

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN
1b Three-digit plan number (PN): 590
1c Effective date of plan: 01/01/1998
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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	509
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	0
	<b>6a(2)</b>	0
	<b>6b</b>	454
	<b>6c</b>	0
	<b>6d</b>	454
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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 4E

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>590</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GENERAL DYNAMICS CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>13-1673581</b>	

**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  
**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	1375594-H04-018	2	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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>1</b>
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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  
**MARSH & MCLENNAN AGENCY LLC**      **2300 RENAISSANCE BLVD**  
**KING OF PRUSSIA, PA 19406**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1	MANAGEMENT EXPENSE ALLOWANCE	3

**(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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(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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	0	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
(2) Dividends and credits.....			
(3) Interest credited during the year.....			
(4) Transferred from separate account .....			
(5) Other (specify below).....			
▶			
(6) Total additions .....	<b>7c(6)</b>	0	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0	
<b>e</b> Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year		<b>7e(1)</b>
	(2) Administration charge made by carrier.....		<b>7e(2)</b>
	(3) Transferred to separate account .....		<b>7e(3)</b>
	(4) Other (specify below).....		<b>7e(4)</b>
▶			
(5) Total deductions .....	<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		35
<b>b</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. ....	<b>10b</b>		

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. ▶

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

<b>A</b> Name of plan <b>GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>590</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GENERAL DYNAMICS CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>13-1673581</b>	

**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  
**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	1375594-H04-067	36	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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>136</b>
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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  
**MARSH & MCLENNAN AGENCY LLC**      **2300 RENAISSANCE BLVD**  
**KING OF PRUSSIA, PA 19406**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
136	MANAGEMENT EXPENSE ALLOWANCE	3	

**(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
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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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

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

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		8247
<b>b</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. ....	<b>10b</b>		

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. ▶

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

<b>A</b> Name of plan <b>GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>590</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GENERAL DYNAMICS CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>13-1673581</b>	

**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

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

**(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

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**(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

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**(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

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

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

ANTHEM HEALTH PLANS OF VIRGINIA, IN

54-0357120

(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 49 50 62	THIRD PARTY ADMINISTRATO	110701	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)

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	INV. MGMT & ADVISORY	20068	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)

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 65 68 72	PLAN TRUSTEE	18942	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"/>

(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	18257	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.

43-1420563

(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 ADMIN & PHAR BEN MG	14558	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	12554	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)

WTW

26-0775680

(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	HRA ADMINISTRATION	11160	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)

AON CONSULTING

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	10780	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)

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	8984	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>590</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GENERAL DYNAMICS CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>13-1673581</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NT COMMON SHORT TERM INVESTMENT FD</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST INVESTMENTS, INC.</u>	
<b>c</b> EIN-PN <u>36-6452394-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>857963</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<p style="text-align: center;"><b>SCHEDULE G</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p><b>Financial Transaction Schedules</b></p> <p>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).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: 2em; font-weight: bold;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>590</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GENERAL DYNAMICS CORPORATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-1673581</b></p>

**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

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> 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	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> 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	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> 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	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> 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	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> 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	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>Part II Schedule of Leases in Default or Classified as Uncollectible</b>					
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	OVERPAYMENT OF CLAIMS PAID IN 2023 BY THE PLAN. THIS ERROR AND ANY EARNINGS WERE CORRECTED IN 2024.	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
1244	0	0	1200	1244	44

(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

(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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>590</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GENERAL DYNAMICS CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>13-1673581</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	2095787
		2053100
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	220020
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	857963
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	20795309
		20343447

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	26407414	23926392
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	2049480	1766135
<b>h</b> Operating payables.....	<b>1h</b>	257673	8196
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2307153	1774331
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	24100261	22152061

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1895290	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1895290
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	11622	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		11622
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	7172872	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	7268656	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-95784
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-559189	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-559189

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		105323
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		937353
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2294615

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	3891318	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	15773	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3907091
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	-874	
(2) Contract administrator fees .....	<b>2i(2)</b>	139230	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	76650	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	27755	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	18942	
(7) Actuarial fees .....	<b>2i(7)</b>	4750	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	69271	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		335724
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4242815

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1948200
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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		1200
<b>e</b> Was this plan covered by a fidelity bond?	X		50000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**GULFSTREAM AEROSPACE CORPORATION  
POST RETIREMENT MEDICAL CARE PLAN**

