

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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.)

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: 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

<p>1a Name of plan <u>NEW ENGLAND AQUARIUM CORPORATION 403(B) TAX SHELTERED ANNUITY PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>007</u></p>
<p>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) <u>NEW ENGLAND AQUARIUM</u></p> <p><u>CENTRAL WHARF</u> <u>BOSTON, MA 02110</u></p>	<p>1c Effective date of plan <u>01/01/2009</u></p> <p>2b Employer Identification Number (EIN) <u>04-2297514</u></p> <p>2c Plan Sponsor's telephone number <u>617-973-5291</u></p> <p>2d Business code (see instructions) <u>712100</u></p>

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	Filed with authorized/valid electronic signature.	03/12/2026	BRIAN WALSH
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	571
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	320
	6a(2)	328
	6b	0
	6c	261
	6d	589
	6e	0
	6f	589
	6g(1)	406
	6g(2)	382
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2L 2M 3D

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan NEW ENGLAND AQUARIUM CORPORATION 403(B) TAX SHELTERED ANNUITY PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>007</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NEW ENGLAND AQUARIUM</p>	<p>D Employer Identification Number (EIN) 04-2297514</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	366545	57	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1034590
5	Current value of plan's interest under this contract in separate accounts at year end.....	3853932
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 750427
c	Additions: (1) Contributions deposited during the year	7c(1) 208729
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 33822
	(4) Transferred from separate account	7c(4) 51838
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 294389
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1044816
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 10226
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 10226	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1034590

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan NEW ENGLAND AQUARIUM CORPORATION 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 NEW ENGLAND AQUARIUM	D Employer Identification Number (EIN) 04-2297514	

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

TIAA

13-1624203

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65	RECORDKEEPER	5538	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(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)
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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.	<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 <u>NEW ENGLAND AQUARIUM CORPORATION 403(B) TAX SHELTERED ANNUITY PLAN</u>	B Three-digit plan number (PN)	<u>007</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NEW ENGLAND AQUARIUM</u>	D Employer Identification Number (EIN) <u>04-2297514</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>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>128154</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)

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.	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 NEW ENGLAND AQUARIUM CORPORATION 403(B) TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 NEW ENGLAND AQUARIUM	D Employer Identification Number (EIN) 04-2297514

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	42516
(3) Other	1b(3)	0
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)	3176166
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17487172
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	750426
(15) Other.....	1c(15)	3853932

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	21456280	22116675
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	21456280	22116675

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	853145	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		853145
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)		0
(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)	689279	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		689279
(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)		2397182
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3939606

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3272512	
(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)		3272512
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	6699	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6699
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3279211

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		660395
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: **CARON & BLETZER PLLC**

(2) EIN: **04-3499945**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6384
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NEW ENGLAND AQUARIUM CORPORATION 403(B) TAX SHELTERED ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NEW ENGLAND AQUARIUM</u>	D Employer Identification Number (EIN) <u>04-2297514</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

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): 04-6568107 22-3006057

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	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500419A.

**NEW ENGLAND AQUARIUM CORPORATION
403(b) TAX SHELTERED ANNUITY PLAN**

FINANCIAL STATEMENTS

December 31, 2024 and 2023 and
For the Year Ended December 31, 2024



Employee Benefit Plan Audit Specialists

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN
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Certain supplemental schedules have been omitted because they are either not required or not applicable.



Independent Auditor's Report

To the Plan Administrator of the New England Aquarium Corporation 403(b) Tax Sheltered Annuity Plan:

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

We have performed audits of the financial statements of the New England Aquarium Corporation 403(b) Tax Sheltered Annuity Plan ("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 statement of changes in net assets available for benefits for the year ended December 31, 2024, 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 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 ("DOL") 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note G 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report:

- the amounts and disclosures in the accompanying financial statements, 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 ("GAAP").
- the information in the accompanying financial statements related to assets which provide benefits under the plan and certified to by a qualified institution and assets held by and certified to by qualified institutions 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).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 GAAP, 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 within one year after the date that the financial statements are issued or 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.

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

In performing an audit in accordance with GAAS, we:

- Exercise professional 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 certifications, 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 GAAP.

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 GAAP.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 and the Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified information in the supplemental schedules related to assets which provide benefits under the plan and certified to by a qualified institution and assets held by and certified to by qualified institutions 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).

