANGUARD IND MID-CAP FD (VO)	83,163	139,915
	VANGUARD	5000 VANGUARD SHORT TERM BOND ETF (BSV)	403,613	393,500
	iSHARES	1500 G3 MONTH TREASURY BOND ETF (SGOV)	150,461	151,035
		TOTAL MUTUAL FUNDS	\$ 1,575,988	\$ 2,342,728
	<u>CORPORATE BONDS</u>			
	GOLDMAN SACHS GROUP INC	25000 GOLDMAN SACHS GROUP INC, VAR CPN, 4/5/26	\$ 25,000	\$ 24,955
	AMAZON	25000 AMAZON, 4.65%, 12/1/29	24,974	25,549
	GOLDMAN SACHS GROUP INC	25000 GOLDMAN SACHS GROUP INC, VAR CPN, 3.85%, 1/26/27	24,141	24,834
	APPLE	25000 APPLE CORP, 3.25%, 2/23/26	24,307	24,843
	ASTRAZENECA FINANCE LLC	25000 ASTRAZENECA, 4.875%, 3/3/28	24,968	25,530
	COMCAST	25000 COMCAST, 3.15%, 2/15/28	23,403	24,352
	EXXON MOBIL CORP	25000 EXXON MOBIL CORP, 3.043%, 3/1/26	24,170	24,809
	HOME DEPOT INC	25000 HOME DEPOT INC, 3.9%, 12/6/28	24,121	24,921
	MORGAN STANLEY	25000 MORGAN STANLEY, 3.625%, 1/20/27	24,111	24,785
	PFIZER INVT ENTERPRISES	25000 PFIZER INVT ENTERPRISES, 4.45%, 5/19/28	24,496	25,200
	TARGET CORP	25000 TARGET CORP, 3.375%, 4/15/29	23,493	24,312
	WALMART INC	25000 WALMART INC, 4.0%, 4/15/26	24,664	24,975
	WELLS FARGO & CO	25000 WELLS FARGO & CO, 4.15%, 1/24/29	23,920	24,905
		TOTAL CORPORATE BONDS	\$ 315,768	\$ 323,970

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2025
(CONTINUED)**

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<u>U.S. GOVERNMENT SECURITIES</u>				
	U.S. TREASURY NOTE	180,000 U.S. TREASURY NOTE 4.5% 11/15/25	\$ 180,209	\$ 180,090
	U.S. TREASURY NOTE	450,000 U.S. TREASURY NOTE, 5.0%, 8/31/25	448,383	450,324
	U.S. TREASURY NOTE	100,000 U.S. TREASURY BILLS	98,944	99,919
		TOTAL GOVERNMENT SECURITIES	<u>\$ 727,536</u>	<u>\$ 730,333</u>

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2024**

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<u>COMMON STOCK</u>			
	LOWES CO INC	350 COMMON SHARES	23,052	77,161
	TJX COS INC	600 COMMON SHARES	19,219	66,060
	MCDONALDS COPR	200 COMMON SHARES	20,370	50,968
	HONEYWELL INTERNATIONAL INC	190 COMMON SHARES	26,157	40,573
	PEPSICO INC	225 COMMON SHARES	17,095	37,109
	GENUINE PARTS COMPANY	200 COMMON SHARES	20,545	27,664
	WALMART INC	450 COMMON SHARES	13,068	30,469
	WALT DISNEY CO	180 COMMON SHARES	16,905	17,872
	PROCTOR & GAMBLE CO	400 COMMON SHARES	32,381	65,968
	CVS CAREMARK CORP	500 COMMON SHARES	34,339	29,530
	GENERAL DYNAMICS CORP	200 COMMON SHARES	34,204	58,028
	CHEVRON CORP	400 COMMON SHARES	45,971	62,568
	EXXONMOBIL CORP	550 COMMON SHARES	47,053	63,316
	PAYPAL	315 COMMON SHARES	10,800	18,279
	CHARLES SCHWAB CORP	850 COMMON SHARES	29,418	62,637
	SCHLUMBERGER LTD.	500 COMMON SHARES	16,298	23,590
	JPMORGAN CHASE & CO	700 COMMON SHARES	39,773	141,582
	AIR PRODUCTS & CHEMICALS INC	150 COMMON SHARES	24,370	38,707
	APPLIED MATERIALS INC	500 COMMON SHARES	21,495	117,995
	AMGEN INC	150 COMMON SHARES	26,151	46,868
	BLACKROCK INC CL A	75 COMMON SHARES	22,285	59,049
	BRISTOL MYERS SQUIBB CO	510 COMMON SHARES	33,414	21,180
	MERCK & CO INC	400 COMMON SHARES	22,402	49,520
	BECTON DICKINSON	115 COMMON SHARES	15,730	26,877
	LABORATORY CORP AMERICA	200 COMMON SHARES	22,024	40,702
	PNC FINANCIAL SERVICES CORP	250 COMMON SHARES	35,135	38,870
	WASTE MANAGEMENT INC	400 COMMON SHARES	16,866	85,336
	FEDEX CORP	200 COMMON SHARES	36,823	59,968
	ALPHABET	900 COMMON SHARES	32,975	163,935
	UNION PAC CORP	200 COMMON SHARES	16,771	45,252
	QUALCOMM INC	650 COMMON SHARES	37,588	129,467
	MICROSOFT CORP	365 COMMON SHARES	17,540	163,137
	APPLE INC	720 COMMON SHARES	13,463	151,646
	IBM CORP	350 COMMON SHARES	55,070	60,533
	TE CONNECTIVITY LIMITED	350 COMMON SHARES	24,371	52,650
	INTERNATIONAL PAPER CO	450 COMMON SHARES	19,646	19,418
	DUPONT	128 COMMON SHARES	6,720	10,303
	AT&T INC	700 COMMON SHARES	19,012	13,377
	BOOKINGS HOLDINGS INC	14 COMMON SHARES	25,292	55,461
	PUBLIC SERVICE ENTERPRISE GROUP INC	500 COMMON SHARES	21,939	36,850
	TRUIST FINANCIAL CORP	750 COMMON SHARES	26,673	29,138
	CARRIER GLOBAL CORP	300 COMMON SHARES	4,722	18,924
	OTIS WORLDWIDE CORP	150 COMMON SHARES	7,064	14,439
	KELLANOVA	350 COMMON SHARES	19,500	20,188
	ARROW TECHNOLOGIES INC	350 COMMON SHARES	25,862	42,266
	CHECKPOINT SOFTWARE TECH LT	220 COMMON SHARES	23,368	36,300
	PUBLIC GROUP OF COMPANIES INC	1200 COMMON SHARES	24,497	34,908
	DOW INC	128 COMMON SHARES	4,691	6,790
	VERIZON COMMUNICATIONS	600 COMMON SHARES	31,054	24,744
	CHUBB LTD	130 COMMON SHARES	23,033	33,160
	BORG WARNER AUTOMOTIVE INC	500 COMMON SHARES	22,551	16,120
	AUTOMATIC DATA PROCESSING INC	100 COMMON SHARES	25,131	23,869
	TOTAL COMMON STOCK		<u>\$ 1,251,876</u>	<u>\$ 2,661,321</u>