Financial Statements

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

**GULFSTREAM AEROSPACE CORPORATION  
POST RETIREMENT MEDICAL CARE PLAN**

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KPMG LLP  
811 Main Street  
Houston, TX 77002

## Independent Auditors' Report

To the Plan Participants and Plan Administrator  
Gulfstream Aerospace Corporation Post Retirement Medical Care Plan:

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

We have performed audits of the financial statements of Gulfstream Aerospace Corporation Post Retirement Medical Care Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits 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  
August 14, 2025

**GULFSTREAM AEROSPACE CORPORATION  
POST RETIREMENT MEDICAL CARE PLAN**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<b>Assets:</b>		
Investments at fair value	\$ 21,873,292	\$ 24,311,627
Due from provider	151,292	144,020
Prepaid income tax	1,629,000	1,665,000
Accrued interest	272,808	286,767
Total assets	23,926,392	26,407,414
<b>Liabilities:</b>		
Due to General Dynamics Corporation	1,766,135	2,035,592
Due to broker for securities purchased	—	257,673
Accrued liabilities	8,196	13,888
Total liabilities	1,774,331	2,307,153
Net assets available for benefits	\$ 22,152,061	\$ 24,100,261

See accompanying notes to financial statements.

**GULFSTREAM AEROSPACE CORPORATION  
POST RETIREMENT MEDICAL CARE PLAN**

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

Additions to net assets attributed to:

Interest income	\$ 1,053,468
Participant contributions	<u>1,895,290</u>
Total additions	2,948,758

Deductions from net assets attributed to:

Net depreciation in fair value of investments	654,143
Claims paid	3,891,318
Administrative expenses	335,724
Premiums paid	<u>15,773</u>
Total deductions	<u>4,896,958</u>
Net decrease	<u>(1,948,200)</u>

Net assets available for benefits:

Beginning of year	<u>24,100,261</u>
End of year	<u>\$ 22,152,061</u>

See accompanying notes to financial statements.

**GULFSTREAM AEROSPACE CORPORATION  
POST RETIREMENT MEDICAL CARE PLAN**

Statements of Plan Benefit Obligations

(Rounded)

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Postretirement benefit obligations:		
Current retirees	\$ 7,656,000	\$ 9,353,000
Active employees – fully eligible for benefits	3,911,000	4,451,000
Active employees – not yet fully eligible for benefits	852,000	1,022,000
Total postretirement benefit obligations	<u>\$ 12,419,000</u>	<u>\$ 14,826,000</u>

See accompanying notes to financial statements.

**GULFSTREAM AEROSPACE CORPORATION  
POST RETIREMENT MEDICAL CARE PLAN**

Statement of Changes in Plan Benefit Obligations

(Rounded)

Year ended December 31, 2024

Postretirement benefit obligations:	
Balance at the beginning of the year	\$ 14,826,000
Increase (decrease) in postretirement benefits attributed to:	
Benefits earned	35,000
Increase from interest	651,000
Benefits paid (net of participant contributions)	(2,012,000)
Change in assumptions	(306,000)
Change in other factors including plan experience	<u>(775,000)</u>
Balance at the end of year	<u>\$ 12,419,000</u>

See accompanying notes to financial statements.

**GULFSTREAM AEROSPACE CORPORATION  
POST RETIREMENT MEDICAL CARE PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

**(1) Description of the Plan**

The following description of the Gulfstream Aerospace Corporation Post Retirement Medical Care Plan (the Plan) provides general information only. Participants should refer to the Summary Plan Descriptions (SPD) for a complete description of the Plan's provisions.

**(a) General**

The Plan provides health benefits and life insurance coverage to certain retirees of Gulfstream Aerospace Corporation, a wholly owned subsidiary of General Dynamics Corporation (the Plan Sponsor, the Plan Administrator, the Employer, or the Company), and their dependents through purchased and self-insurance coverage arrangements, as well as through a health savings account (HSA) and through a health reimbursement account (HRA). Both union and nonunion employees participate in the Plan. The Plan's benefits are funded through a Voluntary Employees' Beneficiary Association Trust, The Gulfstream Aerospace Corporation 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 direction of the Company and their investment manager, BlackRock Financial Management, Inc, for the benefit of the Plan's participants.