Caron & Blazer, PLLC

Kingston, NH
March 6, 2026

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	2024	2023
Investments, at fair value:		
Insurance contract (non benefit-responsive)	\$ 1,630	\$ 1,555
Variable annuity contracts	3,725,778	3,024,996
Pooled separate accounts	128,154	151,170
Mutual funds	17,228,153	17,487,172
Total investments at fair value	21,083,715	20,664,893
Investments, at contract value:		
Insurance contracts (fully benefit-responsive)	1,032,960	748,871
Total investments	22,116,675	21,413,764
Receivables:		
Participant contributions	-	42,516
Net assets available for benefits	\$ 22,116,675	\$ 21,456,280

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

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN
 STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 For the year ended December 31, 2024

	2024
Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 2,397,182
Dividend and interest income	689,279
	3,086,461
Contributions:	
Rollover contributions	853,145
Total additions	3,939,606
Deductions:	
Benefits paid to participants	3,272,512
Administrative expenses	6,699
Total deductions	3,279,211
Net increase	660,395
Net assets available for benefits:	
Beginning of year	21,456,280
End of year	\$ 22,116,675

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

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF PLAN:

The following description of the New England Aquarium Corporation 403(b) Tax Sheltered Annuity Plan (the "Plan") provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of New England Aquarium Corporation (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Effective January 1, 2024, contributions to the Plan were frozen.

Contributions

Upon meeting eligibility requirements participants may contribute up to 100% of their plan compensation on a pre-tax basis, subject to Internal Revenue Code ("IRC") limitations. Participants who are at least 50 may make an additional "catch up" contribution subject to IRC limitations. Participants may also contribute funds from another qualified plan ("rollover contributions"), subject to certain requirements.

Participant Accounts

Each participant's account is credited or charged with contributions, investment income, and administrative expenses. Investment income, including realized and unrealized gains and losses, and expenses are allocated to participants' accounts based on each participant's account balance within each fund. Participants determine the percentage in which contributions are to be invested in each fund. Participants may change their investment options as set forth in the plan document. The benefit to which a participant is entitled is equal to the value of the participant's vested interest in their account.

Vesting

Participants are fully vested in their accounts.

Distribution of Benefits

Benefits may be distributed to participants upon termination of employment by reason of retirement, disability, death or other separation from service. Distributions under the Plan may be made in lump sums or installment payments.

A participant may also request a withdrawal upon attainment of age 59 1/2 or upon demonstration by the participant to the plan administrator that the participant is suffering from "hardship", as defined in the plan document. Participants may withdraw from their rollover funds at any time.

Notes Receivable from Participants

Loans are not permitted from this plan.

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions from plan participants are recorded in the year in which the participant contributions are withheld from compensation.

Expenses of the Plan

Certain participant transaction fees are paid through the Plan. Other administrative expenses incurred by the Plan that are not paid through the Plan are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Payment of Benefits

Benefits are recorded when paid.

C. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

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

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

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

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

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Insurance contract (non-benefit-responsive) – Valued at fair value by management by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Organization evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, minimum crediting rate, duration or payout date) while others are substantiated utilizing available market data (for example, discount rate).

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate accounts - Valued at the net asset value of units of a pooled separate account. The net asset value, as provided by the contract issuer, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

Variable annuity contracts - Valued at the net asset value of units of a variable annuity. The net asset value, as provided by the contract issuer, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

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

<u>Description</u>	2024			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 17,228,153	\$ 17,228,153	\$ -	\$ -
Insurance contract (non benefit-responsive)	<u>1,630</u>	<u>-</u>	<u>-</u>	<u>1,630</u>
Total investments in the fair value hierarchy	17,229,783	<u>\$ 17,228,153</u>	<u>\$ -</u>	<u>\$ 1,630</u>
Investments measured at net asset value(1):				
Pooled separate account	128,154			
Variable annuity contracts	<u>3,725,778</u>			
Total investments at fair value	<u>\$ 21,083,715</u>			

<u>Description</u>	2023			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 17,487,172	\$ 17,487,172	\$ -	\$ -
Insurance contract (non benefit-responsive)	<u>1,555</u>	<u>-</u>	<u>-</u>	<u>1,555</u>
Total investments in the fair value hierarchy	17,488,727	<u>\$ 17,487,172</u>	<u>\$ -</u>	<u>\$ 1,555</u>
Investments measured at net asset value(1):				
Pooled separate account	151,170			
Variable annuity contracts	<u>3,024,996</u>			
Total investments at fair value	<u>\$ 20,664,893</u>			

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Variable annuity contracts – This category consists of accounts managed by TIAA which invest principally in equity securities, fixed-income instruments and short-term investments. The fair values of each account in this category are determined daily using the net asset value per share of the investments. There are no unfunded commitments. There are no restrictions on redemptions of these investments for participant-initiated transactions.