See Accompanying Notes to Financial Statements and Independent Auditor's Report

NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2024
(CONTINUED)

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<u>MUTUAL FUNDS</u>			
	SPDR	550.00 HEALTH CARE SELECT SECTOR (XLV)	\$ 36,923	\$ 80,163
	VANGUARD	200.00 VANGUARD HEALT CARE (VHT)	25,670	53,200
	iSHARES	2000.00 ISHARES S&P SMALLCAP 600/VAL ETF (IJS)	58,335	194,540
	iSHARES	500.00 ISHARES S&P SMALLCAP/600 GROWTH ETF (IJT)	13,871	64,215
	VANGUARD	440.00 VANGUARD S&P 500 ETF (VOO)	119,641	220,057
	iSHARES	1500.00 S&P 500 EQUAL WEIGHT ETF (RSP)	160,279	246,420
	VANGUARD	500.00 VANGUARD IND MID CAP (VO)	83,163	121,050
	iSHARES	2000.00 S&P MIDCAP 400 VALUE ETF (IJJ)	66,269	226,920
	VANGUARD	2000.00 FTSE EMERGING MARKETS ETF (VWO)	86,595	87,520
	VANGUARD	3000.00 FTSE DEVELOPED MARKETS ETF (VEA)	136,440	148,260
	VANGUARD	21902.76 VANGUARD SHORT TERM INVESTMENT GRADE VFSTX	234,728	223,189
	VANGUARD	4300 VANGUARD SHORT TERM BOND ETF (BSV)	348,931	329,810
	iSHARES	1200 ISHARES 0-3 MONTH TREASURY BOND ETF (SGOV)	120,298	120,852
		TOTAL MUTUAL FUNDS	\$ 1,491,143	\$ 2,116,196
	<u>CORPORATE BONDS</u>			
	GOLDMAN SACHS GROUP INC	25000 GOLDMAN SACHS GROUP INC, VAR CPN, 4/5/26	\$ 25,000	\$ 25,168
	AMAZON	25000 AMAZON, 4.65%, 12/1/29	24,974	24,908
	GOLDMAN SACHS GROUP INC	25000 GOLDMAN SACHS GROUP INC, VAR CPN, 3.85%, 1/26/27	24,141	24,158
	EXXON MOBIL CORP	50000 EXXON MOBIL CORP, 2.709%, 3/6/25	49,948	49,106
	APPLE	25000 APPLE CORP, 3.25%, 2/23/26	24,307	24,299
	ASTRAZENECA FINANCE LLC	25000 ASTRAZENECA, 4.875%, 3/3/28	24,968	24,964
	COMCAST	25000 COMCAST, 3.15%, 2/15/28	23,403	23,482
	EXXON MOBIL CORP	25000 EXXON MOBIL CORP, 3.043%, 3/1/26	24,170	24,180
	HOME DEPOT INC	25000 HOME DEPOT INC, 3.9%, 12/6/28	24,121	24,151
	MORGAN STANLEY	25000 MORGAN STANLEY, 3.625%, 1/20/27	24,111	24,104
	PFIZER INVT ENTERPRISES	25000 PFIZER INVT ENTERPRISES, 4.45%, 5/19/28	24,496	24,562
	TARGET CORP	25000 TARGET CORP, 3.375%, 4/15/29	23,493	23,505
	WALMART INC	25000 WALMART INC, 4.0%, 4/15/26	24,664	24,603
	WELLS FARGO & CO	25000 WELLS FARGO & CO, 4.15%, 1/24/29	23,920	24,036
		TOTAL CORPORATE BONDS	\$ 365,716	\$ 365,226

