

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: GROUP INSURANCE & HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS
1b Three-digit plan number (PN): 569
1c Effective date of plan: 01/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan): GENERAL DYNAMICS CORPORATION
2b Employer Identification Number (EIN): 13-1673581
2c Plan Sponsor's telephone number: 703-876-3000
2d Business code (see instructions): 334200

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																																																																																														
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">1951</td> </tr> </table>	5	1951																																																																																																												
5	1951																																																																																																														
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">1946</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">1946</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											6a(1)									0	6a(2)									0	6b									1946	6c									0	6d									1946	6e										6f										6g(1)										6g(2)										6h									
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6g(1)																																																																																																															
6g(2)																																																																																																															
6h																																																																																																															
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td></td> </tr> </table>	7																																																																																																													
7																																																																																																															

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4B 4D 4E

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

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

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

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	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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	389557
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. Specify nature of costs.	10b	

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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan GROUP INSURANCE & HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS	B Three-digit plan number (PN) ▶ 569
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL DYNAMICS CORPORATION	D Employer Identification Number (EIN) 13-1673581

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
DELTA DENTAL OF MICHIGAN

(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
38-1791480	54305	8580	4911	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	

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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)	1862075	
(2) Increase (decrease) in amount due but unpaid	9a(2)	-530	
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		1861545
b Benefit charges (1) Claims paid	9b(1)	1719597	
(2) Increase (decrease) in claim reserves	9b(2)	-1522	
(3) Incurred claims (add (1) and (2))	9b(3)		1718075
(4) Claims charged	9b(4)		1718075
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)	105736	
(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)	27923	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		133659
(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)		36569
(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	0
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 GROUP INSURANCE & HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS	B Three-digit plan number (PN) ▶	569
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL DYNAMICS CORPORATION	D Employer Identification Number (EIN) 13-1673581	

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

NORTHERN TRUST CORPORATION

36-2723087

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

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

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

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	PLAN AUDITOR	76650	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)

BLACKROCK FINANCIAL MANAGEMENT, INC

13-3806691

(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?
27 28 50 51	INVESTMENT MANAGER	22698	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)

GENERAL DYNAMICS INF TECHNOLOGY INC

54-1194322

(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?
49 50 99	OBIEE COST ALLOCATION	16502	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EY

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	TAX FORM PREPARER	13482	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EXPRESS SCRIPTS, INC.

43-1420536

(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?
12 13 15 38 49 50 64 99	EGWP ADMINISTRATION	13461	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 27 28 50 51 62 65 72 99	PLAN TRUSTEE	11490	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	FORM 5500 PREP & ACTUARI	9594	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)

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50	FINANCIAL STATEMENT PREP	9328	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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>GROUP INSURANCE & HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS</u>	B Three-digit plan number (PN)	<u>569</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GENERAL DYNAMICS CORPORATION</u>	D Employer Identification Number (EIN) <u>13-1673581</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>NT COMMON SHORT-TERM INVESTMENT FD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>36-6452394-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>443940</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

A Name of plan GROUP INSURANCE & HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS	B Three-digit plan number (PN) ▶	569
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL DYNAMICS CORPORATION	D Employer Identification Number (EIN) 13-1673581	

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
GENERAL DYNAMICS CORPORATION	PLAN SPONSOR	REFUND CREDITED TO INCORRECT PLAN IN 2019. ERROR WAS CORRECTED IN 2024. EARNINGS WERE CORRECTED IN 2025.	0		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
584553	0	0	520244	584553	64309

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
GENERAL DYNAMICS CORPORATION	PLAN SPONSOR	OVERPAYMENT OF CLAIMS FROM 2005 THROUGH 2010. THE ERROR AND EARNINGS WERE CORRECTED IN 2025.	0		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
10460	0	0	4795	10460	5665

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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 GROUP INSURANCE & HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">569</td> </tr> </table>	B Three-digit plan number (PN) ▶	569
B Three-digit plan number (PN) ▶	569		
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL DYNAMICS CORPORATION	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 13-1673581</td> </tr> </table>	D Employer Identification Number (EIN) 13-1673581	
D Employer Identification Number (EIN) 13-1673581			

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

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	4429876
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	337473
(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)	443940
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	23784048

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	29982061	28995337
Liabilities			
g Benefit claims payable.....	1g	0	269085
h Operating payables.....	1h	266245	9900
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	299000	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	565245	278985
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	29416816	28716352

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-1	
(B) U.S. Government securities.....	2b(1)(B)	15233	
(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)		15232
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	8616522	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8727767	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-111245
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-654232	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-654232

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		34269
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1081895
d Total income. Add all income amounts in column (b) and enter total	2d		365919

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	445559	
(2) To insurance carriers for the provision of benefits	2e(2)	422378	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		867937
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)	15849	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	76650	
(5) Investment advisory and investment management fees	2i(5)	22698	
(6) Bank or trust company trustee/custodial fees	2i(6)	11490	
(7) Actuarial fees	2i(7)	3564	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	68195	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		198446
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1066383

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-700464
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: **KPMG LLP**

(2) EIN: **13-5565207**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	X		595013
e Was this plan covered by a fidelity bond?	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Financial Statements

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Table of Contents

	Page(s)
Independent Auditors' Report	1-3
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	4
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024	5
Statements of Plan Benefit Obligations as of December 31, 2024 and 2023	6
Statement of Changes in Plan Benefit Obligations for the Year Ended December 31, 2024	7
Notes to Financial Statements	8-15
Schedule G, Part III – Nonexempt Transactions for the Year Ended December 31, 2024	16
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024	17-19
Schedule H, Line 4(j) – Schedule of Reportable Transactions for the Year Ended December 31, 2024	20



KPMG LLP
811 Main Street
Houston, TX 77002

Independent Auditors' Report

To the Plan Participants and Plan Administrator
Group Insurance and Health Benefits for Salaried Non-Bargaining Employees of General Dynamics Land Systems:

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

We have performed audits of the financial statements of Group Insurance and Health Benefits for Salaried Non-Bargaining Employees of General Dynamics Land Systems (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 and of plan benefit obligations as of December 31, 2024 and December 31, 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

- The amounts and disclosures in the 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 U.S. generally accepted accounting principles.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical



requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information



to assess whether they are in accordance with the presentation and disclosure requirements of U.S. generally accepted accounting principles.