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

Accounting standards require disclosure of investment strategies for investments valued using net asset value as a practical expedient to estimate fair value if the investment does not file a Form 5500 with the Department of Labor (“DOL”) as direct filing entity (“DFE”). The following table discloses investment strategies for such investments:

	2024	2023
Investments measured		
at net asset value (non-DFE's):		
Variable annuity contracts:		
Stock (a)	\$ 854,093	\$ 850,941
Money market (b)	162,120	155,917
Social choice (c)	977,281	592,195
Bond market (d)	114,485	115,183
Global equities (e)	376,146	248,716
Growth (f)	482,877	377,394
Equity index (g)	691,848	620,291
Inflation linked bond (h)	37,412	39,209
Target date (i)	29,516	25,150
Total variable annuity contracts	<u>\$ 3,725,778</u>	<u>\$ 3,024,996</u>

- (a) Stock variable annuities seek a favorable long-term rate of return through capital appreciation and investment income by investing primarily in a broadly diversified portfolio of common stocks.
- (b) Money market variable annuities seek high current income consistent with maintaining liquidity and preserving capital by investing primarily in cash, U.S. government securities and/or repurchase agreements that are collateralized fully by cash, or U.S. government securities.
- (c) Social choice variable annuities seek a favorable long-term rate of return that reflects the investment performance of the financial markets while giving special consideration to social criteria. They invest primarily in domestic and foreign stocks and other equity securities and bonds and other fixed-income securities.
- (d) The bond market fixed-income variable annuity seeks a favorable long-term rate of return, primarily through high current income securities consistent with preserving capital
- (e) Global equities variable annuities seek a favorable long-term rate of return through capital appreciation and income by investing primarily in foreign and domestic common stocks.
- (f) Growth variable annuities seek a favorable long-term rate of return, mainly through capital appreciation, by investing primarily in common stocks that present the opportunity for exceptional growth.
- (g) Equity variable annuities seek a favorable long-term rate of return by investing primarily in U.S. stocks.
- (h) Inflation variable annuities seek a long-term rate of return that outpaces inflation by investing primarily in inflation-indexed bonds.
- (i) Target date variable annuities seek high total return over time through a combination of capital appreciation and income by investing in a portfolio designed with a target retirement date in mind.

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

Pooled separate account – This category consists of the TIAA Real Estate Account. The underlying investments of this account consist primarily of real estate and real estate-related investments. There are no unfunded commitments. Although the underlying assets of the account cannot be quickly sold and converted to liquid assets, the TIAA Real Estate account provides the account with a liquidity guarantee which ensures the account has the funds available to accommodate participant redemption requests. Redemptions are limited to one per calendar quarter.

D. INVESTMENT CONTRACT WITH INSURANCE COMPANY:

The Plan has entered into an annuity arrangement with Teachers Insurance and Annuity Association of America (“the contract issuer”). Participants individually contract with TIAA to establish an account within the TIAA Traditional Annuity. The TIAA Traditional Annuity is offered through a variety of contracts including retirement annuities (“RA”), supplemental retirement annuities (“SRA”) and group supplemental retirement annuities (“GSRA”) as determined by the contract between TIAA and the participant. Employer contributions must be made to an RA contract. Participant contributions may be made to an RA, SRA or GSRA contract as determined by the participant.

SRA and GSRA are traditional investment contracts that meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. RA contracts are considered non-benefit-responsive due to certain illiquidity features and accordingly are valued at fair value measured using a discounted cash flow methodology. See Note C for valuation of these non-fully benefit-responsive contracts.

With traditional investment contracts, the Plan owns only the contract itself. These contracts are designed to accrue interest based on crediting rates established by the contract issuers.

The traditional investment contracts held by the Plan are guaranteed investment contracts. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3 percent for SRA and GSRA contracts. During the accumulation phase, the TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum interest rate, and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the “declaration year” which begins each March 1. Additional interest is not guaranteed for future years. The crediting rates are supported by the investment performance of the underlying investments and may be reset as frequently as monthly. The contract does not have a maturity date.

Participant accumulations are available in lump-sum payments, which may be subject to surrender charges, upon meeting certain triggering events under an SRA or GSRA contract. When the accumulation in TIAA Traditional Annuity is converted to an annuity by a participant based on his or her life expectancy, the present value of the stream of payments is equal to the accumulation. These payments may be made in the form of an annuity or a lump sum benefit and are contractually obligated.

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that would also limit the ability of the Plan to transact at contract value with the participants.

E. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS:

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the custodians are considered party in interest transactions.

F. TAX STATUS:

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (the "Code"). The plan administrator and the plan's tax counsel believe that terms of the Plan have been prepared to conform with the written plan requirements of the Code. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

The Plan Administrator determined that Forms 5500 for the 2016 through 2024 plan years were not filed by the required statutory deadlines. The Plan Administrator is in the process of completing Form 5500 and correcting these filing delinquencies through participation in the U.S. Department of Labor's Delinquent Filer Voluntary Compliance Program (DFVCP).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

G. CERTIFIED INVESTMENTS:

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments and interest and dividends for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Reliance Trust Company, Fidelity Management Trust Company, Ascensus LLC on behalf of Newport Trust Company, and TIAA and CREF, custodians of the Plan.