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2024**

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<u>U.S. GOVERNMENT SECURITIES</u>				
	US TREASURY	100,000 US TREASURY BILLS	\$ 98,940	\$ 99,548
	US TREASURY	100,000 US TREASURY BILLS	98,240	98,841
	US TREASURY	100,000 US TREASURY BILLS	97,557	98,147
	FEDERAL HOME LOAN BANK	50,000 FEDERAL HOME LOAN BANK, 2.3%, 3/28/25	50,000	48,922
	FEDERAL HOME LOAN BANK	50,000 FEDERAL HOME LOAN BANK, 5.3% 4/24/26	49,997	49,882
	FEDERAL FARM CREDIT BANK	50,000 FEDERAL FARM CREDIT BANK, 5.42%, 5/15/28	50,001	49,949
	U.S. TREASURY NOTE	100,000 U.S. TREASURY NOTE, 1.0%,12/15/24	97,655	98,075
	U.S. TREASURY NOTE	450,000 U.S. TREASURY NOTE, 5.0%, 8/31/25	448,383	449,649
		TOTAL GOVERNMENT SECURITIES	\$ 990,773	\$ 993,013

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED WITHIN YEAR)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2025**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost of Acquisitions	Proceeds of Dispositions

NONE NOTED

NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED WITHIN YEAR)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2024

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost of Acquisitions	(e) Proceeds of Dispositions
	GQG	243.632 GQG PARTNERS EMERGENCY MARKETS	\$ 3,619	\$ 4,256
	BROWN ADVISORY	219.329 BROWN ADVISORY GROWTH EQUITY FUND	5,802	6,318
	AMERICAN FUNDS	20.955 EUROPACIFIC GROWTH FUND	1,125	1,217
	AMERICAN FUNDS	333.151 AMERICAN FUNDS STRATEGIC BOND FUND	30,465	30,598
	NUANCE	51.29 NUANCE MID CAP VALUE	617	633
	METROWEST	635.867 METROPOLITAN WEST TOTAL RETURN BOND	5,736	5,780
	TROWE	60.791 T ROWE PRICE OVERSEAS STOCK FUND	745	785
	PRINCIPAL	19.763 PRINCIPAL MID CAP FUND	750	816
	iSHARES	270.0 iSHARES TR CORE S&P MCP ETF	15,279	16,092
	JP MORGAN	31.756 JP MORGAN UNDISCOVERED MANAGERS BEHAVIOURAL	2,508	2,592
	iSHARES	25.0 iSHARES TR CORE US AGGBD	2,474	2,457
	iSHARES	21.0 iSHARES TR 7-10 YR TRSY BOND	2,022	2,001
	WILLIAM BLAIR	2266.544 WILLIAM BLAIR LARGE CAP GROWTH FUND	61,378	62,761
	VANGUARD	61.0 VANGUARD INDEX S&P 500	25,217	29,022
	DIAMOND HILL	77.501 DIAMOND HILL LARGE CAP	2,474	2,614
	WASATCH	212.056 WASATCH SMALL CAP GROWTH	7,329	7,992

See Accompanying Notes to Financial Statements and Independent Auditor's Report

Age and Service Distribution of Active Members

Completed Years of Service on July 1, 2024											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	1	0	0	0	0	0	0	0	0	0	1
40-44	1	0	0	0	0	0	0	0	0	0	1
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	1	1	0	0	0	0	0	0	0	2
55-59	0	1	0	0	0	0	0	0	0	0	1
60-64	0	2	0	0	0	0	0	0	0	0	2
65-70	1	2	0	1	0	0	0	0	0	0	4
70 & up	0	4	1	2	1	2	0	0	0	0	10
Total	3	10	2	3	1	2	0	0	0	0	21

Active Member Statistics	July 1, 2023	July 1, 2024
Number of members	21	21
Average age	70.88	68.05
Average years of service	8.10	6.48

ACTUARIAL ASSUMPTIONS AND METHODS

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

Actuarial Cost Methods

Funding Target Liability: As required by PPA, the Traditional Unit Credit Cost Method is used.

Actuarial Value of Assets: Market Value, as provided by the Trustee.

Funding Target Liability

Valuation Date: July 1, 2024

Demographic Information: The demographic information was provided as of July 1, 2024 by New Jersey Firemen's Home. Although we did not audit the data, we did review the data for reasonableness.

Actuarial Valuation Software: For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ASC software platform developed by Actuarial Systems Corporation. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

Interest Rates for Minimum Required Contribution: The adjusted 24-month average July 2024 funding segment rates using 25-year average segment rate corridors were utilized as prescribed by IRC Section 430(h), after reflection of interest rate stabilization provisions included in various legislation.