**(b) Eligibility**

Employees at facilities other than Oklahoma and who were hired prior to August 1, 2001 are eligible for benefits from the Plan when they retire from active service if they have attained age 60 with 5 years of service or age 50 with 20 years of service. For certain participants, retiree medical benefits are available if they have attained age 55 with 10 years of service. No benefits under the Plan are provided after age 65 to participants who retire on or after January 1, 2004.

Employees at the Oklahoma facility who were not covered by a collective bargaining agreement are eligible for benefits from the Plan if they retired from active service at age 55 or older with at least 10 years of service.

Employees at the Oklahoma facility who were covered by a collective bargaining agreement are eligible for benefits from the Plan if they retired from active service prior to January 1, 2004 at age 55 or older and with at least 10 years of service. Individuals who have become disabled (as defined in the SPD) while active, full-time employees of the Plan Sponsor are also eligible to participate in the Plan.

**(c) Benefits**

The Plan provides benefits to participants and their dependents through a variety of medical plans and cost sharing arrangements. For Oklahoma retirees, other than Rockwell, and for non-Oklahoma retirees who retired on or after July 1, 1992, benefits after age 65 are provided through an HRA. For Rockwell retirees and for non-Oklahoma retirees who retired before July 1, 1992, benefits after age 65 are provided through a variety of group medical plans.

**GULFSTREAM AEROSPACE CORPORATION**  
**POST RETIREMENT MEDICAL CARE PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

An HRA account (a notional account) is established for each participant with a specified annual benefit credit (HRA allocation). The HRA account is used to reimburse the participant for eligible medical expenses. Each participant's reimbursement is limited to the amount allocated by the Plan Sponsor to the participant's HRA account. Unused amounts roll over to subsequent years. Unused funds in an HRA account are forfeited when a participant is no longer eligible for the plan for any reason, including death.

Non-union retirees, other than Rockwell retirees, are provided retiree medical benefits for a length of time that is equal to their length of active employment at the Company. All other retirees are provided retiree medical benefits for life.

**(d) Contributions**

Contributions to the Plan may be made by the Plan Sponsor and participants. Employees who elect retirement from the Plan Sponsor and elect to participate in the Plan are required to pay monthly medical premiums that are subject to change each year and are evaluated based upon the prior year's actual plan experience. Contributions to the Plan are also used to reimburse certain retirees for qualifying expenses after age 65 under the HRA. Participants do not make any contributions to the HRAs. Benefits are administered under contracts with various service providers.

**(e) Funding Policy**

The Plan Sponsor's policy is to fund contributions in amounts that are expected to be required to provide the Plan with sufficient funds to pay the benefits and expenses of administering the Plan as amounts become due and payable.

Plan participants share in funding a portion of benefits provided by the Plan in accordance with applicable provisions of the benefit contracts. For the plan year ended December 31, 2024, participant contributions were \$1,895,290.

**(f) 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.

**GULFSTREAM AEROSPACE CORPORATION  
POST RETIREMENT MEDICAL CARE PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

**(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.

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 net of participant contributions 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, may be paid by the Company or the Plan.

**(f) Due from Provider**

The amounts shown as due from provider at December 31, 2024 and 2023 represent claim rebate amounts due to the Plan from service providers.

**GULFSTREAM AEROSPACE CORPORATION**  
**POST RETIREMENT MEDICAL CARE PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

**(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, accrued interest, and amount due to broker for securities purchased at December 31, 2024 and 2023, and net depreciation in fair value of investments, and interest income, 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).

**(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.

**GULFSTREAM AEROSPACE CORPORATION  
POST RETIREMENT MEDICAL CARE PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

The 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.

*Municipal and Provincial Bonds:* These securities are valued based on institutional bid evaluations (Level 2).

*Government Bonds:* 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.

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:

<b>December 31, 2024</b>	<b>Total</b>	<b>Quoted Price in Active Markets for Identical Assets (Level 1)</b>	<b>Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
Common Trust Fund	\$ 857,963	\$ -	\$ 857,963	\$ -
Government Bonds	220,020	\$ -	220,020	\$ -
Municipal and Provincial Bonds	<u>20,795,309</u>	-	<u>20,795,309</u>	-
Total investments, at fair value	<u>\$ 21,873,292</u>	<u>\$ -</u>	<u>\$ 21,873,292</u>	<u>\$ -</u>