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 U.S. generally accepted accounting principles.

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, Schedule G, Part III - Schedule of Nonexempt Transactions for the year ended December 31, 2024, and Schedule H, line 4i - 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit 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 Department of Labor'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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

KPMG LLP

Houston, Texas
September 18, 2025

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets:		
Investments at fair value	\$ 24,565,461	\$ 25,474,229
Due from providers	77,692	26,820
Due from General Dynamics Corporation	—	3,216
Prepaid income tax	3,602,053	4,153,000
Income tax receivable	449,795	—
Accrued interest receivable	300,336	324,796
Total assets	28,995,337	29,982,061
Liabilities:		
Accrued expenses	9,900	14,952
Due to General Dynamics Corporation	269,085	251,293
Due to broker for securities purchased	—	299,000
Total liabilities	278,985	565,245
Net assets available for benefits	\$ 28,716,352	\$ 29,416,816

See accompanying notes to financial statements.

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024

Additions to net assets attributed to:

Interest	\$ 1,130,466
Total additions	1,130,466

Deductions from net assets attributed to:

Net depreciation in fair value of investments	764,547
Claims paid	445,559
Premiums paid	422,378
Administrative expenses	198,446
Total deductions	1,830,930
Net decrease in net assets	(700,464)

Net assets available for benefits:

Beginning of year	29,416,816
End of year	\$ 28,716,352

See accompanying notes to financial statements.

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Statements of Plan Benefit Obligations

(Rounded)

December 31, 2024 and 2023

	<u>2024</u>		<u>2023</u>
Postretirement benefit obligations:			
Current retirees	\$ 12,580,000	\$	14,177,000
Other participants fully eligible for benefits	1,057,000		1,236,000
Participants not yet fully eligible for benefits	518,000		588,000
Total postretirement benefit obligations	<u>\$ 14,155,000</u>	<u>\$</u>	<u>16,001,000</u>

See accompanying notes to financial statements.

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Statement of Changes in Plan Benefit Obligations

(Rounded)

Year ended December 31, 2024

Postretirement benefit obligations:

Balance at beginning of year	\$ 16,001,000
Increase (decrease) in postretirement benefits attributed to:	
Benefits earned	55,000
Increase in interest	759,000
Benefits paid	(868,000)
Change in assumptions	(906,000)
Change in other factors including plan experience	(886,000)
	<hr/>
Balance at end of year	\$ <u><u>14,155,000</u></u>

See accompanying notes to financial statements.

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The following description of the Group Insurance and Health Benefits for Salaried Non-Bargaining Employees of General Dynamics Land Systems (the Plan) provides only general information. For a complete description of the Plan's provisions, refer to the various Summary Plan Descriptions that are provided under the Plan.

(a) General

The Plan provides medical, dental, life insurance and other benefits covering certain retired salaried and hourly non-bargaining employees of General Dynamics Land Systems, Inc., a wholly owned subsidiary of General Dynamics Corporation (the Company, the Plan Administrator or the Plan Sponsor) and their eligible dependents, which are funded through a Voluntary Employees' Beneficiary Association Trust, the General Dynamics Land Systems Non-Union Employees' Retiree Benefits Trust (the VEBA Trust). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Northern Trust Company (Trustee) is the Trustee of the Plan. In accordance with the VEBA Trust agreement, the Trustee administers and invests the Plan's assets under the direction of the Company and their investment manager BlackRock Financial Management, Inc., for the benefit of the Plan's participants.

(b) Eligibility

The retirees eligible for benefits under the Plan are those who retire directly from General Dynamics Land Systems, Inc. and who are at least age 55 with at least 10 years of service or are at least age 65.

Retiree medical and dental benefits are provided to those retirees and employees at October 1, 1983 who elected to retain certain benefit structures available at that time, and to those retirees and employees who were qualified for this Plan on July 1, 1993, were under the age of 65, and either were active employees of at least age 50 with at least twenty years of service, or at least age 55 with at least five years of service.

Effective January 1, 2021, life insurance benefits were closed to new entrants.

(c) Benefits

Benefits related to current health claims of retired participants and their eligible dependents are provided under self-insured group insurance contracts with Anthem, Express Scripts, Inc. (ESI), Delta Dental of Michigan, and Delta Dental of Virginia; and fully insured, non-experience rated contract with Hartford Life and Accident Insurance Company (Hartford). Life insurance benefits are provided under a group-term policy with Hartford. Under this policy, the amount of coverage varies by employment status and age, service, and salary level at retirement.

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Notes to Financial Statements

December 31, 2024 and 2023

(d) Funding Policy

The Company's policy is to fund contributions in amounts that are (1) expected to be required to provide the Plan with sufficient funds to pay benefits and expenses of administering the Plan as amounts become due and payable and (2) reimbursable under the provisions of the Plan Sponsor's contracts with the Federal Government of the United States.

(e) Risks and Uncertainties

The Plan invests in various investments. Investments are exposed to various risks, such as interest rate, market, liquidity and credit risks, as well as risks associated with global events. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the funded status of the Plan.

In addition, the actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care trend rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of investments are recorded on the trade date. Interest income is recorded on an accrual basis. Net depreciation includes the gains or losses on investments bought and sold as well as held during the year.

(c) Payment of Benefits

Benefits are recorded when paid.

(d) Postretirement Benefits

The postretirement benefit obligations represent the actuarial present value of estimated future benefits that are attributed to employee service rendered through the valuation date. Postretirement benefits include payments expected to be made to, or on behalf of, current retirees, participants who have not yet retired, and their beneficiaries and dependents.

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Notes to Financial Statements

December 31, 2024 and 2023

The present value of the expected benefit obligations is determined actuarially and is the amount that results from applying actuarial assumptions to historical claims cost data. The estimate of future annual incurred claims costs per participant is further adjusted for estimates of the time value of money (through discounts for interest) and the probability of payment (through decrements, such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment and to reflect the portion of those costs expected to be borne by Medicare, retired participants and other providers. Included in the Plan's benefit obligations are claims incurred prior to December 31 of the respective year that were not reported as of December 31 of that year.

(e) *Administrative Expenses*

The Plan Sponsor administers the Plan. Administrative expenses, including professional service fees, are paid by the Plan Sponsor or the Plan.

(f) *Due from Providers*

The amounts shown as due from providers at December 31, 2024 and 2023 of \$77,692 and \$26,820, respectively, represent medical rebates from service providers.