Segment	Interest Rate
Segment 1	4.99%
Segment 2	5.29%
Segment 3	5.59%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Effective Interest Rate: 5.32%

Interest Rates for the LDRM calculations: The July 2024 funding segment rates were utilized as prescribed by IRC Section 430(h), without reflection of the interest rate stabilization provisions included in various legislation.

Segment	Interest Rate
Segment 1	4.99%
Segment 2	5.29%
Segment 3	5.29%

Retirement Rates: Employees were assumed to retire at normal retirement age (the later of age 62 or the third anniversary of initial entry to the plan).

ACTUARIAL ASSUMPTIONS AND METHODS

Post-retirement Mortality: The base mortality tables are the blended sex distinct Pri-2012 mortality tables. The base mortality table is adjusted as described in Internal Revenue Regulation 1.430(h)(3)–1(c)(2) by projecting mortality improvements using the 2024 Adjusted Scale MP-2021 Rates from the year 2012 through 2024, with an additional projection period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by 1 year for each year below age 80. For ages above 80, the additional projection period is reduced (but not below zero) by 1/3 year for each year above 80.

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year, rounded to the nearest thousand dollars - \$12,000.

Form of Benefit: 100% of active and terminated vested participants are assumed to receive an immediate life annuity at their assumed retirement age.

Present Value of Benefits (ASC 960)

Pre-retirement Interest Rate: 7.00%

Post-retirement Interest Rate: 7.00%

Unless specifically mentioned, all remaining assumptions for the Present Value of Benefits remain the same as described for the Funding Target Liability above. Plan Benefits remain the same as described for the Funding Target Liability above.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

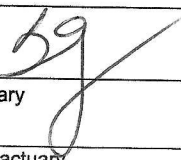
A Name of plan NEW JERSEY FIREMEN'S HOME EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NEW JERSEY FIREMENS HOME		D Employer Identification Number (EIN) 22-1500566	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	6,149,246	
b Actuarial value	2b	6,149,246	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	65	1,819,601	1,819,601
b For terminated vested participants	46	515,187	515,187
c For active participants	21	667,645	742,118
d Total	132	3,002,433	3,076,906
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.32%	
6 Target normal cost			
a Present value of current plan year accruals	6a	117,767	
b Expected plan-related expenses	6b	12,000	
c Target normal cost	6c	129,767	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Sheryl Gabriel		
		<u>8/26/2025</u>	
	Signature of actuary	Date	
	Sheryl Gabriel	2303545	
	Type or print name of actuary	Most recent enrollment number	
	BPAS Actuarial & Pension Services	212-284-9021	
	Firm name	Telephone number (including area code)	
	239 New Road Building B		
	Suite B307		
	Parsippany NJ 07054		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	676,172	2,388,263
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	112,132	0
9	Amount remaining (line 7 minus line 8)	564,040	2,388,263
10	Interest on line 9 using prior year's actual return of <u>12.09%</u>	68,192	288,741
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.13%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	632,232	2,677,004

Part III Funding Percentages			
14	Funding target attainment percentage	14	92.30%
15	Adjusted funding target attainment percentage	15	199.85%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	108.34%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls								
18 Contributions made to the plan for the plan year by employer(s) and employees:								
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees			
Totals ▶					18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.99%	2nd segment: 5.29%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 72

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	129,767
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	129,767
--	-----------	---------

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	129,767	0	129,767

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

**New Jersey Firemen's Home Employees' Pension Plan
EIN/PN: 22-1500566/001**

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62

Completion of 3 years of participation from entry date

Participants who have passed their Normal Retirement Date, as defined above, and have not earned 10 years of participation are assumed to retire one year after the Valuation Date, otherwise they are assumed to retire on the Valuation Date.

Number of Participants	Assumed Retirement Age
5	62
2	63
2	68
2	70
2	73
1	75
1	77
1	79
2	80
1	84
1	88
1	89
Average	72

SUMMARY OF PLAN PROVISIONS

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Effective Date of Plan:	July 1, 1982
Plan Year:	Each consecutive 12-month period ending on June 30 th .
Eligibility:	Non-union employees of the Company or Members of the Board of Managers become eligible to participate in the plan on the July 1 st nearest the later of attainment of age 21 and the completion of 1 year of service.
Normal Retirement Date:	The first day of the first month on or next following the participant's attainment of age 62, or the 3 rd anniversary of participation, if later.
Early Retirement Date:	The first day of the first month on or next following the participant's attainment of age 55, or 10 years of service, if later.
Year of Service:	Completion of at least 1,000 hours of service in a Plan Year. Members of the Board of Managers are credited with 83.34 hours of service each month.
Normal Retirement Benefit:	A monthly benefit equal to \$83.33 per month for each year of Benefit Service, with a maximum of 10 years. The benefit shall not exceed the maximum permitted benefit under Internal Revenue Code Section 415.
Accrued Benefit:	The portion of a participant's Normal Retirement Benefit that has been accrued as of an earlier date.
Late Retirement Benefit:	Upon retirement after Normal Retirement Date, the benefit is the greater of the Normal Retirement Benefit calculated as of the Late Retirement Date, reflecting service to such date, or the Normal Retirement Benefit with an actuarial increase in benefits from Normal Retirement Date to Late Retirement Date.
Vesting:	A participant is 100% vested after 5 years of service. In addition, a participant is 100% vested at Normal Retirement Date.
Pre-Retirement Death Benefit:	If a married active participant dies after becoming vested, a monthly benefit, determined as the actuarially reduced joint and 50% survivor annuity, is payable to the spouse for life.
Normal Form of Benefit:	A single life annuity. If married to a qualified spouse, a 50% qualified joint and survivor annuity, which is the actuarial equivalent of a life annuity.
Optional Forms of Benefit:	Life Annuity Qualified Optional Survivor Annuity (50%, 75% or 100%)