<b>December 31, 2023</b>	<b>Total</b>	<b>Quoted Price in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
Common Trust Fund	\$ 3,968,180	\$ -	\$ 3,968,180	\$ -
Municipal and Provincial Bonds	<u>20,343,447</u>	-	<u>20,343,447</u>	-
Total investments, at fair value	<u>\$ 24,311,627</u>	<u>\$ -</u>	<u>\$ 24,311,627</u>	<u>\$ -</u>

**GULFSTREAM AEROSPACE CORPORATION**  
**POST RETIREMENT MEDICAL CARE PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

**(5) Tax Status**

The Plan Sponsor 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 (IRC) issued by the Internal Revenue Service (IRS). The IRS has determined and informed the Plan Sponsor in a letter dated October 28, 1999, that the VEBA Trust is exempt from Federal income tax under Section 501(a) of the IRC. Although the Plan and the VEBA Trust has been amended subsequent to the date of the last favorable determination letter from the IRS, the Plan Sponsor and the Plan's legal counsel believe that the Plan and the VEBA Trust continues 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 IRC. The Plan has prepaid income tax of \$1,629,000 and \$1,665,000 as of December 31, 2024 and 2023, respectively. Tax expense of \$36,000 is recorded for the year ended December 31, 2024, which is included in administrative expenses in the Statement of Changes in Net Assets Available for Benefits.

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 Company with the intention that it shall be operated indefinitely and that contributions to the Plan 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.

**GULFSTREAM AEROSPACE CORPORATION  
POST RETIREMENT MEDICAL CARE PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

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

<u>Year</u>	<u>Pre-65 Claims</u>	<u>Post-65 Claims</u>	<u>EGWP Subsidy</u>
2024	7.50%	7.75%	30.00%
2025	7.25	7.50	8.25
2026	7.25	7.50	8.00
2027	7.00	7.25	7.75
2028	7.00	7.25	7.75
2029	6.50	6.75	7.25
2030	6.50	6.75	7.00
2031	6.25	6.50	6.75
2032	6.25	6.50	6.75
2033	5.75	6.00	6.25
2034	5.50	5.50	5.50
2035+	5.00	5.00	5.00

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

<u>Year</u>	<u>Pre-65 Claims</u>	<u>Post-65 Claims</u>	<u>EGWP Subsidy</u>
2023	7.00%	6.50%	15.00%
2024	6.75	6.25	7.00
2025	6.75	6.25	7.00
2026	6.50	6.00	6.50
2027	6.50	6.00	6.50
2028	6.25	5.75	6.25
2029	6.25	5.75	6.25
2030	5.75	5.50	5.75
2031	5.25	5.25	5.25
2032+	5.00	5.00	4.75

If the assumed health care cost trend rate increased by 1.00% each year, the postretirement benefit obligations as of December 31, 2024 and 2023 would increase by \$31,000 and \$33,000, respectively.

The following other significant actuarial 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 the age of 50 with 2.5% and at the age of 55 with 3% to 100% of employees expected to retire by the age of 70 for December 31, 2024 and 2023;

**GULFSTREAM AEROSPACE CORPORATION**  
**POST RETIREMENT MEDICAL CARE PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

- Weighted Average Discount Rate – 5.33% and 4.80% at December 31, 2024 and 2023, respectively;
- Retiree participation rate – 30% for December 31, 2024 and 2023.

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.

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

The Plan invests in the units of a common trust fund managed by Northern Trust Investments, Inc., an affiliate of the Plan's Trustee, in the amounts of \$857,963 and \$3,968,180 as of December 31, 2024 and 2023, respectively. These transactions qualify as related party transactions. Fees paid by the Plan to the Trustee also qualify as related party transactions.

There is a payable due to the Company of \$1,766,135 and \$2,035,592 at December 31, 2024 and 2023, respectively. The payable is comprised of payments made by the Plan Sponsor on behalf of the Plan for claims, premiums and plan expenses net of premium refunds related to 2024 and 2023. As the Company is the Plan's 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**

The Plan evaluated all subsequent events and transactions that occurred after December 31, 2024 through August 14, 2025, which is the date the financial statements were available to be issued. No events were deemed relevant for disclosure.

