

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN FOR EMPLOYEES OF AQUARION COMPANY
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1977
2a Plan sponsor's name (employer, if for a single-employer plan): AQUARION COMPANY
2b Employer Identification Number (EIN): 06-0852232
2c Plan Sponsor's telephone number: 203-362-3000
2d Business code (see instructions): 221300

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 employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>RETIREMENT COMMITTEE AQUARION SERVICES COMPANY</p> <p>835 MAIN STREET BRIDGEPORT, CT 06604-4914</p>	<p>3b Administrator's EIN 22-3197145</p> <p>3c Administrator's telephone number 203-337-5900</p>
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<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	535
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	126
a(2) Total number of active participants at the end of the plan year	6a(2)	115
b Retired or separated participants receiving benefits.....	6b	286
c Other retired or separated participants entitled to future benefits	6c	73
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	474
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	43
f Total. Add lines 6d and 6e	6f	517
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 01/01/2024 and ending 12/31/2024

▶ **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>RETIREMENT PLAN FOR EMPLOYEES OF AQUARION COMPANY</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>AQUARION COMPANY</u>	D Employer Identification Number (EIN) <u>06-0852232</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 type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>149931178</u>
	b Actuarial value	2b	<u>149931178</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>343</u>	<u>79653370</u>
	b For terminated vested participants	<u>72</u>	<u>7073562</u>
	c For active participants	<u>126</u>	<u>45626076</u>
	d Total	<u>541</u>	<u>132353008</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>5.11 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>2405576</u>
	b Expected plan-related expenses	6b	<u>94035</u>
	c Target normal cost	6c	<u>2499611</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>08/29/2025</u>
<u>SHANE W. SIEFER</u>	Date
Type or print name of actuary	<u>23-05990</u>
<u>AON CONSULTING, INC.</u>	Most recent enrollment number
Firm name	<u>617-482-3100</u>
<u>MSC #17894, PO BOX 7505</u> <u>FORT WASHINGTON, PA 19034</u>	Telephone number (including area code)
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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>7.87</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4659964
	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>5.23</u> %		243716
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		4903680
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	111.77 %
15	Adjusted funding target attainment percentage	15	111.77 %
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	107.27 %
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		
01/14/2025	1250000						
04/11/2025	1250000						
			Totals ▶	18(b)	2500000	18(c)	

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2360224

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" 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
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	2499611	
b Excess assets, if applicable, but not greater than line 31a	31b	2499611	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment			
b Waiver amortization installment.....			
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		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2360224	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2360224	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
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 checked="" 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 **01/01/2024** and ending **12/31/2024**

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF AQUARION COMPANY	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AQUARION COMPANY	D Employer Identification Number (EIN) 06-0852232	

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)

AON CONSULTING INC

22-2232264

(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	NONE	118477	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)

SSGA S&P 500 INDEX NON-LENDING

04-6625099

(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?
65	NONE	13432	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)

THE BANK OF NEW YORK MELLON

13-5160382

(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?
18 21	NONE	5417	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF AQUARION COMPANY</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AQUARION COMPANY</u>	D Employer Identification Number (EIN) <u>06-0852232</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EVERSOURCE RETIREMENT PLN MSTR TST</u>		
b Name of sponsor of entity listed in (a): <u>EVERSOURCE ENERGY SERVICE COMPANY</u>		
c EIN-PN <u>25-6365444-006</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>148554538</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF AQUARION COMPANY	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AQUARION COMPANY	D Employer Identification Number (EIN) 06-0852232

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5000000	2500000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	145027498	148554538
(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	150027498	151054538
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	16756	12960
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	16756	12960
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	150010742	151041578

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)	2500000	
(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)		2500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	3621431	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3621431
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		3044508
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9165939

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7699891	
(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)		7699891
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)	134363	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	229275	
(6) Bank or trust company trustee/custodial fees	2i(6)	17539	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	54035	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		435212
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8135103

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1030836
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: **FIONDELLA, MILONE & LASARACINA LLP**

(2) EIN: **06-1648707**

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		2000000
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 549795.

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF AQUARION COMPANY</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AQUARION COMPANY</u>	D Employer Identification Number (EIN) <u>06-0852232</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-5160382</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	0

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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	0	
b Enter the amount contributed by the employer to the plan for this plan year	6b	0	
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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Part III	Amendments
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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.....	<input checked="" type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	0

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

<p>Structured Attachment</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Schedule SB, line 26a</p> <p>Schedule of Active Participant Data</p>	<p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	RETIREMENT PLAN FOR EMPLOYEES OF AQUARION COMPANY						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	06-0852232	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	RETIREMENT PLAN FOR EMPLOYEES OF AQUARION COMPANY						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	06-0852232	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	RETIREMENT PLAN FOR EMPLOYEES OF AQUARION COMPANY						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	06-0852232	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Financial Statements

***Retirement Plan for Employees of
Aquarion Company***

*Years Ended December 31, 2024 and 2023
With Independent Auditors' Report*

Retirement Plan for Employees of Aquarion Company

Financial Statements

For the Years Ended December 31, 2024 and 2023

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Independent Auditors' Report

To the Retirement Committee of
the Retirement Plan for Employees of Aquarion Company
Bridgeport, Connecticut

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

We have performed audits of the accompanying financial statements of the Retirement Plan for Employees of Aquarion Company (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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



Independent Auditors' Report (continued)

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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.