(g) *Use of Estimates*

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

(3) *Certified Investments*

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments at fair value and accrued interest receivable and due to broker for securities purchased at December 31, 2024 and 2023, and interest and net depreciation in fair value of investments for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by The Northern Trust Company (the Trustee of the Plan).

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Notes to Financial Statements

December 31, 2024 and 2023

(4) 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 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the assets or liabilities;
 - 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 for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Government Securities: These securities are valued based on institutional bid evaluations (Level 2).

Units of Common Trust Fund: The fair value of the private investment security is determined using the net asset value as provided by the fund manager (Level 2). The investment is redeemable daily at net asset value, and there are no significant restrictions on redemptions.

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Notes to Financial Statements

December 31, 2024 and 2023

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

December 31, 2024	<u>Total</u>	Quoted Price In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common Trust Fund	\$ 443,940	\$ -	\$ 443,940	\$ -
Government Securities	<u>24,121,521</u>	<u>-</u>	<u>24,121,521</u>	<u>-</u>
Total investments, at fair value	<u>\$ 24,565,461</u>	<u>\$ -</u>	<u>\$ 24,565,461</u>	<u>\$ -</u>
December 31, 2023	<u>Total</u>	Quoted Price In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common Trust Fund	\$ 615,806	\$ -	\$ 615,806	\$ -
Government Securities	<u>24,858,423</u>	<u>-</u>	<u>24,858,423</u>	<u>-</u>
Total investments, at fair value	<u>\$ 25,474,229</u>	<u>\$ -</u>	<u>\$ 25,474,229</u>	<u>\$ -</u>

(5) Tax Status

The Company holds the assets of the Plan in the VEBA Trust, which was designed in accordance with Section 501(c)(9) of the Internal Revenue Code of 1986 (the Code) issued by the Internal Revenue Service (IRS). The IRS has determined and informed the Plan Sponsor in a letter dated August 2, 1994, that the VEBA Trust is exempt from Federal income tax under Section 501(a) of the Code. Although the Plan and the VEBA Trust have been amended subsequent to the date of the last determination letter from the IRS, the Plan Sponsor and Plan's counsel believe that the Plan and the VEBA Trust continue to be designed and operated in compliance with the IRS regulations.

Certain earnings related to the Plan assets may be subject to income taxes based on the provisions of Section 419(a) and Section 512 of the Code. The Plan had prepaid income tax of \$3,602,053 and \$4,153,000 as of December 31, 2024 and 2023, respectively. During the year ended December 31, 2024, the Plan incurred tax expense of \$23,727, which is included in administrative expenses on the Statement of Changes in Net Assets Available for Benefits. Additionally, the Plan recorded an income tax receivable of \$449,795, which relates to overpayments made to the IRS which will be refunded to the Plan.

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Notes to Financial Statements

December 31, 2024 and 2023

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. There are currently no audits in progress for any tax periods. Under the applicable IRS Statute of Limitations, the Plan is no longer open to income tax examinations for years prior to 2021.

(6) Plan Termination

The Plan was established by the Plan Sponsor with the intention that it shall be operated indefinitely and that contributions to the Plan, if required, shall continue for an indefinite period. Although it has not expressed any intention to do so, the Plan Sponsor reserves the right at any time to terminate the Plan in whole or in part subject to the provisions of ERISA. In the event of such termination, contributions shall cease as of the date of termination and the assets then remaining in the Plan shall continue to be used and applied for the payment of reasonable and necessary expenses incurred in connection with such termination, or the purchase of contracts issued by insurance companies for insurance or other benefits coverage, or as otherwise permitted by the Plan, the VEBA Trust, and applicable law.

(7) Benefit Obligations

The benefit obligations at December 31, 2024 and 2023 are comprised of postretirement health and life insurance benefits.

At December 31, 2024, the health care cost trend rates applied to claims were as follows:

<u>Year</u>	<u>Post-65 Claims</u>	<u>EGWP Subsidy</u>
2024	7.75%	30.00%
2025	7.50	8.25
2026	7.50	8.00
2027	7.25	7.75
2028	7.25	7.75
2029	6.75	7.25
2030	6.75	7.00
2031	6.50	6.75
2032	6.50	6.75
2033	6.00	6.25
2034	5.50	5.50
2035+	5.00	5.00

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Notes to Financial Statements

December 31, 2024 and 2023

At December 31, 2023, the health care cost trend rates applied to claims were as follows:

<u>Year</u>	<u>Post-65 Claims</u>	<u>EGWP Subsidy</u>
2023	6.50%	15.00%
2024	6.25	7.00
2025	6.25	7.00
2026	6.00	6.50
2027	6.00	6.50
2028	5.75	6.25
2029	5.75	6.25
2030	5.50	5.75
2031	5.25	5.25
2032+	5.00	4.75

The health care cost trend rate assumption has an effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by 1.00% each year, the postretirement benefit obligations as of December 31, 2024 and 2023 would increase by approximately \$166,000 and \$208,000, respectively.

The following other significant assumptions were used in the actuarial valuations of both postretirement healthcare and life insurance benefit obligations prepared for each year.

- Mortality – RP-2014 total employee and healthy annuitant mortality tables with generational projection from the base year 2014 using Aon U.S. Endemic Mortality Improvement Scale (2024) for December 31, 2024 and RP-2014 total employee and healthy annuitant mortality tables with generational projection from the base year 2014 using Aon U.S. Endemic Mortality Improvement Scale (2023) for December 31, 2023;
- Retirement – Beginning at age 55 at 4% with 100% of employees expected to retire by the age of 70 for December 31, 2024 and 2023;
- Weighted Average Discount Rate – 5.65% and 5.00% at December 31, 2024 and 2023, respectively.

The change in the postretirement benefit obligations for the year ended December 31, 2024, exclusive of benefits earned and paid, was a result of various factors, including a change in the discount rate, mortality scale and health care trend rate. Other factors impacting the calculation of the expected benefit obligation include updated census data reflecting actual experience during 2023 and anticipated experience during 2024, plus any other changes to the underlying data elements or coverage elections and updated net claims data applicable to 2024.

The foregoing assumptions presume that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations. The Plan Sponsor currently has no intention to terminate the Plan.