H. PLAN TERMINATION:

Although the Plan was established with the intention that it will continue indefinitely, the Company retains the right to discontinue its contributions at any time or to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, all participants will become 100% vested in their accounts.

I. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through March 6, 2026, the date these financial statements were available for issuance.

J. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN
 EIN: 04-2297514
 Plan Number: 007

SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 for the year ended December 31, 2024

Total that Constitute Nonexempt Prohibited Transactions

Plan Year	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2023	\$ 6,384	\$ 6,384	\$ -	\$ -	\$ -

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN

EIN: 04-2297514

Plan Number: 007

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
<u>Investments at fair value:</u>				
* TIAA Traditional Non-Benefit Responsive - (Non-FBRIC)	Insurance contract	**	\$ 1,630	
* CREF Stock R1	Variable annuity contract	**	854,093	
* CREF Money Market R1	"	**	162,120	
* CREF Social Choice R1	"	**	977,281	
* CREF Global Equities R1	"	**	376,146	
* CREF Growth R1	"	**	482,877	
* CREF Equity Index R1	"	**	691,848	
* CREF Inflation-Linked Bond R1	"	**	37,412	
* CREF Core Bond R1	"	**	114,485	
* TIAA Access Lifecycle 2025 Fund	"	**	2,335	
* TIAA Access Lifecycle 2035 Fund	"	**	809	
* TIAA Access Lifecycle 2040 Fund	"	**	4,883	
* TIAA Access Lifecycle 2045 Fund	"	**	1,434	
* TIAA Access Lifecycle 2050 Fund	"	**	1,276	
* TIAA Access Lifecycle 2055 Fund	"	**	18,779	
* TIAA Real Estate Fund	Pooled separate account	**	128,154	
* Fidelity Puritan Fund	Mutual fund	**	96,161	
* Fidelity Trend Fund	"	**	107,827	
* Fidelity Select Semiconduct Fund	"	**	172,632	
* Fidelity GNMA Fund	"	**	33,003	
* Fidelity Magellan Fund	"	**	343,306	
* Fidelity Contrafund	"	**	560,825	
* Fidelity Equity Income Fund	"	**	165,659	
* Fidelity Growth Company Fund	"	**	257,532	
* Fidelity Investment Grade Bond Fund	"	**	734	
* Fidelity Growth & Income Fund	"	**	68,282	
* Fidelity Select Software Fund	"	**	13,607	
* Fidelity Intermediate Bond	"	**	431	
* Fidelity Capital & Income Fund	"	**	148,062	
* Fidelity Value Fund	"	**	54,792	
* Fidelity Select Gold Fund	"	**	1,341	
* Fidelity Select Biotech Fund	"	**	4,353	
* Fidelity Select Insurance Portfolio	"	**	2,468	
* Fidelity Select Retailing Fund	"	**	13,139	
* Fidelity Government Income Fund	"	**	32,928	
* Fidelity Government Cash Reserve Fund	"	**	1,471	
* Fidelity OTC Portfolio Fund	"	**	8,511	
* Fidelity Overseas Fund	"	**	2,929	
* Fidelity Real Estate Investments Fund	"	**	1,168	
* Fidelity Balanced Fund	"	**	63,293	
* Fidelity International Discovery Fund	"	**	7,368	
* Fidelity Capital Appreciation Fund	"	**	56,339	
* Fidelity Canada Fund	"	**	1,970	
* Fidelity Blue Chip Growth Fund	"	**	231,829	
* Fidelity Disciplined Equity Fund	"	**	2,301	
* Fidelity Low Priced Stock Fund	"	**	151,304	