Independent Auditors' Report (continued)

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 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 Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Fiondella, Milone & LaSaracina LLP

Glastonbury, Connecticut
October 15, 2025



Retirement Plan for Employees of Aquarion Company

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
Assets		
Investments, at fair value:		
Interest in Master Trust	\$ 148,554,538	\$ 145,027,498
Total investments, at fair value	148,554,538	145,027,498
Employer contribution receivable	2,500,000	5,000,000
Total receivables	2,500,000	5,000,000
Total assets	151,054,538	150,027,498
Liabilities		
Accounts payable and accrued expenses	12,960	16,756
Total liabilities	12,960	16,756
Net assets available for benefits	\$ 151,041,578	\$ 150,010,742

See accompanying notes

Retirement Plan for Employees of Aquarion Company
 Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2024	2023
Additions		
Investment income:		
Net appreciation in the fair value of interest in the Master Trust	\$ 3,044,508	\$ 9,028,420
Interest and dividend income	3,621,431	2,546,165
Total investment income	6,665,939	11,574,585
Employer contributions	2,500,000	5,000,000
Total additions	9,165,939	16,574,585
Deductions		
Benefits paid to participants	7,699,891	7,402,142
Administrative expenses	435,212	748,044
Total deductions	8,135,103	8,150,186
Increase in net assets available for benefits	1,030,836	8,424,399
Net assets available for benefits, beginning of year	150,010,742	141,586,343
Net assets available for benefits, end of year	\$ 151,041,578	\$ 150,010,742

See accompanying notes

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements

December 31, 2024

1. Description of Plan

The following description of the Retirement Plan for Employees of Aquarion Company (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit, noncontributory pension plan covering substantially all salaried and hourly employees of Aquarion Company and certain subsidiaries (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Retirement Committee appointed by the Company, and who serve without compensation, is responsible for the general administration of the Plan and makes the final determination on all questions arising in connection with the interpretation, application and administration of the Plan.

Effective April 1, 2023 the Plan's net assets available for benefits were transferred to the Eversource Pension Master Trust.

Eligibility

The Plan was closed to new non-collectively bargained employees hired on or after October 1, 2009. The Plan was closed to any employees hired on or after January 1, 2011, or those employees who were not participants as of that date, with the exception of former United Water Plan participants who had completed one year of service under the United Water Plan as of September 1, 2012. Such former United Water Plan participants were eligible to participate as of September 1, 2012.

Pension Benefits

Annual retirement benefits are calculated based upon the average annual compensation, years of service and certain other components, as defined in the Plan document. Normal retirement benefits are payable at age 65.

The Plan also provides for the payment of lesser benefits if an employee elects early retirement after attaining age 55 and completing 10 years of credited service.

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Disability Benefits

An active employee who has completed 10 or more years of service and becomes permanently disabled on or prior to retirement or separation from service, shall be entitled to receive the actuarial equivalent of his accrued benefit, unreduced for early retirement.

Vesting

A participant who has completed five years of service is 100% vested in their accrued benefit.

Form of Benefits

The normal form of benefit is an actuarially reduced joint and 50% survivor annuity for married participants and a five-year certain and life annuity for single participants. Optional forms of annuity payments are also available.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management 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

The fair value of the interest in the Master Trust is based on the fair value of the underlying assets held by the Master Trust. The investments are reported at fair value (see Note 6, "*Fair Value Measurements*"). The fair value of a financial instrument is the amount that would be received upon the sale of an asset (or paid upon the transfer of a liability) in an orderly transaction between market participants at the measurement date (the exit price). The fair values of the assets in the Master Trust and those held directly by the Plan are accounted for as described below:

Corporate stocks are traded in active markets on national and international securities exchanges and are valued at closing prices on the primary exchange on the last business day of each period presented.

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

Corporate debt instruments and U.S. government securities are generally valued using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. The pricing models utilize observable inputs such as recent trades for the same or similar instruments, yield curves, discount margins and bond structures. Swaps are valued using pricing models that incorporate interest rates and equity and fixed income index closing prices to determine a net present value of the cash flows. Securities that trade infrequently and therefore, have little or no price transparency, are valued using the investment manager's best estimates.

Common collective trusts, 103-12 investment entities and registered investment companies represent investments with various investment managers. The respective fair values of these investments are determined by reference to the funds' underlying assets, which are primarily marketable equity securities. Units held in common collective trusts and 103-12 investment entities, and shares held in registered investment companies are valued using the net asset value (NAV) or unit value as reported by the investment managers.

Partnership investments represent ownership interests in alternative investments. The fair value of these investments is determined by reference to various underlying assets, which include, among other things, real estate properties, private companies, fixed income securities and marketable equity securities. The value of interests is determined by the general partner, based upon third-party appraisals of underlying real estate assets and various methods for other assets, such as discounted cash flows and independent valuations.

Money market funds represent interest bearing cash and are valued at cost, which approximates fair value.

Futures contracts (included in other investments in Note 5, "*Master Trust Account - Summarized Financial Information*") are accounted for as derivatives and reported at fair market value. Transactions are marked-to-market based on the closing exchange prices.

Forward currency contracts (included in other investments in Note 5, "*Master Trust Account - Summarized Financial Information*") are marked-to-market at the prevailing forward exchange rate of the underlying currencies and the difference between contract value and market value is recorded as unrealized appreciation (depreciation) in the Plan net assets.

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

Purchases and sales of securities are recorded on the trade date, and dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned. Net appreciation or depreciation in the fair value of investments consists of the realized and unrealized gains or losses on those investments.

In the statement of changes in net assets available for benefits, the Plan presents the net appreciation or depreciation in the fair value of its interest in the Master Trust, which consists of realized gains and losses and the unrealized appreciation and depreciation on those investments.

The Plan's investment policy allows for the use of derivatives by the respective investment managers of the Master Trust to utilize investment portfolio strategies that include managing interest rate or currency risk through hedging, reducing transaction costs by substituting stock or bond index futures for assets in the underlying cash market, enhancing returns, and facilitating shifts in asset allocation.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Plan Expenses

Investment-related expenses are included in net appreciation (depreciation) in fair value of investments. Investment management and custodial fees are paid directly from Plan assets. Certain expenses of maintaining the Plan are paid directly by the Company.