**GULFSTREAM AEROSPACE CORPORATION**  
**POST RETIREMENT MEDICAL CARE PLAN**  
Schedule H, Line 4j – Schedule of Reportable Transactions  
For the year ended December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transactions	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<b>Category (i)</b>								
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	\$ 1,360,812	\$ —	\$ —	\$ —	\$ 1,360,812	\$ 1,360,812	\$ —
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	\$ —	\$ 2,035,811	\$ —	\$ —	\$ 2,035,811	\$ 2,035,811	\$ —
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	\$ —	\$ 1,571,551	\$ —	\$ —	\$ 1,571,551	\$ 1,571,551	\$ —
<b>Category (iii)</b>								
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	\$ 12,489,904	\$ —	\$ —	\$ —	\$ 12,489,904	\$ 12,489,904	\$ —
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	\$ —	\$ 15,600,121	\$ —	\$ —	\$ 15,600,121	\$ 15,600,121	\$ —

\* 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.

**GULFSTREAM AEROSPACE CORPORATION**  
**POST RETIREMENT MEDICAL CARE PLAN**  
Schedule G, Part III - Nonexempt Transactions  
For the Year Ended December 31, 2024

<b>(a) Identity of party involved</b>	<b>(b) Relationship to plan, employer, or other party-in-interest</b>	<b>(c) Description of transaction (including interest rate, maturity, collateral, par or maturity value)</b>	<b>(d) Purchase price</b>	<b>(e) Selling price</b>	<b>(f) Lease Rental</b>	<b>(g) Expense incurred with transaction</b>	<b>(h) Cost of asset</b>	<b>(i) Current value of asset</b>	<b>(j) Net gain or (loss)</b>
<b>Part III</b> General Dynamics Corporation	Plan Sponsor	See * below	\$ -	\$ 1,244	\$ -	\$ -	\$ 1,200	\$ 1,244	\$ 44

\* This amount represents an overpayment of claims paid in 2023 by the Plan. This error and any earnings thereon were corrected in 2024.

See accompanying independent auditors' report.