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Notes to Financial Statements

December 31, 2024 and 2023

(8) Related Party and Party-in-Interest Transactions

The Plan invests in units of a common trust fund managed by Northern Trust Investments, Inc., an affiliate of the Trustee, in the amounts of \$443,940 and \$615,806 as of December 31, 2024 and 2023, respectively. These transactions qualify as related party transactions.

There are receivables due from the Company of \$0 and \$3,216 at December 31, 2024 and 2023, and payables due to the Company of \$269,085 and \$251,293 at December 31, 2024 and 2023, respectively. The receivables amount represents the claims rebates received by the Plan Sponsor that have not yet been remitted to the Plan. The payables are comprised of payments made by the Plan Sponsor on behalf of the Plan for claims, premiums, and Plan expenses. As the Company is the Plan Sponsor, these are exempt party-in-interest transactions. Fees paid to other service providers also qualified as exempt party-in-interest transactions.

(9) Subsequent Events

Plan management has evaluated all subsequent events and transactions that occurred after December 31, 2024 through September 18, 2025, which is the date the financial statements were available to be issued. No events are deemed relevant for disclosure.

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Schedule H, Line 4(j) – Schedule of Reportable Transactions

For the year ended December 31, 2024

<u>(a) Identity of party involved</u>	<u>(b) Description of asset (including interest rate and maturity in case of a loan)</u>	<u>(c) Purchase price</u>	<u>(d) Selling price</u>	<u>(e) Lease rental</u>	<u>(f) Expense incurred with transaction</u>	<u>(g) Cost of asset</u>	<u>(h) Current value of asset on transaction date</u>	<u>(i) Gain (loss)</u>
Category (iii)								
Northern Trust Investments, Inc.*	NT Common Short Term Investment Fund CUSIP: 66586U437	\$ 10,008,208	\$ —	\$ —	\$ —	\$ 10,008,208	\$ 10,008,208	\$ —
Northern Trust Investments, Inc.*	NT Common Short Term Investment Fund CUSIP: 66586U437	\$ —	\$ 10,180,074	\$ —	\$ —	\$ 10,180,074	\$ 10,180,074	\$ —

* Represents a party-in-interest

Note: Reportable transactions are defined as either:

1. Any single transaction in excess of 5% of the current value of the Plan's assets as of the beginning of the Plan year or
2. A series of transactions involving securities of the same issue which, in the aggregate, amounts to more than 5% of the current value of the Plan's assets as of the beginning of the Plan year.

See accompanying independent auditors' report.

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS**
Schedule G, Part III - Nonexempt Transactions
For the Year Ended December 31, 2024

<u>(a) Identity of party involved</u>	<u>(b) Relationship to plan, employer, or other party-in-interest</u>	<u>(c) Description of transaction (including interest rate, maturity, collateral, par or maturity value)</u>	<u>(d) Purchase price</u>	<u>(e) Selling price</u>	<u>(f) Lease Rental</u>	<u>(g) Expense incurred with transaction</u>	<u>(h) Cost of asset</u>	<u>(i) Current value of asset</u>	<u>(j) Net gain or (loss)</u>
Part III									
General Dynamics Corporation	Plan Sponsor	See * below	\$ -	\$ 584,553	\$ -	\$ -	\$ 520,244	\$ 584,553	\$ 64,309
General Dynamics Corporation	Plan Sponsor	See ** below	-	10,460	-	-	4,795	10,460	5,665

* This amount represents a refund credited to the incorrect Plan in 2019. This error was corrected in 2024, and earnings thereon were corrected in 2025.

** This amount represents an overpayment of claims from 2005 through 2010. This error and any earnings thereon were corrected in 2025.

See accompanying independent auditors' report.