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated Plan benefits are determined based upon certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics, all of which are subject to change. Due to uncertainties inherent in the estimation process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

3. Certification by the Investment by the Investment Trustee

The Plan Administrator has obtained certification from The Bank of New York Mellon that the Master Trust information as of December 31, 2024 and 2023 and for the year ended December 31, 2024 and period from April 1, 2023 to December 31, 2023 (see Note 5, “*Master Trust Account – Summarized Financial Information*”) is complete and accurate. The Master Trust information for the period from January 1, 2023 to March 31, 2023 was certified by SEI. The Plan Administrator has also obtained certification that the Plan’s investments and investment activity are complete and accurate, as follows:

	December 31, 2024	December 31, 2023
Investments:		
Interest in Master Trust	\$148,554,538	\$ 145,027,498
	For the Year Ended December 31, 2024	2023
Investment Gain:		
Net appreciation in the fair value of interest in the Master Trust	\$ 3,044,508	\$ 9,028,420
Interest and dividend income	\$ 3,621,431	\$ 2,546,165

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan’s provisions based on the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the average of the participant’s annual compensation over their five consecutive highest-paid calendar years of employment with the Company within the last ten years prior to retirement or termination. The accumulated Plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances including retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Calculations of the actuarial present value of accumulated Plan benefits were made by the consulting independent actuary as of January 1, 2024 and 2023. The calculations represent the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants 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.

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

4. Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefits for 2024 and 2023 is as follows:

	January 1,	
	2024	2023
Actuarial present value of vested benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 63,425,153	\$ 66,235,185
Vested benefits for other participants	36,373,374	42,045,520
	99,798,527	108,280,705
 Actuarial present value for non-vested benefits	 1,275,671	 1,720,038
Actuarial present value of accumulated plan benefits	\$ 101,074,198	\$ 110,000,743

The change in the actuarial present value of accumulated plan benefits 2024 and 2023 is as follows:

	January 1,	
	2024	2023
Actuarial present value of accumulated plan benefits, Beginning of year	\$ 110,000,743	\$ 108,000,155
 Increase (decrease) during the year attributable to:		
Benefits accumulated	1,933,950	1,711,308
Interest accumulation	7,465,659	7,318,161
Benefits paid	(6,812,155)	(7,028,881)
Assumption changes	(11,513,999)	-
Net (decrease) increase	(8,926,545)	2,000,588
Actuarial present value of accumulated plan benefits, End of year	\$ 101,074,198	\$ 110,000,743

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

4. Actuarial Present Value of Accumulated Plan Benefits (continued)

The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 are as follows:

Mortality basis: 2024 – Mortality rates based on the Pri-2012 Employee and Retiree Table and the Pri-2012 Contingent Survivor Table for beneficiaries in payment status. Both tables are projected generationally using Scale MP-2021.

2023 – Mortality rates based on the Pri-2012 Employee and Retiree Table and the Pri-2012 Contingent Survivor Table for beneficiaries in payment status. Both tables are projected generationally using Scale MP-2021.

Investment rate of return: 8.25% as of April 1, 2023 upon merger into Eversource Pension Master Trust and 8.25% in 2024.

Normal retirement age: Annual rates of retirement were assumed as follows:

Age	Rate
55-59	2%
60-61	5%
62	30%
63	20%
64	30%
65	100%

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 subsequent to the termination.

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

5. Master Trust Account – Summarized Financial Information

The Plan's interest in the Master Trust is based upon the value as certified by the trustee. As of December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was 2 percent. The remaining 98 percent of the net assets in the Master Trust are related to the Eversource Pension Plan.

Contributions to the Plan, if any, are used to purchase units of participation in the Master Trust. The Plan's interest income and realized and unrealized appreciation or depreciation in the fair value of the invested assets of the Master Trust, net of investment management fees, are based on the allocation to the Plan by the trustee based on the Plan's units of participation.

As of December 31, 2024 and 2023 the Master Trust's net assets and the amount of the Plan's interest in each asset consisted of the following at fair value:

	2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Corporate Stocks	\$ 22,092,089	\$ 555,409
Corporate Debt Instruments	5,119,878	128,717
United States Government Securities	333,524,102	8,385,002
Interest in Common/Collective Trusts	1,497,078,701	37,637,485
Interest in 103-12 Investment Entities	61,551,105	1,547,433
Interest in Registered Investment Companies	324,567,822	8,159,836
Interest in Partnership/Joint Ventures	3,435,978,478	86,382,624
Money Market Funds	506,671,587	12,738,037
Other Investments	(278,574,777)	(7,003,542)
Accounts Receivable ⁽¹⁾	55,563,615	1,396,903
Accounts Payable ⁽²⁾	(54,627,373)	(1,373,366)
Total	\$5,908,945,227	\$ 148,554,538

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

5. Master Trust Account – Summarized Financial Information (continued)

	2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Corporate Stocks	\$ 24,885,747	\$ 599,674
Corporate Debt Instruments	252,820,529	6,094,234
United States Government Securities	359,694,258	8,667,578
Interest in Common/Collective Trusts	707,976,710	17,060,165
Interest in 103-12 Investment Entities	56,771,915	1,368,037
Interest in Registered Investment Companies	242,981,380	5,855,140
Interest in Partnership/Joint Ventures	4,024,966,272	96,989,899
Money Market Funds	391,497,842	9,433,951
Other Investments	(76,151,155)	(1,835,020)
Accounts Receivable ⁽¹⁾	78,593,323	1,893,869
Accounts Payable ⁽²⁾	(45,649,914)	(1,100,029)
Total	\$6,018,386,907	\$ 145,027,498

⁽¹⁾ Accounts receivable includes receivables for investments sold (unsettled sales), dividends, interest, contract receivables and receivables related to futures contracts.

⁽²⁾ Accounts payable includes payables for investments purchased (unsettled purchases), interest, payables related to futures contracts and payables related to foreign currency transaction gains and losses.