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN

EIN: 04-2297514

Plan Number: 007

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Worldwide Fund	"	**	82,850
*	Fidelity Equity Dividend Income Fund	"	**	952
*	Fidelity Emerging Markets Fund	"	**	4,408
*	Fidelity Diversified International Fund	"	**	222,187
*	Fidelity Dividend Growth Fund	"	**	195,414
*	Fidelity Focused Stock Fund	"	**	11,421
*	Fidelity Mid Cap Stock Fund	"	**	194,541
*	Fidelity Growth Discovery Fund	"	**	7,956
*	Fidelity Small Cap Stock Fund	"	**	5,441
*	Fidelity Select Medical Technology and Devices Portfolio	"	**	4,529
*	Fidelity Multi Asset Index Fund	"	**	1,740
*	Fidelity Mega Cap Stock Fund	"	**	30,757
*	Fidelity Small Cap Discovery Fund	"	**	34,923
*	Fidelity Treasury Only Money Market Fund	"	**	5,970
*	Fidelity Short Term Bond Fund	"	**	27,567
*	Fidelity High Income Fund	"	**	60,012
*	Fidelity Government Money Market Fund	"	**	102,240
*	Fidelity Select Communication Services Portfolio	"	**	5,138
*	Fidelity Environment & Alternative Energy Fund	"	**	16,169
*	Fidelity Mid Cap Value Fund	"	**	18,849
*	Fidelity Floating Rate High Income Fund	"	**	35,562
*	Fidelity Total Bond Fund	"	**	124,021
*	Fidelity Real Estate Income Fund	"	**	21,116
*	Fidelity Blue Chip Value Fund	"	**	15,524
*	Fidelity Nasdaq Composite Index Fund	"	**	13,655
*	Fidelity Small Cap Growth Fund	"	**	14,679
*	Fidelity 500 Index Fund	"	**	323,132
*	Fidelity Emerging Markets Index Fund	"	**	7,747
*	Fidelity Mid Cap Index Fund	"	**	83,036
*	Fidelity Small Cap Index Fund	"	**	76,625
*	Fidelity International Index Fund	"	**	40,850
*	Fidelity Extended Market Index Fund	"	**	5,873
*	Fidelity Global Equity Income	"	**	1,715
*	Fidelity Government Money Market Premium Fund	"	**	16,466
*	Fidelity Freedom Index 2035 Fund	"	**	281
*	Fidelity Freedom Index 2045 Fund	"	**	77,141
*	Fidelity Freedom Index 2050 Fund	"	**	130,295
*	Fidelity Freedom Index 2055 Fund	"	**	154,106
*	Fidelity Freedom Index 2060 Fund	"	**	31,850
*	Fidelity Freedom Income Fund	"	**	24,380
*	Fidelity Freedom 2015 Fund	"	**	46,511
*	Fidelity Freedom 2020 Fund	"	**	111,806
*	Fidelity Freedom 2025 Fund	"	**	212,771
*	Fidelity Freedom 2030 Fund	"	**	952,953
*	Fidelity Freedom 2035 Fund	"	**	626,800
*	Fidelity Freedom 2040 Fund	"	**	1,571,258
*	Fidelity Freedom 2045 Fund	"	**	918,639

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN

EIN: 04-2297514

Plan Number: 007

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Freedom 2050 Fund	"	**	756,125
*	Fidelity Freedom 2055 Fund	"	**	607,516
*	Fidelity Freedom 2060 Fund	"	**	259,852
*	Fidelity Strategic Income Fund	"	**	21,664
*	Fidelity Freedom 2065 Fund	"	**	5,731
*	Fidelity Freedom Index 2065 Fund	"	**	29,686
	DWS CROCI U.S. Fund	"	**	231,085
	DWS Multi-Asset Moderate Allocation Fund	"	**	33,505
	DWS US Treasury Money Fund	"	**	55,012
	DWS International Growth Fund	"	**	51,178
	DWS Short Duration Fund	"	**	20,471
	DWS Global Small Cap Fund	"	**	125,701
	DWS RREEF Real Assets Fund	"	**	50,289
	DWS S&P 500 Index Fund	"	**	121,297
	DWS Health and Wellness Fund	"	**	61,153
	DWS ESG Core Equity Fund	"	**	139,851
	DWS GNMA Fund	"	**	50,112
	DWS Capital Growth Fund	"	**	162,163
	DWS Small Cap Core Fund	"	**	48,370
	DWS Large Cap Focus Growth Fund	"	**	129,903
	DWS Total Return Bond Fund	"	**	74,203
	DWS Core Equity Fund	"	**	1,003,865
	DWS CROCI International Fund	"	**	189,370
	DWS Science and Technology Fund	"	**	229,608
	DWS Small Cap Growth Fund	"	**	93,194
	DWS Global Income Builder Fund	"	**	14,651
	DWS Global High Income Fund	"	**	10,500
	DWS Latin America Equity Fund	"	**	926
	DWS Emerging Markets Fixed Income Fund	"	**	41,008
	DWS Emerging Markets Equity Fund	"	**	158,573
	DWS Multi-Asset Conservative Allocation Fund	"	**	40,587
	DWS Equity Sector Strategy Fund	"	**	50,151
	DWS Global Macro Fund	"	**	14,059
*	Vanguard 500 Index	"	**	352,099
*	Vanguard Balanced Index	"	**	157,485
*	Vanguard Cash Reserves Federal Money Market	"	**	1,252
*	Vanguard Developed Markets Index	"	**	28,931
*	Vanguard Dividend Growth	"	**	5,463
*	Vanguard Emerging Markets Stock Index	"	**	24,396
*	Vanguard Equity Income	"	**	148,428
*	Vanguard Explorer Fund	"	**	145,220
*	Vanguard Extended Market Index	"	**	7,821
*	Vanguard Federal Money Market	"	**	4,335
*	Vanguard GNMA Admiral Fund	"	**	3,129
*	Vanguard Growth Index	"	**	15,928
*	Vanguard Growth and Income	"	**	2,043
*	Vanguard Health Care Admiral	"	**	370