**GULFSTREAM AEROSPACE CORPORATION  
POST RETIREMENT MEDICAL CARE PLAN**

Schedule H, Line 4i – 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
Municipal/Provincial Bonds:				
01728RMX4	ALLEGHENY CNTY PA HIGHER ED BLDG AUTH UNIV REV 5% 08-01-2027	Municipal/Provincial Bonds	\$ 154,334	\$ 141,923
02765URB2	AMERICAN MUN PWR OHIO INC REV 5% 02-15-2032	Municipal/Provincial Bonds	45,377	43,816
058508KM3	BALL ST UNIV IND UNIV REVS 5% 07-01-2025	Municipal/Provincial Bonds	166,661	151,289
09182TDL8	BLACK BELT ENERGY GAS DIST ALA GAS FLTG RT 05-01-2055	Municipal/Provincial Bonds	31,779	31,974
09182NBR0	BLACK BELT ENERGY GAS DIST ALA GAS SUPPLY REV 4% 06-01-2051	Municipal/Provincial Bonds	86,754	90,011
09182TCR6	BLACK BELT ENERGY GAS DIST ALA GAS PROJ REV 5.5% 06-01-2049	Municipal/Provincial Bonds	52,378	52,847
09182TDB0	BLACK BELT ENERGY GAS DIST ALA GAS SER C 5.5% 10-01-2054	Municipal/Provincial Bonds	118,550	124,549
097067ML3	BOERNE TEX INDPT SCH DIST 5% 02-01-2029	Municipal/Provincial Bonds	249,137	231,808
108152GS2	BRIDGEPORT CONN 5% 08-15-2027	Municipal/Provincial Bonds	248,812	240,629
121342QL6	BURKE CNTY GA DEV AUTH POLLUTN CTL REV 3.375% 11-01-2053	Municipal/Provincial Bonds	105,000	105,018
13013JEA0	CA CMNTY CHOICE FING AUTH CLEAN SER B-GREEN BDS 5% 01-01-2055	Municipal/Provincial Bonds	101,277	100,192
13013JDR4	CALIFORNIA CMNTY CHOICE FING AUTH CLEAN ENERGY PROJ REV 5% 05-01-2054	Municipal/Provincial Bonds	148,177	149,032
130178X76	CALIFORNIA EDL FACS AUTH REV 5% 06-01-2043	Municipal/Provincial Bonds	207,288	209,789
13032UU22	CALIFORNIA HEALTH FACS FING AUTH REV 5% 12-01-2039	Municipal/Provincial Bonds	192,672	186,780
13057EHF4	CALIFORNIA PUB FIN AUTH REV 5% 08-01-2033	Municipal/Provincial Bonds	79,134	75,506
13063DLF3	CALIFORNIA ST FIXED 5.0% DUE 04-01-2030	Municipal/Provincial Bonds	110,669	103,160
13068XLC1	CALIFORNIA ST PUB WKS BRD LEASE REV 5% 04-01-2043	Municipal/Provincial Bonds	44,515	44,524
13063DKD9	CALIFORNIA ST VARIOUS PURP 5.0% DUE 10-01-2030	Municipal/Provincial Bonds	108,908	101,636
13063ECL8	CALIFORNIA ST 5% 08-01-2033	Municipal/Provincial Bonds	64,289	63,173
15504RGA1	CENTRAL PUGET SOUND WASH REGL TRAN AUTH SALES & USE TAX REV 5% 11-01-2031	Municipal/Provincial Bonds	93,323	91,431
160069M31	CHARLESTON CNTY S C 5% 11-01-2041	Municipal/Provincial Bonds	151,328	151,854
160429E77	CHARLESTON S C WTRWKS & SWR REV 5% 01-01-2054	Municipal/Provincial Bonds	104,979	102,188
161036TR9	CHARLOTTE N C ARPT REV 4% 07-01-2047	Municipal/Provincial Bonds	190,742	189,529
161036VM7	CHARLOTTE N C ARPT REV 5% 07-01-2048	Municipal/Provincial Bonds	42,275	42,781
161045TE9	CHARLOTTE N C WTR & SWR SYS REV 5.0% 07-01-2054	Municipal/Provincial Bonds	96,920	96,971
1675936N7	CHICAGO ILL O HARE INTL ARPT REV 5% 01-01-2032	Municipal/Provincial Bonds	134,224	133,298
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	44,889	41,931
19648FJY1	COLORADO HEALTH FACS AUTH REV 4% 08-01-2038	Municipal/Provincial Bonds	242,133	241,959
19648FV87	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	178,935	174,429
19648FXT6	COLORADO HEALTH FACS AUTH REV 5% 12-01-2039	Municipal/Provincial Bonds	28,491	27,254
1966324Z3	COLORADO SPRINGS COLO UTILS REV 5.25% 11-15-2053	Municipal/Provincial Bonds	82,064	81,796
1994927J2	COLUMBUS OHIO 5% 08-15-2039	Municipal/Provincial Bonds	74,859	73,348
207758C50	CONNECTICUT ST SPL TAX OBLIG REV 5% 05-01-2033	Municipal/Provincial Bonds	42,835	44,181
20772KJ5	CONNECTICUT ST 5% 01-15-2035	Municipal/Provincial Bonds	91,145	85,286
20772KGD5	CONNECTICUT ST 5% 04-15-2035	Municipal/Provincial Bonds	257,668	250,795
23503CBM8	DALLAS FORT WORTH TEX INTL ARPT REV 4% 11-01-2045	Municipal/Provincial Bonds	39,276	39,199
246388UF7	DELAWARE ST HEALTH FACS AUTH REV 5% 10-01-2038	Municipal/Provincial Bonds	211,534	206,350