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2025**

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<u>COMMON STOCK</u>			
	VERIZON COMMUNICATIONS	600 COMMON SHARES	\$ 31,054	\$ 25,962
	LOWES	350 COMMON SHARES	23,051	77,655
	TJXCO INC	600 COMMON SHARES	19,219	74,094
	MCDONALDS CORP	200 COMMON SHARES	20,370	58,434
	HONEYWELL INTL INC	190 COMMON SHARES	26,157	44,247
	CHEVRON CORP	400 COMMON SHARES	45,971	57,276
	JP MORGAN CHASE & CO	600 COMMON SHARES	35,457	173,946
	GENUINE PARTS CO	200 COMMON SHARES	20,545	24,262
	BLACKROCK INC	75 COMMON SHARES	22,285	78,694
	WALMART INC	150 COMMON SHARES	13,068	44,001
	WALT DISNEY CO	180 COMMON SHARES	16,905	22,322
	PAYPAL	315 COMMON SHARES	10,801	23,411
	ARROW TECHNOLOGIES INC	350 COMMON SHARES	25,862	44,600
	GENERAL DYNAMICS CORP	200 COMMON SHARES	34,204	58,332
	WASTE MANAGEMENT INC	400 COMMON SHARES	16,866	91,528
	QUALCOMM INC	650 COMMON SHARES	37,588	103,519
	MICROSOFT CORP	315 COMMON SHARES	15,950	156,684
	IBM	350 COMMON SHARES	55,070	103,173
	AIR PRODUCTS & CHEMICALS INC	150 COMMON SHARES	24,370	42,309
	DUPONT	128 COMMON SHARES	6,720	8,780
	AT&T	700 COMMON SHARES	19,012	20,258
	APPLIED MATERIALS INC	500 COMMON SHARES	21,495	91,535
	PEPSICO INC	225 COMMON SHARES	17,095	29,709
	AMGEN INC	150 COMMON SHARES	26,150	41,882
	PROCTOR AND GAMBLE CO	400 COMMON SHARES	32,381	63,728
	CVS CAREMARK CORP	500 COMMON SHARES	34,339	34,490
	EXXON MOBIL	550 COMMON SHARES	47,053	59,290
	UNION PAC CORP	200 COMMON SHARES	16,771	46,016
	APPLE INC	720 COMMON SHARES	13,463	147,722
	BRISTOL MYERS	510 COMMON SHARES	33,414	23,608
	PUBLIC SVC ENTERPRISE GROUP INC	500 COMMON SHARES	21,939	42,090
	BECTON DICKINSON	115 COMMON SHARES	15,730	19,809
	BOOKING HOLDINGS INC	14 COMMON SHARES	25,292	81,049
	LABORATORY CORP	200 COMMON SHARES	22,024	52,502
	CHARLES SCHWAB CORP	850 COMMON SHARES	29,418	77,554
	CHECKPOINT SOFTWARE TECH LTD	220 COMMON SHARES	23,368	48,675
	ALPHABET	900 COMMON SHARES	32,975	158,607
	MERCK & CO INC	400 COMMON SHARES	22,403	31,664
	FEDEX CORP	200 COMMON SHARES	36,823	45,462
	BORG WARNER AUTOMOTIVE INC.	500 COMMON SHARES	22,551	16,740
	DOW INC	128 COMMON SHARES	4,691	3,389
	TE CONNECTIVITY LIMITED	350 COMMON SHARES	24,371	59,035
	INTERNATIONAL PAPER CO	450 COMMON SHARES	19,646	21,073
	CHUBB LTD	130 COMMON SHARES	23,033	37,664
	OTIS WORLDWIDE CORP	150 COMMON SHARES	7,064	14,853
	AUTOMATIC DATA PROCESSING INC.	100 COMMON SHARES	25,131	30,840
	PNC FINANCIAL SERVICES	250 COMMON SHARES	35,135	46,605
	TRUIST FINANCIAL CORP	750 COMMON SHARES	26,673	32,242
	CARRIER GLOBAL CORP	300 COMMON SHARES	4,723	21,957
	KELLANOVA	350 COMMON SHARES	19,500	27,836
	CLOROX COMPANY	220 COMMON SHARES	31,052	26,415
	SYSCO CORP	500 COMMON SHARES	38,117	37,870
	BAKER HUGHES CO	500 COMMON SHARES	21,473	19,170
		TOTAL COMMON STOCK	\$ 1,295,818	\$ 2,824,568