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investments	(d) Cost	(e) Current value
Government Bonds				
91282CKH3	UNITED STATES OF AMER TREAS NOTES 4.5% 03-31-2026	Government Bonds	\$ 83,245	\$ 84,226
91282CJT9	UNITED STATES OF AMER TREAS NOTES 4% 01-15-2027	Government Bonds	84,585	84,575
91282CMB4	UNITED STATES TREAS NTS 4.0% 12-15-2027	Government Bonds	168,453	168,672
	Total Government Bonds		336,283	337,473
Municipal/Provincial Bonds				
02765UNQ3	AMERICAN MUN PWR OHIO INC REV 5% 02-15-2029	Municipal/Provincial Bonds	\$ 169,760	\$ 157,716
02765URB2	AMERICAN MUN PWR OHIO INC REV 5% 02-15-2032	Municipal/Provincial Bonds	56,721	54,770
047870QY9	ATLANTA GA WTR & WASTE WTR REV 5% 11-01-2027	Municipal/Provincial Bonds	166,849	158,522
052397S31	AUSTIN TEX 5% 09-01-2042	Municipal/Provincial Bonds	62,314	60,529
088365JU6	BEXAR CNTY TEX HOSP DIST 5% 02-15-2029	Municipal/Provincial Bonds	189,981	160,698
09182TDL8	BLACK BELT ENERGY GAS DIST ALA GAS FLTG RT 05-01-2055	Municipal/Provincial Bonds	37,075	37,303
09182NBR0	BLACK BELT ENERGY GAS DIST ALA GAS SUPPLY REV 4% 06-01-2051	Municipal/Provincial Bonds	96,393	100,012
09182TCR6	BLACK BELT ENERGY GAS DIST ALA GAS PROJ REV 5.5% 06-01-2049	Municipal/Provincial Bonds	57,615	58,132
09182TDB0	BLACK BELT ENERGY GAS DIST ALA GAS SER C 5.5% 10-01-2054	Municipal/Provincial Bonds	139,167	146,210
097067ML3	BOERNE TEX INDPT SCH DIST 5% 02-01-2029	Municipal/Provincial Bonds	260,726	242,590
108152GS2	BRIDGEPORT CONN 5% 08-15-2027	Municipal/Provincial Bonds	281,265	272,015
121342QL6	BURKE CNTY GA DEV AUTH POLLUTN CTL REV 3.375% 11-01-2053	Municipal/Provincial Bonds	125,000	125,021
13013JEA0	CA CMNTY CHOICE FING AUTH CLEAN SER B-GREEN BDS 5% 01-01-2055	Municipal/Provincial Bonds	111,937	110,739
13013JDR4	CALIFORNIA CMNTY CHOICE FING AUTH CLEAN ENERGY PROJ REV 5% 05-01-2054	Municipal/Provincial Bonds	179,930	180,968
13032UU22	CALIFORNIA HEALTH FACS FING AUTH REV 5% 12-01-2039	Municipal/Provincial Bonds	99,088	96,058
13057EHF4	CALIFORNIA PUB FIN AUTH REV 5% 08-01-2033	Municipal/Provincial Bonds	91,309	87,122
13068XLC1	CALIFORNIA ST PUB WKS BRD LEASE REV 5% 04-01-2043	Municipal/Provincial Bonds	50,079	50,089
13063ECL8	CALIFORNIA ST 5% 08-01-2033	Municipal/Provincial Bonds	70,133	68,916
15504RGA1	CENTRAL PUGET SOUND WASH REGL TRAN AUTH SALES & USE TAX REV 5% 11-01-2031	Municipal/Provincial Bonds	103,692	101,591
159808UN2	CHARLES CNTY MD 5% 10-01-2032	Municipal/Provincial Bonds	104,655	102,760
160069M31	CHARLESTON CNTY S C 5% 11-01-2041	Municipal/Provincial Bonds	173,747	174,350
160429E77	CHARLESTON S C WTRWKS & SWR REV 5% 01-01-2054	Municipal/Provincial Bonds	121,554	118,323
161036TR9	CHARLOTTE N C ARPT REV 4% 07-01-2047	Municipal/Provincial Bonds	200,523	199,248
161036VM7	CHARLOTTE N C ARPT REV 5% 07-01-2048	Municipal/Provincial Bonds	47,559	48,129
1675936N7	CHICAGO ILL O HARE INTL ARPT REV 5% 01-01-2032	Municipal/Provincial Bonds	145,409	144,406
181000QY9	CLARK CNTY NEV HWY IMPT REV 5% 07-01-2029	Municipal/Provincial Bonds	233,076	217,011
181006GT8	CLARK CNTY NEV PASSENGER FAC CHARGE REV 5% 07-01-2027	Municipal/Provincial Bonds	168,333	157,243
181059WA0	CLARK CNTY NEV SCH DIST 5% 06-15-2026	Municipal/Provincial Bonds	110,615	102,649
180848X40	CLARK CNTY NEV 5% 06-01-2043	Municipal/Provincial Bonds	283,988	272,483
19648FJY1	COLORADO HEALTH FACS AUTH REV 4% 08-01-2038	Municipal/Provincial Bonds	252,017	251,835
19648FVB7	COLORADO HEALTH FACS AUTH REV 5% 05-15-2028	Municipal/Provincial Bonds	113,681	106,368
19648FXS8	COLORADO HEALTH FACS AUTH REV 5% 12-01-2034	Municipal/Provincial Bonds	202,133	196,937
19648FXT6	COLORADO HEALTH FACS AUTH REV 5% 12-01-2039	Municipal/Provincial Bonds	34,189	32,704
1966324Z3	COLORADO SPRINGS COLO UTILS REV 5.25% 11-15-2053	Municipal/Provincial Bonds	93,005	92,702
196711VP7	COLORADO ST CTFIS PARTN 5% 11-01-2040	Municipal/Provincial Bonds	230,748	221,946
207758C50	CONNECTICUT ST SPL TAX OBLIG REV 5% 05-01-2033	Municipal/Provincial Bonds	53,544	55,226
20772KVJ5	CONNECTICUT ST 5% 01-15-2035	Municipal/Provincial Bonds	109,373	102,344
20772KGD5	CONNECTICUT ST 5% 04-15-2035	Municipal/Provincial Bonds	268,633	261,467
20772KYL7	CONNECTICUT ST 5% 11-15-2037	Municipal/Provincial Bonds	103,505	101,997
23503CBM8	DALLAS FORT WORTH TEX INTL ARPT REV 4% 11-01-2045	Municipal/Provincial Bonds	44,186	44,098
246388UF7	DELAWARE ST HEALTH FACS AUTH REV 5% 10-01-2038	Municipal/Provincial Bonds	222,382	216,932
246381SM0	DELAWARE ST 5% 05-01-2034	Municipal/Provincial Bonds	99,904	103,009
249182QS8	DENVER COLO CITY & CNTY ARPT REV 4% 11-15-2041	Municipal/Provincial Bonds	184,758	184,127
249182QV1	DENVER COLO CITY & CNTY ARPT REV 5% 11-15-2047	Municipal/Provincial Bonds	83,353	82,923
24917DCR2	DENVER COLO CITY & CNTY DEDICATED TAX REV 4% 08-01-2051	Municipal/Provincial Bonds	331,014	322,305
249174YK3	DENVER COLO CITY & CNTY SCH DIST NO 1 5% 12-01-2039	Municipal/Provincial Bonds	231,367	225,960
249174YP2	DENVER COLO CITY & CNTY SCH DIST NO 1 5% 12-01-2045	Municipal/Provincial Bonds	208,246	209,464
25477GRY3	DISTRICT COLUMBIA INCOME TAX REV 4% 03-01-2045	Municipal/Provincial Bonds	376,579	359,869
25477GVV2	DISTRICT COLUMBIA INCOME TAX REV 5% 05-01-2039	Municipal/Provincial Bonds	76,355	77,686
25476FA57	DISTRICT COLUMBIA 5.25% 01-01-2048	Municipal/Provincial Bonds	61,076	59,886
29270C5V3	ENERGY NORTHWEST WASH ELEC REV 5% 07-01-2040	Municipal/Provincial Bonds	61,672	61,239
292723BN2	ENERGY SOUTHEAST ALA COOP DIST ENERGY SUPPLY REV 5.25% 07-01-2054	Municipal/Provincial Bonds	63,023	64,748
3042438E1	FAIRFIELD CONN 4% 07-01-2037	Municipal/Provincial Bonds	184,954	186,366
312805MY7	FAYETTEVILLE N C PUB WKS COMM REV 5% 03-01-2035	Municipal/Provincial Bonds	92,570	95,755
36005FNB7	FULTON CNTY GA DEV AUTH REV 5% 06-15-2050	Municipal/Provincial Bonds	80,867	79,876
39081JBR8	GREAT LAKES WTR AUTH MICH WTR SUPPLY SYSREV 5% 07-01-2025	Municipal/Provincial Bonds	140,047	131,110
395468PH8	GREENSBORO N C ENTERPRISE SYS REV 5% 06-01-2049	Municipal/Provincial Bonds	185,462	185,262
41423PAX5	HARRIS CNTY TEX TOLL RD REV 4% 08-15-2048	Municipal/Provincial Bonds	194,025	185,302
416498DS9	HARTFORD CNTY CONN MET DIST CLEAN WTR PROJ REV 5% 02-01-2028	Municipal/Provincial Bonds	117,099	111,511
419792RT5	HAWAII ST 5% DUE 05-01-2034	Municipal/Provincial Bonds	115,095	114,165
438687LZ6	HONOLULU HAWAII CITY & CNTY 5% 03-01-2026	Municipal/Provincial Bonds	158,204	153,570
438687UG8	HONOLULU HAWAII CITY & CNTY 5% 11-01-2027	Municipal/Provincial Bonds	272,452	269,636
44244CU54	HOUSTON TEX UTIL SYS REV 5.25% 11-15-2049	Municipal/Provincial Bonds	137,020	136,142
447819KL6	HURST EULESS BEDFORD TEX INDPT SCH DIST 4% 08-15-2050	Municipal/Provincial Bonds	96,723	95,084
452252QG7	ILLINOIS ST TOLL HWY AUTH TOLL HIGHWAY REV 5% 01-01-2028	Municipal/Provincial Bonds	98,318	94,985
452252PX1	ILLINOIS ST TOLL HWY AUTH TOLL HIGHWAY REV 5% 01-01-2046	Municipal/Provincial Bonds	80,578	85,318
4521523C3	ILLINOIS ST 5% 10-01-2030	Municipal/Provincial Bonds	331,173	326,724
45506DPV1	INDIANA ST FIN AUTH REV 5% 02-01-2025	Municipal/Provincial Bonds	107,838	100,150
45505TWP2	INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV 2.6% 07-01-2042	Municipal/Provincial Bonds	194,339	182,911
472682ZE6	JEFFERSON CNTY ALA SWR REV 5% 10-01-2035	Municipal/Provincial Bonds	62,147	60,220
486063S43	KATY TEX INDPT SCH DIST 5% 02-15-2048	Municipal/Provincial Bonds	66,014	63,840
74440DEL4	KENTUCKY INC KY PUB ENERGY AUTH GAS SUPPLY REV 5% 05-01-2055	Municipal/Provincial Bonds	57,118	57,466
49474F4T4	KING CNTY WASH 5% 12-01-2040	Municipal/Provincial Bonds	69,695	67,160
498044JA5	KITSAP CNTY WASH SCH DIST NO 100-C BREMERTON 5.25% 12-01-2047	Municipal/Provincial Bonds	134,620	131,727
510768KT0	LAKE SHORE MICH PUB SCHS MACOMB CNTY 5% 11-01-2041	Municipal/Provincial Bonds	121,673	119,474
513174Q21	LAMAR TEX CONS INDPT SCH DIST 4% 02-15-2054	Municipal/Provincial Bonds	38,145	38,105