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

5. Master Trust Account – Summarized Financial Information (continued)

The following is a summary of the changes in the Master Trust’s net assets excluding receivable amounts for the years ended December 31, 2024 and 2023:

	2024	2023
Additions:		
Assets Transferred In ⁽¹⁾	\$ -	\$ 140,763,110
Contributions	5,001,782	3,903,872
Net Appreciation in the Fair Value of Investments	275,805,399	329,228,288
Total Additions	280,807,181	473,895,270
Deductions:		
Benefit Payments	368,280,938	365,788,671
Administrative Expenses	21,967,923	20,690,032
Total Deductions	390,248,861	386,478,703
(Decrease) Increase in Net Assets	(109,441,860)	87,416,567
Net Assets – Beginning of Year	6,018,386,907	5,930,970,340
Net Assets – End of Year	\$ 5,908,945,227	\$ 6,018,386,907

⁽¹⁾ Effective April 1, 2023, the assets of the Plan were merged with the assets of the Eversource Pension Master Trust and invested in units of the Master Trust. The Plan’s assets are maintained by a separate Plan account.

As of December 31, 2024 and 2023, the following activity of the Master Trust and the amounts allocated to the Plan were as follows:

	2024	2023
Master Trust Accrued Interest Receivable	\$ 1,848,033	\$ 4,352,007
Accrued Interest Receivable Allocated to the Plan	46,461	104,883
Master Trust Unsettled Sales	51,814,540	52,223,016
Unsettled Sales Allocated to the Plan	1,302,650	1,258,575
Master Trust Unsettled Purchases	49,231,192	19,844,956
Unsettled Purchases Allocated to the Plan	1,237,703	478,263

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

5. Master Trust Account – Summarized Financial Information (continued)

The Plan's investment policy allows for the use of derivatives by investment managers of the Master Trust to utilize investment portfolio strategies that include managing interest rate or currency risk through hedging, reducing transaction costs by substituting stock or bond index futures for assets in the underlying cash market, enhancing returns, and facilitating shifts in asset allocation. Derivative instruments used by investment managers of the Master Trust during the year ended December 31, 2024 included S&P 500 Index futures contracts and interest rate swap agreements.

Under futures contracts, the Plan makes or takes delivery of a standardized quantity of a specified grade or type of commodity or financial instrument at a specified future date in accordance with terms specified by a regulated futures exchange. Upon entering into a futures contract, the Master Trust is required to deposit, either in cash or securities, an amount (initial margin) equal to a certain percentage of the nominal value of the contract. The Plan pays or receives cash depending on the daily fluctuation in the value of the underlying contracts.

As of December 31, 2024 and 2023, investment managers of the Master Trust maintained notional values of \$63.1 million and \$58.5 million, respectively, of S&P 500 Index futures contracts and total return swaps, which were entirely backed by short-duration fixed income securities. These futures contracts are for delayed delivery of securities in which the seller agrees to make delivery at a specified future date at a specified price and are settled on a daily basis, which results in the daily recording of gains and losses and minimal book value balances of futures contracts. The potential off-balance sheet risk of these investments arises from movements in security market values and interest rates but is limited to one day of movements.

The credit worthiness of every transaction of these futures contracts is guaranteed by the Chicago Mercantile Exchange Clearing Corporation and its member brokers who serve as counterparties to each trade. Income related to futures contracts of \$4.6 million and \$3.7 million was reported within net appreciation in the fair value of interest in the Master Trust in the statement of changes in net assets available for benefits for the year ended December 31, 2024 and 2023, respectively.

There is no fair value of futures contracts in the statements of net assets available for benefits as of December 31, 2024 and 2023, as these contracts are cash settled daily.

6. Fair Value Measurements

The Master Trust of the Plan discloses fair value measurements pursuant to a framework for measuring fair value in accordance with GAAP. The Plan follows a fair value hierarchy that prioritizes the inputs used to determine fair value and requires the Plan to classify assets and liabilities carried at fair value based on the observability of these inputs. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The levels of the fair value hierarchy are described as follows:

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Basis of Fair Value Measurements

- Level 1 Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities as of the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.
- Level 2 Inputs are quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-derived valuations in which all significant inputs are observable.
- Level 3 Quoted market prices are not available. Fair value is derived from valuation techniques in which one or more significant inputs or assumptions are unobservable. As of both December 31, 2024 and 2023, the Plan's interest in the Master Trust did not include any assets categorized as Level 3.
- Uncategorized Investments measured at NAV use the practical expedient and are not categorized within the fair value hierarchy.

Fair Value Measurements at December 31, 2024

The following table sets forth, by level within the fair value hierarchy, the Master Trust's investment assets, at fair value by major category as of December 31, 2024. Investment assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	Fair Value Measurements ⁽¹⁾ as of December 31, 2024			
	Level 1	Level 2	Uncategorized	Total
Equity Securities	\$331,316,122	\$ -	\$ 845,639,017	\$1,176,955,139
Fixed Income	324,081,192	350,851,357	1,365,255,919	2,040,188,468
Private Equity	-	-	1,769,491,983	1,769,491,983
Real Assets	249,539,185	-	671,834,210	921,373,395
Total	<u>\$ 904,936,499</u>	<u>\$ 350,851,357</u>	<u>\$ 4,652,221,129</u>	<u>\$ 5,908,008,985</u>

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Fair Value Measurements at December 31, 2023

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

	Fair Value Measurements ⁽¹⁾ as of December 31, 2023			
	Level 1	Level 2	Uncategorized	Total
Equity Securities	\$371,395,789	\$ -	\$ 853,018,358	\$1,224,414,147
Fixed Income	359,701,463	351,287,323	1,518,074,880	2,229,063,666
Private Equity	-	-	1,684,825,816	1,684,825,816
Real Assets	124,587,230	-	722,553,639	847,139,869
Total	\$ 855,684,482	\$ 351,287,324	\$ 4,778,472,693	\$ 5,985,443,498

⁽¹⁾ The fair value measurement assessment does not apply to any additional accounts receivable and accounts payable included in the Interest in Master Trust as reported on the Statements of Net Assets Available for Benefits (see Note 5, "*Master Trust Account – Summarized Financial Information*").