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2025
(CONTINUED)**

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<u>MUTUAL FUNDS</u>			
	SPDR	550.00 HEALTH CARE SELECT SECTOR (XLV)	36,923	74,135
	VANGUARD	200.00 VANGUARD HEALT CARE (VHT)	25,670	49,668
	iSHARES	2000.00 ISHARES S&P SMALLCAP 600/VAL ETF (IJS)	58,336	198,980
	iSHARES	500.00 ISHARES S&P SMALLCAP/600 GROWTH ETF (IJT)	13,871	66,520
	iSHARES	2000.00 S&P MIDCAP 400 VALUE ETF (IJJ)	66,269	247,160
	VANGUARD	2000.00 FTSE EMERGING MARKETS ETF (VWO)	86,594	98,920
	VANGUARD	3000.00 FTSE ALL WORLD EX-US (VEA)	136,440	171,030
	VANGUARD	21902.76 VANGUARD SHORT TERM INVESTMENT GRADE VFSTX	234,728	229,322
	VANGUARD	440 S&P 500 ETF (VOO)	119,641	249,933
	INVESCO	1500 S&P 500 EQUAL WEIGHT ETF (RSP)	160,279	272,610
	VANGUARD	500 VANGUARD IND MID-CAP FD (VO)	83,163	139,915
	VANGUARD	5000 VANGUARD SHORT TERM BOND ETF (BSV)	403,613	393,500
	iSHARES	1500 G3 MONTH TREASURY BOND ETF (SGOV)	150,461	151,035
		TOTAL MUTUAL FUNDS	\$ 1,575,988	\$ 2,342,728
	<u>CORPORATE BONDS</u>			
	GOLDMAN SACHS GROUP INC	25000 GOLDMAN SACHS GROUP INC, VAR CPN, 4/5/26	\$ 25,000	\$ 24,955
	AMAZON	25000 AMAZON, 4.65%, 12/1/29	24,974	25,549
	GOLDMAN SACHS GROUP INC	25000 GOLDMAN SACHS GROUP INC, VAR CPN, 3.85%, 1/26/27	24,141	24,834
	APPLE	25000 APPLE CORP, 3.25%, 2/23/26	24,307	24,843
	ASTRAZENECA FINANCE LLC	25000 ASTRAZENECA, 4.875%, 3/3/28	24,968	25,530
	COMCAST	25000 COMCAST, 3.15%, 2/15/28	23,403	24,352
	EXXON MOBIL CORP	25000 EXXON MOBIL CORP, 3.043%, 3/1/26	24,170	24,809
	HOME DEPOT INC	25000 HOME DEPOT INC, 3.9%, 12/6/28	24,121	24,921
	MORGAN STANLEY	25000 MORGAN STANLEY, 3.625%, 1/20/27	24,111	24,785
	PFIZER INVT ENTERPRISES	25000 PFIZER INVT ENTERPRISES, 4.45%, 5/19/28	24,496	25,200
	TARGET CORP	25000 TARGET CORP, 3.375%, 4/15/29	23,493	24,312
	WALMART INC	25000 WALMART INC, 4.0%, 4/15/26	24,664	24,975
	WELLS FARGO & CO	25000 WELLS FARGO & CO, 4.15%, 1/24/29	23,920	24,905
		TOTAL CORPORATE BONDS	\$ 315,768	\$ 323,970

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2025
(CONTINUED)**

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<u>U.S. GOVERNMENT SECURITIES</u>				
	U.S. TREASURY NOTE	180,000 U.S. TREASURY NOTE 4.5% 11/15/25	\$ 180,209	\$ 180,090
	U.S. TREASURY NOTE	450,000 U.S. TREASURY NOTE, 5.0%, 8/31/25	448,383	450,324
	U.S. TREASURY NOTE	100,000 U.S. TREASURY BILLS	98,944	99,919
		TOTAL GOVERNMENT SECURITIES	<u>\$ 727,536</u>	<u>\$ 730,333</u>