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN

EIN: 04-2297514

Plan Number: 007

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
* Vanguard Inflation-Protected Securities	"	**	8,367	
* Vanguard International Growth	"	**	64,384	
* Vanguard International Value	"	**	20,234	
* Vanguard LifeStrategy Growth	"	**	255,201	
* Vanguard LifeStrategy Moderate Growth	"	**	29,002	
* Vanguard Market Neutral	"	**	3,742	
* Vanguard Mid Cap Index	"	**	27,066	
* Vanguard Mid-Cap Growth	"	**	1,937	
* Vanguard Pacific Stock Index	"	**	13,611	
* Vanguard Short Term Inflation Protection Security Index	"	**	64,051	
* Vanguard STAR	"	**	33,761	
* Vanguard Short Term Investment Grade	"	**	8,333	
* Vanguard Small-Cap Index	"	**	14,000	
* Vanguard Small-Cap Value Index	"	**	21,424	
* Vanguard Target Retirement 2020	"	**	14,266	
* Vanguard Target Retirement 2025	"	**	198,867	
* Vanguard Target Retirement 2030	"	**	110,145	
* Vanguard Target Retirement 2035	"	**	189,549	
* Vanguard Target Retirement 2040	"	**	136,877	
* Vanguard Target Retirement 2045	"	**	156,177	
* Vanguard Target Retirement 2050	"	**	128,114	
* Vanguard Target Retirement 2055	"	**	64,463	
* Vanguard Target Retirement 2060	"	**	42,302	
* Vanguard Target Retirement 2065	"	**	5,580	
* Vanguard Target Retirement Income	"	**	11,956	
* Vanguard Total Bond Market Index	"	**	2,204	
* Vanguard Total Stock Market Index	"	**	5,558	
* Vanguard Treasury Money Market	"	**	1,965	
* Vanguard U.S. Growth	"	**	325,206	
* Vanguard Wellesley Income	"	**	73,127	
* Vanguard Wellington Admiral	"	**	141,004	
Total investments at fair value:			21,083,715	
<u>Investments at contract value:</u>				
* TIAA Traditional Benefit Responsive (FBR)	Insurance contract	**	1,032,960	
Total investments			<u>\$ 22,116,675</u>	

** Cost omitted for participant directed investments.

* Denotes party-in-interest to the Plan.



CARON
BLETZER

Employee Benefit Plan Audit Specialists

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN

EIN: 04-2297514

Plan Number: 007

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
<u>Investments at fair value:</u>				
* TIAA Traditional Non-Benefit Responsive - (Non-FBRIC)	Insurance contract	**	\$	1,630
* CREF Stock R1	Variable annuity contract	**		854,093
* CREF Money Market R1	"	**		162,120
* CREF Social Choice R1	"	**		977,281
* CREF Global Equities R1	"	**		376,146
* CREF Growth R1	"	**		482,877
* CREF Equity Index R1	"	**		691,848
* CREF Inflation-Linked Bond R1	"	**		37,412
* CREF Core Bond R1	"	**		114,485
* TIAA Access Lifecycle 2025 Fund	"	**		2,335
* TIAA Access Lifecycle 2035 Fund	"	**		809
* TIAA Access Lifecycle 2040 Fund	"	**		4,883
* TIAA Access Lifecycle 2045 Fund	"	**		1,434
* TIAA Access Lifecycle 2050 Fund	"	**		1,276
* TIAA Access Lifecycle 2055 Fund	"	**		18,779
* TIAA Real Estate Fund	Pooled separate account	**		128,154
* Fidelity Puritan Fund	Mutual fund	**		96,161
* Fidelity Trend Fund	"	**		107,827
* Fidelity Select Semiconduct Fund	"	**		172,632
* Fidelity GNMA Fund	"	**		33,003
* Fidelity Magellan Fund	"	**		343,306
* Fidelity Contrafund	"	**		560,825
* Fidelity Equity Income Fund	"	**		165,659
* Fidelity Growth Company Fund	"	**		257,532
* Fidelity Investment Grade Bond Fund	"	**		734
* Fidelity Growth & Income Fund	"	**		68,282
* Fidelity Select Software Fund	"	**		13,607
* Fidelity Intermediate Bond	"	**		431
* Fidelity Capital & Income Fund	"	**		148,062
* Fidelity Value Fund	"	**		54,792
* Fidelity Select Gold Fund	"	**		1,341
* Fidelity Select Biotech Fund	"	**		4,353
* Fidelity Select Insurance Portfolio	"	**		2,468
* Fidelity Select Retailing Fund	"	**		13,139
* Fidelity Government Income Fund	"	**		32,928
* Fidelity Government Cash Reserve Fund	"	**		1,471
* Fidelity OTC Portfolio Fund	"	**		8,511
* Fidelity Overseas Fund	"	**		2,929
* Fidelity Real Estate Investments Fund	"	**		1,168
* Fidelity Balanced Fund	"	**		63,293
* Fidelity International Discovery Fund	"	**		7,368
* Fidelity Capital Appreciation Fund	"	**		56,339
* Fidelity Canada Fund	"	**		1,970
* Fidelity Blue Chip Growth Fund	"	**		231,829
* Fidelity Disciplined Equity Fund	"	**		2,301
* Fidelity Low Priced Stock Fund	"	**		151,304