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investments	(d) Cost	(e) Current value
513174UA8	LAMAR TEX CONS INDPT SCH DIST 5% 02-15-2025	Municipal/Provincial Bonds	\$ 163,023	\$ 150,326
5178406N9	LAS VEGAS VALLEY NEV WTR DIST 5% 06-01-2025	Municipal/Provincial Bonds	231,674	201,566
544445NF2	LOS ANGELES CALIF DEPT ARPTS ARPT REV 5% 05-15-2028	Municipal/Provincial Bonds	268,066	256,366
546417GZ3	LOUISIANA ST 5% 04-01-2038	Municipal/Provincial Bonds	119,622	116,763
546410CX7	LOUISIANA STAD & EXPOSITION DIST REV 5% 07-01-2048	Municipal/Provincial Bonds	131,848	131,447
56035DFC1	MAIN STR NAT GAS INC GA GAS SUPPLY REV 5% 07-01-2053	Municipal/Provincial Bonds	65,979	68,391
56678PBF3	MARICOPA CNTY ARIZ INDL DEV AUTH HOSP REV 5% 09-01-2034	Municipal/Provincial Bonds	392,800	324,731
574294CV4	MARYLAND ST STAD AUTH BUILT LEARN REV 5% 06-01-2054	Municipal/Provincial Bonds	86,249	84,924
575577NZ0	MASSACHUSETTS BAY TRANSN AUTH MASS REV 5% 07-01-2052	Municipal/Provincial Bonds	120,240	117,022
57584Y3R8	MASSACHUSETTS ST DEV FIN AGY REV 5% 10-01-2039	Municipal/Provincial Bonds	218,010	214,982
57604TKC9	MASSACHUSETTS ST TRANSN FD REV 5% 06-01-2050	Municipal/Provincial Bonds	330,538	320,671
57604TLH7	MASSACHUSETTS ST TRANSN FD REV 5% 06-01-2054	Municipal/Provincial Bonds	172,965	171,261
57582RH74	MASSACHUSETTS ST 4% 11-01-2041	Municipal/Provincial Bonds	152,486	159,248
57582R6E1	MASSACHUSETTS ST 5.0% 03-01-2039	Municipal/Provincial Bonds	100,950	101,326
57582RJ31	MASSACHUSETTS ST 5% 11-01-2026	Municipal/Provincial Bonds	330,598	285,578
592090JS4	METROPOLITAN GOVT NSHVLE & DAVIDSON CNTY TENN SPORTS AUTH REV 5% 07-01-2038	Municipal/Provincial Bonds	211,175	215,791
59261AH83	METROPOLITAN TRANSN AUTH N Y REV 4% 11-15-2049	Municipal/Provincial Bonds	220,823	230,112
59333P7M4	MIAMI-DADE CNTY FLA AVIATION REV 5% 10-01-2035	Municipal/Provincial Bonds	131,090	128,932
60412AM83	MINNESOTA ST 5% 08-01-2039	Municipal/Provincial Bonds	176,906	170,659
60412AN41	MINNESOTA ST 5% 08-01-2043	Municipal/Provincial Bonds	139,143	139,573
625517KV8	MULTNOMAH CNTY ORE SCH DIST NO 1J PORTLAND 5% 06-15-2027	Municipal/Provincial Bonds	81,089	78,647
63165T2P9	NASSAU CNTY N Y 4% 04-01-2040	Municipal/Provincial Bonds	252,746	255,729
64577XEQ5	NEW JERSEY ECONOMIC DEV AUTH REV 5% 03-01-2028	Municipal/Provincial Bonds	54,241	52,835
646140ET6	NEW JERSEY ST TPK AUTH TPK REV 4.5% 01-01-2048	Municipal/Provincial Bonds	69,500	72,502
646140DC4	NEW JERSEY ST TPK AUTH TPK REV 4% 01-01-2048	Municipal/Provincial Bonds	153,345	167,885
646140FX6	NEW JERSEY ST TPK AUTH TPK REV 5.25% 01-01-2049	Municipal/Provincial Bonds	66,356	66,069
64613CEN4	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2036	Municipal/Provincial Bonds	90,166	90,069
64613CCT3	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2038	Municipal/Provincial Bonds	72,685	71,387
64613CEG9	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2046	Municipal/Provincial Bonds	82,095	85,419
646039YL5	NEW JERSEY ST 5% 06-01-2027	Municipal/Provincial Bonds	135,522	125,600
646039YN1	NEW JERSEY ST 5% 06-01-2029	Municipal/Provincial Bonds	139,023	135,290
6473104C2	NEW MEXICO ST SEVERANCE TAX 5% 07-01-2029	Municipal/Provincial Bonds	88,504	86,594
64966WGT8	NEW YORK N Y CITY HSG DEV CORP REV 2.875% 08-01-2042	Municipal/Provincial Bonds	248,755	240,886
64972GG32	NEW YORK N Y CITY MUN WTR FIN AUTH WTR & SWR SYS REV 5.25% 06-15-2054	Municipal/Provincial Bonds	66,559	65,214
64971XNJ3	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 4% 11-01-2040	Municipal/Provincial Bonds	404,980	404,181
64972JNN4	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.25% 05-01-2048	Municipal/Provincial Bonds	59,817	60,513
64972JLZ9	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 05-01-2040	Municipal/Provincial Bonds	79,748	78,172
65000BS74	NEW YORK ST DORM AUTH REVS NON ST SUPPORTED DEBT 5% 07-01-2037	Municipal/Provincial Bonds	112,685	108,475
64990KFX6	NEW YORK ST DORM AUTH ST PERS INC UNREFUNDED BALANCE-GEN 5.25% 03-15-2052	Municipal/Provincial Bonds	27,616	27,212
64990F6P4	NEW YORK ST DORM AUTH ST PERS INCOME TAXREV 5% 03-15-2044	Municipal/Provincial Bonds	190,359	184,390
64986DKQ7	NEW YORK ST ENVIRONMENTAL F.C.ST CL 4.0% 06-15-2049	Municipal/Provincial Bonds	114,816	111,872
64986DGD1	NEW YORK ST ENVIRONMENTAL FACS CORP ST REVOLVING FDS-NYC MUN 5.0% 06-15-2025	Municipal/Provincial Bonds	291,581	252,407
64989KLF1	NEW YORK ST PWR AUTH REV 4% 11-15-2055	Municipal/Provincial Bonds	66,675	66,299