Assets are valued based on observable inputs when available. Certain interest-bearing cash funds, equity securities, exchange traded funds, and futures contracts classified in Level 1 in the fair value hierarchy are priced based on the closing price on the primary exchange as of the balance sheet date.

Fixed income securities, such as government issued securities, corporate bonds and high yield bond funds, are included in Level 2 and are valued using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Pricing models utilize observable inputs such as recent trades for the same or similar instruments, yield curves, discount margins and bond structures. Swaps are valued using pricing models that incorporate interest rates and equity and fixed income index closing prices to determine a net present value of cash flows.

Certain investments, such as equity securities and fixed income investments in commingled funds, private equity and private debt investments, real asset funds and hedge funds are valued using the NAV as a practical expedient. These investments are structured as investment companies offering shares or units to multiple investors for the purpose of providing a return. Commingled funds are recorded at NAV provided by the asset manager, which is based on the market prices of the underlying equity securities. Hedge Funds are recorded at NAV based on the values of the underlying assets held in hedge funds. Private Equity investments, Fixed Income partnership funds and Real Assets are valued using the NAV provided by the partnerships, which are based on discounted cash flows of the underlying investments, real estate appraisals or public market comparables of the underlying investments. These assets are classified as Uncategorized within the fair value hierarchy in the tables above, as assets valued using the NAV practical expedient are not required to be classified within the fair value hierarchy.

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Certain private equity, credit opportunity and real asset limited partnerships have long-term lock-up provisions (5 to 10 years) that are intended to allow for an orderly investment and dissolution of the partnership as the underlying investments are sold. The Plan has invested in a variety of hedge funds and limited partnerships that have elected to institute monthly, quarterly or annual restraints on redemptions as of December 31, 2024 and 2023.

The following tables are a summary of the Plan's uncategorized investments and related restrictions as of December 31, 2024 and 2023.

	December 31, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Equity Securities ⁽¹⁾	\$ 845,639,017	N/A	Daily to Annual	1-60 Days
Fixed Income ⁽²⁾	1,365,411,902	415,754,059	Daily to Quarterly	0-90 Days
Private Equity ⁽³⁾	1,769,491,984	313,186,241	N/A	N/A
Real Assets ⁽⁴⁾	671,834,210	283,949,440	Daily	0-5 Days

	December 31, 2023			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Equity Securities ⁽¹⁾	\$ 853,018,358	N/A	Daily to Annual	1-60 Days
Fixed Income ⁽²⁾	1,518,074,880	444,572,877	Daily to Quarterly	0-90 Days
Private Equity ⁽³⁾	1,684,825,816	306,490,599	N/A	N/A
Real Assets ⁽⁴⁾	722,553,639	274,188,979	Daily	0-5 Days

⁽¹⁾ This category invests in equity security investments including commingled funds and hedge funds that are overlaid with equity index swaps, futures contracts and funds invested in equities that have redemption restrictions and are valued using NAV.

⁽²⁾ This category consists of funds valued at NAV that invest opportunistically in fixed income securities where pricing dislocations exist as the result of illiquidity in the markets or due to distressed sellers. These partnerships invest for terms of five to seven years on average and are generally illiquid. The fair value of these funds is determined using public market comparables or the use of pricing models where public comparables are not available. This category also includes hedge funds that are overlaid with interest rate swaps and fixed income index swaps.

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

- (3) This category includes several private equity partnerships that have equity ownership in underlying portfolio companies. These partnerships invest for terms of 10 years on average and are generally illiquid. The fair value of these funds has been determined using the NAV of the ownership interest in the funds, whose underlying investments are based on discounted cash flow methodologies and using comparable public market multiples.
- (4) This category consists of real asset partnerships that invest primarily in U.S. residential and commercial properties. These partnerships invest for terms of 10 years on average and are generally illiquid. The fair value of these funds has been determined using the NAV of the ownership of the partnerships, whose underlying investments are based on discounted cash flows and appraisals of underlying assets.

7. Funding Policy

The Company's funding policy is to make annual contributions to the Plan within the range determined by the Plan's actuary. The actuarial assumptions have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

8. Party-in-Interest / Related Party Transactions

Certain Plan investments are shares of common/collective trusts managed by the trustee; therefore, these transactions qualify as exempt party-in-interest transactions as defined in Section 3(14) of ERISA.

9. Income Tax Status

The Plan obtained its latest determination letter on October 16, 2012 in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes the Plan was qualified and the related trust was tax exempt as of the financial statement date.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan has no uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Retirement Plan for Employees of Aquarion Company

Notes to Financial Statements (continued)

10. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In the event the Plan is terminated, the net assets of the Plan will be allocated to the participants and beneficiaries of the Plan in accordance with ERISA and its related regulations and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' 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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

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, the priority of those benefits to be paid and the type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's guaranty, while other benefits may not be provided for at all.

11. Subsequent Events

Subsequent events were evaluated from December 31, 2024 through October 15, 2025 the date the financial statements were available to be issued.

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ **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 Retirement Plan for Employees of Aquarion Company	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Aquarion Company	D Employer Identification Number (EIN) 06-0852232
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 type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

Part I	Basic Information		
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a		149,931,178
b Actuarial value	2b		149,931,178
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	343	79,653,370	79,653,370
b For terminated vested participants	72	7,073,562	7,073,562
c For active participants	126	45,626,076	47,413,546
d Total	541	132,353,008	134,140,478
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		5.11%
6 Target normal cost			
a Present value of current plan year accruals	6a		2,405,576
b Expected plan-related expenses	6b		94,035
c Target normal cost	6c		2,499,611

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	Date
	Shane W. Siefer Type or print name of actuary	2305990 Most recent enrollment number
	Aon Consulting, Inc. Firm name	617-482-3100 Telephone number (including area code)
	MSC #17894 PO Box 7505 Fort Washington PA 19034 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 V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" 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 2,499,611
b Excess assets, if applicable, but not greater than line 31a				31b 2,499,611
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment				
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 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
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 2,360,224
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 2,360,224
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
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 checked="" type="checkbox"/> 2021				