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN

EIN: 04-2297514

Plan Number: 007

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Worldwide Fund	"	**	82,850
*	Fidelity Equity Dividend Income Fund	"	**	952
*	Fidelity Emerging Markets Fund	"	**	4,408
*	Fidelity Diversified International Fund	"	**	222,187
*	Fidelity Dividend Growth Fund	"	**	195,414
*	Fidelity Focused Stock Fund	"	**	11,421
*	Fidelity Mid Cap Stock Fund	"	**	194,541
*	Fidelity Growth Discovery Fund	"	**	7,956
*	Fidelity Small Cap Stock Fund	"	**	5,441
*	Fidelity Select Medical Technology and Devices Portfolio	"	**	4,529
*	Fidelity Multi Asset Index Fund	"	**	1,740
*	Fidelity Mega Cap Stock Fund	"	**	30,757
*	Fidelity Small Cap Discovery Fund	"	**	34,923
*	Fidelity Treasury Only Money Market Fund	"	**	5,970
*	Fidelity Short Term Bond Fund	"	**	27,567
*	Fidelity High Income Fund	"	**	60,012
*	Fidelity Government Money Market Fund	"	**	102,240
*	Fidelity Select Communication Services Portfolio	"	**	5,138
*	Fidelity Environment & Alternative Energy Fund	"	**	16,169
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*	Fidelity Floating Rate High Income Fund	"	**	35,562
*	Fidelity Total Bond Fund	"	**	124,021
*	Fidelity Real Estate Income Fund	"	**	21,116
*	Fidelity Blue Chip Value Fund	"	**	15,524
*	Fidelity Nasdaq Composite Index Fund	"	**	13,655
*	Fidelity Small Cap Growth Fund	"	**	14,679
*	Fidelity 500 Index Fund	"	**	323,132
*	Fidelity Emerging Markets Index Fund	"	**	7,747
*	Fidelity Mid Cap Index Fund	"	**	83,036
*	Fidelity Small Cap Index Fund	"	**	76,625
*	Fidelity International Index Fund	"	**	40,850
*	Fidelity Extended Market Index Fund	"	**	5,873
*	Fidelity Global Equity Income	"	**	1,715
*	Fidelity Government Money Market Premium Fund	"	**	16,466
*	Fidelity Freedom Index 2035 Fund	"	**	281
*	Fidelity Freedom Index 2045 Fund	"	**	77,141
*	Fidelity Freedom Index 2050 Fund	"	**	130,295
*	Fidelity Freedom Index 2055 Fund	"	**	154,106
*	Fidelity Freedom Index 2060 Fund	"	**	31,850
*	Fidelity Freedom Income Fund	"	**	24,380
*	Fidelity Freedom 2015 Fund	"	**	46,511
*	Fidelity Freedom 2020 Fund	"	**	111,806
*	Fidelity Freedom 2025 Fund	"	**	212,771
*	Fidelity Freedom 2030 Fund	"	**	952,953
*	Fidelity Freedom 2035 Fund	"	**	626,800
*	Fidelity Freedom 2040 Fund	"	**	1,571,258
*	Fidelity Freedom 2045 Fund	"	**	918,639