650116GX8	NEW YORK TRANSN DEV CORP SPL FAC REV 5% 06-30-2049	Municipal/Provincial Bonds	79,438	82,397
6582565B4	NORTH CAROLINA ST 5% 06-01-2027	Municipal/Provincial Bonds	352,611	336,453
66604PAR6	NORTHERN VA TRANSN COMMN TRANSN DIST SPLOBLIG REV 5% 06-01-2038	Municipal/Provincial Bonds	89,417	88,231
66604PAS4	NORTHERN VA TRANSN COMMN TRANSN DIST SPLOBLIG REV 5% 06-01-2039	Municipal/Provincial Bonds	150,294	147,907
67756DN85	OHIO ST HIGHER EDL FAC COMMN REV 5% 11-01-2034	Municipal/Provincial Bonds	52,660	50,461
677561LV2	OHIO ST HOSP FAC REV 5% 01-01-2028	Municipal/Provincial Bonds	170,175	153,377
67760HMK3	OHIO ST TPK COMMN TPK REV 5% 02-15-2051	Municipal/Provincial Bonds	227,592	236,951
677632R29	OHIO ST UNIV GEN RCPTS 4.25% 12-01-2056	Municipal/Provincial Bonds	114,546	118,730
677523EV0	OHIO ST 5% 09-01-2028	Municipal/Provincial Bonds	65,562	64,384
679111D27	OKLAHOMA ST TPK AUTH TPK REV 5.5% 01-01-2053	Municipal/Provincial Bonds	84,070	87,948
684517SQ9	ORANGE CNTY FLA SCH BRD CTFS PARTN 5% 08-01-2032	Municipal/Provincial Bonds	70,890	72,433
68641HNV3	ORLANDO FLA CAP IMPT SPL REV 5% 10-01-2025	Municipal/Provincial Bonds	134,860	126,684
686513AX0	ORLANDO FLA WTR RECLAMATION SYS REV 5% 10-01-2054	Municipal/Provincial Bonds	98,231	97,041
70342PAN4	PATRIOTS ENERGY GROUP FING AGY S C GAS SUPPLY REV 5.25% 10-01-2054	Municipal/Provincial Bonds	231,596	247,629
70879QRA3	PENNSYLVANIA HSG FIN AGY SINGLE FAMILY MTG REV 2.9% 10-01-2037	Municipal/Provincial Bonds	87,123	84,519
70879QRB1	PENNSYLVANIA HSG FIN AGY SINGLE FAMILY MTG REV 3% 04-01-2042	Municipal/Provincial Bonds	71,813	69,445
71883PMB0	PHOENIX ARIZ CIVIC IMPT CORP WASTEWATER SYS REV 5% 07-01-2033	Municipal/Provincial Bonds	54,925	56,983
725304YA1	PITTSBURGH PA WTR & SWR AUTH WTR & SWR SYS REV 5% 09-01-2048	Municipal/Provincial Bonds	59,552	58,801
73358W5F7	PORT AUTH N Y & N J 5% 07-15-2030	Municipal/Provincial Bonds	288,910	273,168
7342604N9	PORT HOUSTON AUTH TEX HARRIS CNTY 5% 10-01-2025	Municipal/Provincial Bonds	232,205	202,823
76222RZF2	RHODE ISLAND ST & PROVIDENCE PLANTATIONSFIXED 5.0% DUE 01-15-2032	Municipal/Provincial Bonds	103,884	102,056
79574CFQ1	SALT RIV PROJ AGRIC IMPT & PWR DIST ARIZELEC SYS REV 5% 01-01-2048	Municipal/Provincial Bonds	41,740	43,074
797272PZ8	SAN DIEGO CALIF CMNTY COLLEGE DIST 4% 08-01-2033	Municipal/Provincial Bonds	72,379	71,425
79739GNW2	SAN DIEGO CNTY CALIF REGL ARPT AUTH ARPTREV 4% 07-01-2051	Municipal/Provincial Bonds	255,363	252,901
812643XN9	SEATTLE WASH MUN LT & PWR REV 5% 07-01-2038	Municipal/Provincial Bonds	176,094	170,838
812643YC2	SEATTLE WASH MUN LT & PWR REV 5% 07-01-2052	Municipal/Provincial Bonds	188,764	185,579
837032CB5	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5.5% 11-01-2048	Municipal/Provincial Bonds	60,022	60,756
837032BJ9	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5% 11-01-2031	Municipal/Provincial Bonds	49,804	49,891
837032BR1	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5% 11-01-2038	Municipal/Provincial Bonds	65,873	66,310
83755VU28	SOUTH DAKOTA ST HEALTH & EDL FACS AUTH REV 4% 07-01-2044	Municipal/Provincial Bonds	87,149	86,115
84131TBT8	SOUTHEAST ALA GAS SUPPLY DIST GAS SUPPLYREV 5% 06-01-2049	Municipal/Provincial Bonds	94,163	95,706
84136FBT3	SOUTHEAST ENERGY AUTH COMMODITY SUPPLY REV ALA 5.25% 01-01-2054	Municipal/Provincial Bonds	115,554	121,096
845040ML5	SOUTHWEST HIGHER ED AUTH INC TEX REV 5% 10-01-2036	Municipal/Provincial Bonds	118,182	123,855
850269GA3	SPRINGDALE ARK SALES & USE TAX REV 4.125% 08-01-2047	Municipal/Provincial Bonds	117,834	115,413
86476PN46	SUFFOLK CNTY N Y 5% 09-01-2026	Municipal/Provincial Bonds	136,388	129,787
87638THF3	TARRANT CNTY TEX CULTURAL ED FACS FIN CORP REV 5% 07-01-2032	Municipal/Provincial Bonds	143,836	144,583
876450BF3	TARRANT REGL WTR DIST TEX 4% 09-01-2055	Municipal/Provincial Bonds	57,936	57,132
88256PAE0	TEXAS MUN GAS ACQUISITION & SUPPLY CORP IV GAS SUPPLY REV 5.25% 01-01-2029	Municipal/Provincial Bonds	87,207	89,892
88283KBH0	TEXAS TRANSN COMMN CENT TEX TPK SYS REV 5% 08-15-2039	Municipal/Provincial Bonds	215,729	208,071
887440DJ1	TIMPANOGOS SPL SVC DIST UTAH SWR REV 5% 06-01-2047	Municipal/Provincial Bonds	78,315	76,016
89602HHH3	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5.25% 05-15-2054	Municipal/Provincial Bonds	65,210	65,461
89602HGH4	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5% 11-15-2041	Municipal/Provincial Bonds	104,670	109,841

**GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS**

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investments	(d) Cost	(e) Current value
896035CA8	TRIBOROUGH BRDG & TUNL AUTH N Y SALES TAX REV 4.125% 05-15-2053	Municipal/Provincial Bonds	\$ 58,804	\$ 58,620
91417NCY9	UNIVERSITY COLO ENTERPRISE SYS REV 4% 06-01-2051	Municipal/Provincial Bonds	59,308	57,270
914440RN4	UNIVERSITY MASS BLDG AUTH PROJ REV 5% 11-01-2028	Municipal/Provincial Bonds	61,309	53,914
915183YM3	UNIVERSITY UTAH UNIV REVS 5% 08-01-2028	Municipal/Provincial Bonds	171,837	157,753
917393CU2	UTAH CNTY UTAH HOSP REV 4% 05-15-2041	Municipal/Provincial Bonds	241,793	243,753
9242585H5	VERMONT ST 5% 08-15-2026	Municipal/Provincial Bonds	95,504	93,006
938234SR3	WASHINGTON CNTY ORE 5% 03-01-2025	Municipal/Provincial Bonds	107,562	100,294
93878YBD0	WASHINGTON D C MET AREA TRAN AUTH DEDICATED REV 5% 07-15-2030	Municipal/Provincial Bonds	162,854	154,258
93878YDR7	WASHINGTON D C MET AREA TRAN AUTH DEDICATED REV 5% 07-15-2045	Municipal/Provincial Bonds	200,007	198,760
93974EE36	WASHINGTON ST 5% 07-01-2031	Municipal/Provincial Bonds	98,310	100,546
93974E2E5	WASHINGTON ST 5% 08-01-2039	Municipal/Provincial Bonds	86,581	83,950
95308RQW2	WEST HARRIS CNTY TEX REGL WTR AUTH WTR SYS REV 5% 12-15-2031	Municipal/Provincial Bonds	155,541	134,992
97712JMC4	WI ST HLTH & EDL FACS AUTH REV PREREFUNDED-ASCENSION SR CR 4% 11-15-2046	Municipal/Provincial Bonds	187,060	146,453
97712JMD2	WI ST HLTH & EDL FACS AUTH REV UNREFUNDED 4% 11-15-2046	Municipal/Provincial Bonds	89,288	133,018
9771234G0	WISCONSIN ST TRANSN REV 5% 07-01-2041	Municipal/Provincial Bonds	99,243	99,641
97705MD93	WISCONSIN ST 5% 05-01-2035	Municipal/Provincial Bonds	96,290	95,107
	Total Municipal/Provincial Bonds		<u>24,416,317</u>	<u>23,784,048</u>
	Interest in Common Trust Fund:			
*	66586U437 NORTHERN TRUST INVESTMENTS, INC.	NT Common Short Term Investment Fund	\$ 443,940	\$ 443,940
	Total Interest in Common Trust Fund		<u>443,940</u>	<u>443,940</u>
	Total		<u>\$ 25,196,540</u>	<u>\$ 24,565,461</u>

* Represents a party-in-interest
See accompanying independent auditors' report.