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0088 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning	and ending
A This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)	
B This return/report is: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here <input type="checkbox"/>	
D Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>	

Part II Basic Plan Information - enter all requested information		
1a Name of plan RETIREMENT PLAN FOR EMPLOYEES OF AQUARION COMPANY	1b Three-digit plan number (PN) ▶	001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AQUARION COMPANY 835 MAIN STREET BRIDGEPORT, CT 06604-4914	1c Effective date of plan 01/01/1977	2b Employer Identification Number (EIN) 06-0852232
	2c Plan Sponsor's telephone number 203-362-3000	2d Business code (see instructions) 221300

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

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

SIGN HERE	<i>Lucy Teixeira</i>	10/15/2025	LUCY TEIXEIRA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Retirement Plan for Employees of Aquarion Company
EIN: 06-0852232 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	January 1, 1970, as amended December 31, 2016
Participation	<p>An Employee becomes a Participant on the first day of the month coincident with or next following completion of one Year of Service.</p> <p>The plan is closed to new participants hired after January 1, 2011 for Union participants and October 1, 2009 for Non-union participants, with the exception of former United Water Plan participants who have completed one Year of Service under the United Water Plan as of September 1, 2012. Such former United Water Plan participants were eligible to participate as of September 1, 2012.</p>
Benefit Service	<p>For service prior to January 1, 1976, Years of Service equal completed years and full months of employment. For service on and after January 1, 1976, one year of Service is earned for each Plan Year during which a Participant completed 1,000 Hours of Service. In the first and last year of employment, a partial Year of Service is earned based on the ratio of completed Hours of Service over 1,000 hours.</p> <p>For former United Water Plan participants, with respect to the Accrued Benefit under the United Water Plan, Years of Benefit Service are determined in accordance with the provisions of the United Water Plan immediately prior to September 1, 2012.</p>
Vesting Schedule	<p>A Participant who has completed 5 Years of Vesting Service is 100% Vested in his Accrued Benefit. A vested Participant may elect commencement on an Early Retirement Date of his Vested Benefit, reduced 5% for each year that commencement of payment precedes age 65.</p>
Final Average Compensation	<p>The average of a Participant's base pay over the five consecutive years out of the latest ten years which produce the highest average pay.</p> <p>Effective January 1, 2004, the definition of applicable compensation was changed to include bonuses as eligible compensation on a prospective basis.</p>
Normal Retirement Date	<p>The first day of the month coincident with or next following attainment of age 65 and completion of 5 Years of Service.</p>

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Retirement Plan for Employees of Aquarion Company
EIN: 06-0852232 PN: 001

Early Retirement Date

The first day of any month on or after the date the Participant reaches age 55 and completes 10 Years of Service.

Disability Retirement Date

The first day of the month coincident with or next following total and permanent disability, after the attainment of age 51 and when age plus Years of Service is at least 65.

Accrued Benefit

The greater of (1) or (2) below but in no event shall the annual benefit be less than \$3,500 (for certain participants, the minimum annual benefit is \$12,000).

- (1) 1.2% of Final Average Compensation up to the Integration Level, plus 1.65% of Final Average Compensation in excess of the Integration level, multiplied by the Years of Service at determination up to 30 years, plus 1% of Final Average Compensation multiplied by Years of Service in excess of 30 Years.
- (2) The sum of the Participant's Accrued Benefit at December 31, 1993 based on the Maximum Allowable Compensation as in effect under Section 401(a) (17) and future benefit accruals based on the Plan formula.

For certain participants, additional benefits are provided in the accrued benefit.

Accrued Benefit – Former Stamford Water Company Participants

The greater of (1) or (2) below, but in no event shall the annual benefit be less than \$3,500.

- (1) Frozen accrued benefit as of January 1, 1988
- (2) The sum of (1) and (2):
 - (a) 1.0% of Final Average Compensation multiplied by Years of Service completed prior to January 1, 1988.
 - (b) 1.015 multiplied by the sum of 1.2% of Final Average Compensation up to the Integration Level, plus 1.65% of Final Average Compensation in excess of the Integration Level, multiplied by the Years of Service (after January 1, 1988) at determination up to 30 years, plus 1% of Final Average Compensation multiplied by Years of Service in excess of 30 Years.

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Retirement Plan for Employees of Aquarion Company
EIN: 06-0852232 PN: 001

**Accrued Benefit – Former United Water Plan
Participants**

The sum of (1) and (2) below:

- (1) The participant's accrued benefit under the United Water Plan, taking into account his Average Annual Compensation as of his date of retirement and his Years of Benefit Service as of August 31, 2012.
- (2) The accrued benefit payable under the Former Stamford Water Company formula, as described above, for Years of Service credited after August 31, 2012.

Integration Level

Covered Compensation as defined in the Article I, 1.14 of the Plan Document for an individual attaining age 65 during the calendar year of determination.

Normal Retirement Benefit

A monthly benefit equal to the Participant's Accrued Benefit.

Early Retirement Benefit

A monthly benefit equal to the Participant's Accrued Benefit, reduced 5% for each year that commencement of payment precedes age 62, if the Participant has completed 20 years of Service, otherwise reduced 5% for each year that commencement of payment precedes age 65.

Disability Retirement Benefit

A monthly benefit equal to the Participant's Accrued Benefit.

Vested Benefit

A Participant who has completed 5 Years of Vesting Service is 100% Vested in his Accrued Benefit. A vested Participant may elect commencement on an Early Retirement Date of his Vested Benefit, reduced 5% for each year that commencement of payment precedes age 65.

Pre-Retirement Spouse's Benefit

The spouse of a Participant who dies after becoming vested but prior to retirement, shall receive a benefit payable at the Participant's earliest retirement date equal to 50% of the Participant's Early Retirement Benefit as of such date adjusted for the Joint and 50% Survivor form of payment.

Retiree and Beneficiary Cost-of-Living Increase

Effective July 1, 2004, Retirees and Beneficiaries were granted Ad Hoc Cost-of-Living Increases of 2% per year of retirement up to a maximum of a 10% increase. A minimum increase of \$25 per month was granted.