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2024**

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<u>COMMON STOCK</u>			
	LOWES CO INC	350 COMMON SHARES	23,052	77,161
	TJX COS INC	600 COMMON SHARES	19,219	66,060
	MCDONALDS COPR	200 COMMON SHARES	20,370	50,968
	HONEYWELL INTERNATIONAL INC	190 COMMON SHARES	26,157	40,573
	PEPSICO INC	225 COMMON SHARES	17,095	37,109
	GENUINE PARTS COMPANY	200 COMMON SHARES	20,545	27,664
	WALMART INC	450 COMMON SHARES	13,068	30,469
	WALT DISNEY CO	180 COMMON SHARES	16,905	17,872
	PROCTOR & GAMBLE CO	400 COMMON SHARES	32,381	65,968
	CVS CAREMARK CORP	500 COMMON SHARES	34,339	29,530
	GENERAL DYNAMICS CORP	200 COMMON SHARES	34,204	58,028
	CHEVRON CORP	400 COMMON SHARES	45,971	62,568
	EXXONMOBIL CORP	550 COMMON SHARES	47,053	63,316
	PAYPAL	315 COMMON SHARES	10,800	18,279
	CHARLES SCHWAB CORP	850 COMMON SHARES	29,418	62,637
	SCHLUMBERGER LTD.	500 COMMON SHARES	16,298	23,590
	JPMORGAN CHASE & CO	700 COMMON SHARES	39,773	141,582
	AIR PRODUCTS & CHEMICALS INC	150 COMMON SHARES	24,370	38,707
	APPLIED MATERIALS INC	500 COMMON SHARES	21,495	117,995
	AMGEN INC	150 COMMON SHARES	26,151	46,868
	BLACKROCK INC CL A	75 COMMON SHARES	22,285	59,049
	BRISTOL MYERS SQUIBB CO	510 COMMON SHARES	33,414	21,180
	MERCK & CO INC	400 COMMON SHARES	22,402	49,520
	BECTON DICKINSON	115 COMMON SHARES	15,730	26,877
	LABORATORY CORP AMERICA	200 COMMON SHARES	22,024	40,702
	PNC FINANCIAL SERVICES CORP	250 COMMON SHARES	35,135	38,870
	WASTE MANAGEMENT INC	400 COMMON SHARES	16,866	85,336
	FEDEX CORP	200 COMMON SHARES	36,823	59,968
	ALPHABET	900 COMMON SHARES	32,975	163,935
	UNION PAC CORP	200 COMMON SHARES	16,771	45,252
	QUALCOMM INC	650 COMMON SHARES	37,588	129,467
	MICROSOFT CORP	365 COMMON SHARES	17,540	163,137
	APPLE INC	720 COMMON SHARES	13,463	151,646
	IBM CORP	350 COMMON SHARES	55,070	60,533
	TE CONNECTIVITY LIMITED	350 COMMON SHARES	24,371	52,650
	INTERNATIONAL PAPER CO	450 COMMON SHARES	19,646	19,418
	DUPONT	128 COMMON SHARES	6,720	10,303
	AT&T INC	700 COMMON SHARES	19,012	13,377
	BOOKINGS HOLDINGS INC	14 COMMON SHARES	25,292	55,461
	PUBLIC SERVICE ENTERPRISE GROUP INC	500 COMMON SHARES	21,939	36,850
	TRUIST FINANCIAL CORP	750 COMMON SHARES	26,673	29,138
	CARRIER GLOBAL CORP	300 COMMON SHARES	4,722	18,924
	OTIS WORLDWIDE CORP	150 COMMON SHARES	7,064	14,439
	KELLANOVA	350 COMMON SHARES	19,500	20,188
	ARROW TECHNOLOGIES INC	350 COMMON SHARES	25,862	42,266
	CHECKPOINT SOFTWARE TECH LT	220 COMMON SHARES	23,368	36,300
	PUBLIC GROUP OF COMPANIES INC	1200 COMMON SHARES	24,497	34,908
	DOW INC	128 COMMON SHARES	4,691	6,790
	VERIZON COMMUNICATIONS	600 COMMON SHARES	31,054	24,744
	CHUBB LTD	130 COMMON SHARES	23,033	33,160
	BORG WARNER AUTOMOTIVE INC	500 COMMON SHARES	22,551	16,120
	AUTOMATIC DATA PROCESSING INC	100 COMMON SHARES	25,131	23,869
	TOTAL COMMON STOCK		<u>\$ 1,251,876</u>	<u>\$ 2,661,321</u>

See Accompanying Notes to Financial Statements and Independent Auditor's Report

NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2024
(CONTINUED)