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN

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(a)	(b)	(c)	(d)	(e)
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*	Fidelity Freedom 2055 Fund	"	**	607,516
*	Fidelity Freedom 2060 Fund	"	**	259,852
*	Fidelity Strategic Income Fund	"	**	21,664
*	Fidelity Freedom 2065 Fund	"	**	5,731
*	Fidelity Freedom Index 2065 Fund	"	**	29,686
	DWS CROCI U.S. Fund	"	**	231,085
	DWS Multi-Asset Moderate Allocation Fund	"	**	33,505
	DWS US Treasury Money Fund	"	**	55,012
	DWS International Growth Fund	"	**	51,178
	DWS Short Duration Fund	"	**	20,471
	DWS Global Small Cap Fund	"	**	125,701
	DWS RREEF Real Assets Fund	"	**	50,289
	DWS S&P 500 Index Fund	"	**	121,297
	DWS Health and Wellness Fund	"	**	61,153
	DWS ESG Core Equity Fund	"	**	139,851
	DWS GNMA Fund	"	**	50,112
	DWS Capital Growth Fund	"	**	162,163
	DWS Small Cap Core Fund	"	**	48,370
	DWS Large Cap Focus Growth Fund	"	**	129,903
	DWS Total Return Bond Fund	"	**	74,203
	DWS Core Equity Fund	"	**	1,003,865
	DWS CROCI International Fund	"	**	189,370
	DWS Science and Technology Fund	"	**	229,608
	DWS Small Cap Growth Fund	"	**	93,194
	DWS Global Income Builder Fund	"	**	14,651
	DWS Global High Income Fund	"	**	10,500
	DWS Latin America Equity Fund	"	**	926
	DWS Emerging Markets Fixed Income Fund	"	**	41,008
	DWS Emerging Markets Equity Fund	"	**	158,573
	DWS Multi-Asset Conservative Allocation Fund	"	**	40,587
	DWS Equity Sector Strategy Fund	"	**	50,151
	DWS Global Macro Fund	"	**	14,059
*	Vanguard 500 Index	"	**	352,099
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*	Vanguard Developed Markets Index	"	**	28,931
*	Vanguard Dividend Growth	"	**	5,463
*	Vanguard Emerging Markets Stock Index	"	**	24,396
*	Vanguard Equity Income	"	**	148,428
*	Vanguard Explorer Fund	"	**	145,220
*	Vanguard Extended Market Index	"	**	7,821
*	Vanguard Federal Money Market	"	**	4,335
*	Vanguard GNMA Admiral Fund	"	**	3,129
*	Vanguard Growth Index	"	**	15,928
*	Vanguard Growth and Income	"	**	2,043
*	Vanguard Health Care Admiral	"	**	370

NEW ENGLAND AQUARIUM CORPORATION 403(b) TAX SHELTERED ANNUITY PLAN

EIN: 04-2297514

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SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Vanguard Inflation-Protected Securities	"	**	8,367
*	Vanguard International Growth	"	**	64,384
*	Vanguard International Value	"	**	20,234
*	Vanguard LifeStrategy Growth	"	**	255,201
*	Vanguard LifeStrategy Moderate Growth	"	**	29,002
*	Vanguard Market Neutral	"	**	3,742
*	Vanguard Mid Cap Index	"	**	27,066
*	Vanguard Mid-Cap Growth	"	**	1,937
*	Vanguard Pacific Stock Index	"	**	13,611
*	Vanguard Short Term Inflation Protection Security Index	"	**	64,051
*	Vanguard STAR	"	**	33,761
*	Vanguard Short Term Investment Grade	"	**	8,333
*	Vanguard Small-Cap Index	"	**	14,000
*	Vanguard Small-Cap Value Index	"	**	21,424
*	Vanguard Target Retirement 2020	"	**	14,266
*	Vanguard Target Retirement 2025	"	**	198,867
*	Vanguard Target Retirement 2030	"	**	110,145
*	Vanguard Target Retirement 2035	"	**	189,549
*	Vanguard Target Retirement 2040	"	**	136,877
*	Vanguard Target Retirement 2045	"	**	156,177
*	Vanguard Target Retirement 2050	"	**	128,114
*	Vanguard Target Retirement 2055	"	**	64,463
*	Vanguard Target Retirement 2060	"	**	42,302
*	Vanguard Target Retirement 2065	"	**	5,580
*	Vanguard Target Retirement Income	"	**	11,956
*	Vanguard Total Bond Market Index	"	**	2,204
*	Vanguard Total Stock Market Index	"	**	5,558
*	Vanguard Treasury Money Market	"	**	1,965
*	Vanguard U.S. Growth	"	**	325,206
*	Vanguard Wellesley Income	"	**	73,127
*	Vanguard Wellington Admiral	"	**	141,004
	Total investments at fair value:			21,083,715
	<u>Investments at contract value:</u>			
*	TIAA Traditional Benefit Responsive (FBR)	Insurance contract	**	1,032,960
	Total investments			<u>\$ 22,116,675</u>

** Cost omitted for participant directed investments.

* Denotes party-in-interest to the Plan.