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Retirement Plan for Employees of Aquarion Company
EIN: 06-0852232 PN: 001

Normal Form of Benefit	Married participants: Actuarially reduced Joint and 50% Survivor Annuity. Single participants: 5 Years Certain and Life Annuity.
Optional Form of Payment	(1) Life Annuity (2) 5 or 10 Year Certain and Life Annuity (3) Joint and 50%, 75% or 100% Survivor Annuity (4) Level Income
Former Pension Plan for Employees of Aquarion Company of CT, MA and NH	
Participation	Each employee commences participation on the first day of the calendar month next following completion of one Year of Service. The plan is closed to new participants hired after January 1, 2011 for Union participants and October 1, 2009 for Nonunion participants.
Benefit Service	A Year of Service is credited for each 12-month period commencing on a participant's employment date during which he completes at least 1,000 hours.
Vesting Schedule	A Participant who has completed 5 Years of Vesting Service is 100% Vested in his Accrued Benefit.
Final Average Compensation	The highest average monthly Earnings during the 60 consecutive months of the final 120 months (or lesser period of employment) preceding termination from employment or retirement.
Normal Retirement Date	The first day of the month coincident with or next following attainment of age 65 and completion of 5 Years of Service.
Early Retirement Date	The first day of any month on which the employee elects to retire provided that: (1) the participant has attained age 55, and (2) the sum of the individual's age and Years of Service totals at least 70.
Disability Retirement Date	The date a participant retires prior to Normal Retirement, provided that the employee has completed 10 Years of Service and qualifies for disability benefits from the Social Security Administration.

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Retirement Plan for Employees of Aquarion Company
EIN: 06-0852232 PN: 001

Integration Level	Covered Compensation as defined in the Article I, 1.14 of the Plan Document for an individual attaining age 65 during the calendar year of determination.
Average Social Security Wage Base	Average of the maximum amounts subject to Social Security taxation for the year of retirement or termination and the nine preceding years.
Normal Retirement Benefit	A monthly benefit equal to the Participant's Accrued Benefit.
Early Retirement Benefit	A monthly benefit equal to the Participant's Accrued Benefit, multiplied by the appropriate factors from the Schedule of Early Retirement Factors.
Disability Retirement Benefit	A monthly benefit equal to the Participant's Accrued Benefit.
Vested Benefit	A Participant who has completed 5 Years of Vesting Service is 100% Vested in his Accrued Benefit.
Normal Form of Benefit .	Married participants: Actuarially reduced Joint and 50% Survivor Annuity. Single participants: Life Annuity.
Optional Form of Payment	(1) Life Annuity (2) 5 or 10 Year Certain and Life Annuity (3) Joint and 50%, 75% or 100% Survivor Annuity
Accrued Benefit	(1) For service before July 1, 2001 for union and nonunion participants. The sum of (a) plus (b) plus (c): (a) 1.85% of Final Average Earnings not in excess of the Average Social Security Wage Base multiplied by Years of Service up to 25 years. (b) 2.10% of Final Average Earnings in excess of the Average Social Security Wage Base multiplied by Years of Service up to 25 years. (c) 0.70% of Final Average Earnings multiplied by Years of Service in excess of 25 years. (2) For service on or after July 1, 2001 and before August 1, 2009 for union participants hired prior to August 1, 2005: (a) 1.60% of Final Average Earnings multiplied by Years of Service.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Retirement Plan for Employees of Aquarion Company
EIN: 06-0852232 PN: 001

- (3) For service on or after July 1, 2001 and before January 1, 2006 for nonunion participants (hired prior to July 1, 2001). The sum of (a) plus (b) plus (c):
 - (a) 1.60% of Final Average Earnings not in excess of the Average Social Security Wage Base multiplied by Years of Service up to 25 years.
 - (b) 2.10% of Final Average Earnings in excess of the Average Social Security Wage Base multiplied by Years of Service up to 25 years.
 - (c) 1.60% of Final Average Earnings multiplied by Years of Service in excess of 25 years.
- (4) For service on or after July 1, 2001 and before January 1, 2006 for nonunion participants (hired after July 1, 2001):
 - (a) 1.60% of Final Average Earnings multiplied by Years of Service.
- (5) For service on or after January 1, 2006 for all nonunion participants and union participants hired on or after August 1, 2005; for service on or after August 1, 2009 for union participants hired before August 1, 2005. The sum of (a) plus (b) plus (c):
 - (a) 1.20% of Final Average Compensation up to the Integration Level.
 - (b) 1.65% of Final Average Compensation in excess of the Integration level, multiplied by the Years of Service at determination up to 30 years.
 - (c) 1.00% of Final Average Compensation multiplied by Years of Service in excess of 30 Years.

Plan Changes Since the Prior Year

There have been no plan changes since the prior plan year.

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Retirement Plan for Employees of Aquarion Company
 EIN: 06-0852232 PN: 001

Schedule SB, Part V – Statement of Actuarial
 Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Salary Increases	4.00%
Social Security Wage Base Increase	Future wage indices are based on a national wage increase of 3.00% per year.
Social Security COLA Increases	2.50%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy	2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Disabled	Mortality table for disabilities occurring after 12/31/1994 as specified in Revenue Ruling 96-7
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$94,035
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Retirement Plan for Employees of Aquarion Company
EIN: 06-0852232 PN: 001

Table 1

Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	5.00%
62	30.00%
63	20.00%
64	30.00%
65+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Retirement Plan for Employees of Aquarion Company
 EIN: 06-0852232 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
20	9.00%	45	2.75%
21	8.75%	46	2.50%
22	8.50%	47	2.25%
23	8.25%	48	2.00%
24	8.00%	49	1.75%
25	7.75%	50	1.50%
26	7.50%	51	1.35%
27	7.25%	52	1.20%
28	7.00%	53	1.05%
29	6.75%	54	0.90%
30	6.50%	55	0.75%
31	6.25%	56	0.60%
32	6.00%	57	0.45%
33	5.75%	58	0.30%
34	5.50%	59	0.15%
35	5.25%	60+	0.00%
36	5.00%		
37	4.75%		
38	4.50%		
39	4.25%		
40	4.00%		
41	3.75%		
42	3.50%		
43	3.25%		
44	3.00%		