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<u>MUTUAL FUNDS</u>			
	SPDR	550.00 HEALTH CARE SELECT SECTOR (XLV)	\$ 36,923	\$ 80,163
	VANGUARD	200.00 VANGUARD HEALT CARE (VHT)	25,670	53,200
	iSHARES	2000.00 ISHARES S&P SMALLCAP 600/VAL ETF (IJS)	58,335	194,540
	iSHARES	500.00 ISHARES S&P SMALLCAP/600 GROWTH ETF (IJT)	13,871	64,215
	VANGUARD	440.00 VANGUARD S&P 500 ETF (VOO)	119,641	220,057
	iSHARES	1500.00 S&P 500 EQUAL WEIGHT ETF (RSP)	160,279	246,420
	VANGUARD	500.00 VANGUARD IND MID CAP (VO)	83,163	121,050
	iSHARES	2000.00 S&P MIDCAP 400 VALUE ETF (IJJ)	66,269	226,920
	VANGUARD	2000.00 FTSE EMERGING MARKETS ETF (VWO)	86,595	87,520
	VANGUARD	3000.00 FTSE DEVELOPED MARKETS ETF (VEA)	136,440	148,260
	VANGUARD	21902.76 VANGUARD SHORT TERM INVESTMENT GRADE VFSTX	234,728	223,189
	VANGUARD	4300 VANGUARD SHORT TERM BOND ETF (BSV)	348,931	329,810
	iSHARES	1200 ISHARES 0-3 MONTH TREASURY BOND ETF (SGOV)	120,298	120,852
		TOTAL MUTUAL FUNDS	\$ 1,491,143	\$ 2,116,196
	<u>CORPORATE BONDS</u>			
	GOLDMAN SACHS GROUP INC	25000 GOLDMAN SACHS GROUP INC, VAR CPN, 4/5/26	\$ 25,000	\$ 25,168
	AMAZON	25000 AMAZON, 4.65%, 12/1/29	24,974	24,908
	GOLDMAN SACHS GROUP INC	25000 GOLDMAN SACHS GROUP INC, VAR CPN, 3.85%, 1/26/27	24,141	24,158
	EXXON MOBIL CORP	50000 EXXON MOBIL CORP, 2.709%, 3/6/25	49,948	49,106
	APPLE	25000 APPLE CORP, 3.25%, 2/23/26	24,307	24,299
	ASTRAZENECA FINANCE LLC	25000 ASTRAZENECA, 4.875%, 3/3/28	24,968	24,964
	COMCAST	25000 COMCAST, 3.15%, 2/15/28	23,403	23,482
	EXXON MOBIL CORP	25000 EXXON MOBIL CORP, 3.043%, 3/1/26	24,170	24,180
	HOME DEPOT INC	25000 HOME DEPOT INC, 3.9%, 12/6/28	24,121	24,151
	MORGAN STANLEY	25000 MORGAN STANLEY, 3.625%, 1/20/27	24,111	24,104
	PFIZER INVT ENTERPRISES	25000 PFIZER INVT ENTERPRISES, 4.45%, 5/19/28	24,496	24,562
	TARGET CORP	25000 TARGET CORP, 3.375%, 4/15/29	23,493	23,505
	WALMART INC	25000 WALMART INC, 4.0%, 4/15/26	24,664	24,603
	WELLS FARGO & CO	25000 WELLS FARGO & CO, 4.15%, 1/24/29	23,920	24,036
		TOTAL CORPORATE BONDS	\$ 365,716	\$ 365,226

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2024**

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<u>U.S. GOVERNMENT SECURITIES</u>				
	US TREASURY	100,000 US TREASURY BILLS	\$ 98,940	\$ 99,548
	US TREASURY	100,000 US TREASURY BILLS	98,240	98,841
	US TREASURY	100,000 US TREASURY BILLS	97,557	98,147
	FEDERAL HOME LOAN BANK	50,000 FEDERAL HOME LOAN BANK, 2.3%, 3/28/25	50,000	48,922
	FEDERAL HOME LOAN BANK	50,000 FEDERAL HOME LOAN BANK, 5.3% 4/24/26	49,997	49,882
	FEDERAL FARM CREDIT BANK	50,000 FEDERAL FARM CREDIT BANK, 5.42%, 5/15/28	50,001	49,949
	U.S. TREASURY NOTE	100,000 U.S. TREASURY NOTE, 1.0%,12/15/24	97,655	98,075
	U.S. TREASURY NOTE	450,000 U.S. TREASURY NOTE, 5.0%, 8/31/25	448,383	449,649
		TOTAL GOVERNMENT SECURITIES	\$ 990,773	\$ 993,013

See Accompanying Notes to Financial Statements and Independent Auditor's Report

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED WITHIN YEAR)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2025**

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost of Acquisitions	(e) Proceeds of Dispositions
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NONE NOTED

**NEW JERSEY FIREMEN'S HOME
EMPLOYEES' PENSION PLAN
SCHEDULE H - LINE 4i-SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED WITHIN YEAR)
EIN:22-1500566 -- PLAN #1
JUNE 30, 2024**

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost of Acquisitions	(e) Proceeds of Dispositions
	GQG	243.632 GQG PARTNERS EMERGENCY MARKETS	\$ 3,619	\$ 4,256
	BROWN ADVISORY	219.329 BROWN ADVISORY GROWTH EQUITY FUND	5,802	6,318
	AMERICAN FUNDS	20.955 EUROPACIFIC GROWTH FUND	1,125	1,217
	AMERICAN FUNDS	333.151 AMERICAN FUNDS STRATEGIC BOND FUND	30,465	30,598
	NUANCE	51.29 NUANCE MID CAP VALUE	617	633
	METROWEST	635.867 METROPOLITAN WEST TOTAL RETURN BOND	5,736	5,780
	TROWE	60.791 T ROWE PRICE OVERSEAS STOCK FUND	745	785
	PRINCIPAL	19.763 PRINCIPAL MID CAP FUND	750	816
	iSHARES	270.0 iSHARES TR CORE S&P MCP ETF	15,279	16,092
	JP MORGAN	31.756 JP MORGAN UNDISCOVERED MANAGERS BEHAVIOURAL	2,508	2,592
	iSHARES	25.0 iSHARES TR CORE US AGGBD	2,474	2,457
	iSHARES	21.0 iSHARES TR 7-10 YR TRSY BOND	2,022	2,001
	WILLIAM BLAIR	2266.544 WILLIAM BLAIR LARGE CAP GROWTH FUND	61,378	62,761
	VANGUARD	61.0 VANGUARD INDEX S&P 500	25,217	29,022
	DIAMOND HILL	77.501 DIAMOND HILL LARGE CAP	2,474	2,614
	WASATCH	212.056 WASATCH SMALL CAP GROWTH	7,329	7,992

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