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Retirement Plan for Employees of Aquarion Company
 EIN: 06-0852232 PN: 001

Table 3

Disability Rates

Age	Rate	Age	Rate
20	0.07%	50	0.24%
21	0.07%	51	0.26%
22	0.07%	52	0.29%
23	0.07%	53	0.32%
24	0.07%	54	0.36%
25	0.08%	55	0.40%
26	0.08%	56	0.46%
27	0.08%	57	0.53%
28	0.08%	58	0.61%
29	0.08%	59	0.72%
30	0.08%	60	0.84%
31	0.09%	61	0.98%
32	0.09%	62	1.13%
33	0.09%	63	1.31%
34	0.09%	64	1.49%
35	0.10%	65	1.71%
36	0.10%	66	1.95%
37	0.10%	67	2.21%
38	0.11%	68	2.49%
39	0.01%	69	2.79%
40	0.12%	70	3.11%
41	0.12%	71+	0.00%
42	0.13%		
43	0.14%		
44	0.15%		
45	0.16%		
46	0.18%		
47	0.19%		
48	0.21%		
49	0.22%		

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Retirement Plan for Employees of Aquarion Company
EIN: 06-0852232 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

There is no active schedule of amortization bases for the 2024 Plan Year.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Retirement Plan for Employees of Aquarion Company
 EIN: 06-0852232 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
 as of January 1, 2024

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					3					
40-44				1	6	1				
45-49					5	2	5			
50-54					7	5	6	3		
55-59					10	8	6	10	4	
60-64					6	6	4	5	9	5
65-69					1	1		2	2	2
70+						1				

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Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Retirement Plan for Employees of Aquarion Company
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Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at the beginning of year.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	42	0.0098	0.4151	23
56	51	0.0199	1.0097	57
57	54	0.0199	1.0819	62
58	59	0.0199	1.1711	68
59	66	0.0199	1.3160	78
60	70	0.0497	3.4875	209
61	68	0.0497	3.3714	206
62	73	0.2977	21.6256	1,341
63	60	0.1983	11.9122	750
64	55	0.2971	16.4107	1,050
65	44	1.0000	43.9189	2,855
66	3	1.0000	3.0000	198
67	1	1.0000	1.0000	67
68	2	1.0000	2.0000	136
69	1	1.0000	1.0000	69
70	0	1.0000	0.0000	0
71	0	1.0000	0.0000	0
72	0	1.0000	0.0000	0
73	1	1.0000	1.0000	73
Total			114	7,241
Average				63.67

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Retirement Plan for Employees of Aquarion Company
 EIN: 06-0852232 PN: 001

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Effective Interest Rate	Days to Discount to 1/1/2024	Interest Adjusted Contribution
January 14, 2025	\$ 1,250,000	5.11%	379	\$ 1,187,121
April 11, 2025	<u>1,250,000</u>	5.11%	466	<u>1,173,103</u>
Total Contribution	\$ 2,500,000			\$ 2,360,224



Assets and Liabilities for 5500 Schedule H

Report ID: NA100E

AQUARION PENSION PLN - NEUF40000002

1/1/2024 - 12/31/2024

Status: FINAL
EVERSOURCE ENERGY

	Beginning of Year 1/1/2024	End of Year 12/31/2024
ASSETS		
A. NON-INTEREST BEARING CASH	0.00	0.00
B. RECEIVABLES		
(1) EMPLOYER CONTRIBUTIONS	0.00	0.00
(2) PARTICIPANT CONTRIBUTIONS	0.00	0.00
(3) OTHER	0.00	0.00
C. GENERAL INVESTMENTS		
(1) INTEREST BEARING CASH	0.00	0.00
(2) U.S. GOVERNMENT SECURITIES	0.00	0.00
(3) CORPORATE DEBT INSTRUMENTS		
(A) PREFERRED	0.00	0.00
(B) ALL OTHER	0.00	0.00
(4) CORPORATE STOCKS		
(A) PREFERRED	0.00	0.00
(B) COMMON	0.00	0.00
(5) PARTNERSHIP/JOINT VENTURE INTERESTS	0.00	0.00
(6) REAL ESTATE	0.00	0.00
(7) LOANS OTHER THAN PARTICIPANT	0.00	0.00
(8) PARTICIPANT LOANS	0.00	0.00
VALUE OF INTEREST IN:		
(9) COMMON/COLLECTIVE TRUSTS	0.00	0.00
(10) POOLED SEPARATE ACCOUNTS	0.00	0.00
(11) MASTER TRUST INVESTMENT ACCTS	145,027,498.48	148,554,538.31
(12) 103-12 INVESTMENT ENTITIES	0.00	0.00
(13) REGISTERED INVESTMENT COMPANIES	0.00	0.00
(14) VALUE OF FUNDS IN INSURANCE CO ACCT	0.00	0.00
(15) OTHER	0.00	0.00
D. EMPLOYER RELATED INVESTMENTS		
(1) EMPLOYER SECURITIES	0.00	0.00
(2) EMPLOYER REAL PROPERTY	0.00	0.00
E. BUILDINGS/OTHER PROPERTY USED BY PLAN	0.00	0.00
F. TOTAL ASSETS	145,027,498.48	148,554,538.31
LIABILITIES		
G. BENEFIT CLAIMS PAYABLE	0.00	0.00
H. OPERATING PAYABLES	0.00	0.00
I. ACQUISITION INDEBTEDNESS	0.00	0.00
J. OTHER LIABILITIES	0.00	0.00
K. TOTAL LIABILITIES	0.00	0.00
L. TOTAL NET ASSETS	145,027,498.48	148,554,538.31