24638ISM0	DELAWARE ST 5% 05-01-2034	Municipal/Provincial Bonds	77,703	80,118
249182QS8	DENVER COLO CITY & CNTY ARPT REV 4% 11-15-2041	Municipal/Provincial Bonds	179,895	179,282
249182QV1	DENVER COLO CITY & CNTY ARPT REV 5% 11-15-2047	Municipal/Provincial Bonds	72,934	72,558
249174YK3	DENVER COLO CITY & CNTY SCH DIST NO 1 5% 12-01-2039	Municipal/Provincial Bonds	220,081	214,938
249174YP2	DENVER COLO CITY & CNTY SCH DIST NO 1 5% 12-01-2045	Municipal/Provincial Bonds	170,869	171,868
25477GRY3	DISTRICT COLUMBIA INCOME TAX REV 4% 03-01-2045	Municipal/Provincial Bonds	361,312	345,279
25477GSK2	DISTRICT COLUMBIA INCOME TAX REV 5% 10-01-2031	Municipal/Provincial Bonds	80,441	67,393
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	112,131	111,343
292723BN2	ENERGY SOUTHEAST ALA COOP DIST ENERGY SUPPLY REV 5.25% 07-01-2054	Municipal/Provincial Bonds	52,519	53,957
3042438E1	FAIRFIELD CONN 4% 07-01-2037	Municipal/Provincial Bonds	179,816	181,189
312805MY7	FAYETTEVILLE N C PUB WKS COMMN REV 5% 03-01-2035	Municipal/Provincial Bonds	81,680	84,490
342816H81	FLORIDA ST MUN PWR AGY REV REF-ALL-REQUIREMENTS PWR 5% 10-01-2026	Municipal/Provincial Bonds	119,324	103,008
346817EQ8	FORT BEND CNTY TEX TOLL RD REV 5% 03-01-2042	Municipal/Provincial Bonds	136,060	135,794
36005FNB7	FULTON CNTY GA DEV AUTH REV 5% 06-15-2050	Municipal/Provincial Bonds	70,084	69,226
362762PG5	GAINESVILLE & HALL CNTY GA HOSP AUTH REVANTIC CTFS 5% 02-15-2031	Municipal/Provincial Bonds	126,721	107,792
373046YC9	GEORGETOWN TEX INDPT SCH DIST 5% 08-15-2031	Municipal/Provincial Bonds	181,623	158,017
386442WL7	GRAND RIVER DAM AUTH OKLA REV 5% 06-01-2026	Municipal/Provincial Bonds	56,075	51,303
395468PH8	GREENSBORO N C ENTERPRISE SYS REV 5% 06-01-2049	Municipal/Provincial Bonds	163,643	163,466
407288F95	HAMILTON CNTY OHIO SWR SYS REV 5% 12-01-2039	Municipal/Provincial Bonds	143,300	140,230
41423PAX5	HARRIS CNTY TEX TOLL RD REV 4% 08-15-2048	Municipal/Provincial Bonds	184,075	175,799
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	99,400	98,597
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	229,714	227,341
44244CU54	HOUSTON TEX UTIL SYS REV 5.25% 11-15-2049	Municipal/Provincial Bonds	164,424	163,371
44244CCJ4	HOUSTON TEX UTIL SYS REV 5% 11-15-2028	Municipal/Provincial Bonds	163,104	151,884
445047HY2	HUMBLE TEX INDPT SCH DIST 5% 02-15-2029	Municipal/Provincial Bonds	77,070	75,632
447819KL6	HURST EULESS BEDFORD TEX INDPT SCH DIST 4% 08-15-2050	Municipal/Provincial Bonds	82,214	80,821
448474ZL3	HUTTO TEX 5% 08-01-2040	Municipal/Provincial Bonds	61,221	60,257
452252QG7	ILLINOIS ST TOLL HWY AUTH TOLL HIGHWAY REV 5% 01-01-2028	Municipal/Provincial Bonds	87,394	84,431
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	315,149	310,914
45505TWP2	INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV 2.6% 07-01-2042	Municipal/Provincial Bonds	182,441	171,713
472682ZE6	JEFFERSON CNTY ALA SWR REV 5% 10-01-2035	Municipal/Provincial Bonds	50,848	49,271
486063S43	KATY TEX INDPT SCH DIST 5% 02-15-2048	Municipal/Provincial Bonds	66,014	63,840
74440DFC3	KENTUCKY INC KY PUB ENERGY AUTH GAS SUPPLY REV 5% 01-01-2055	Municipal/Provincial Bonds	74,052	74,558
74440DEL4	KENTUCKY INC KY PUB ENERGY AUTH GAS SUPPLY REV 5% 05-01-2055	Municipal/Provincial Bonds	51,926	52,242
510768KT0	LAKE SHORE MICH PUB SCHS MACOMB CNTY 5% 11-01-2041	Municipal/Provincial Bonds	99,551	97,751
513174Q21	LAMAR TEX CONS INDPT SCH DIST 4% 02-15-2054	Municipal/Provincial Bonds	38,145	38,105
513174UA8	LAMAR TEX CONS INDPT SCH DIST 5% 02-15-2025	Municipal/Provincial Bonds	21,736	20,043
523494QS4	LEE CNTY FLA SCH BRD CTFS PARTN 5% 08-01-2028	Municipal/Provincial Bonds	279,231	240,080
544445NF2	LOS ANGELES CALIF DEPT ARPTS ARPT REV 5% 05-15-2028	Municipal/Provincial Bonds	262,457	251,134
546410CX7	LOUISIANA STAD & EXPOSITION DIST REV 5% 07-01-2048	Municipal/Provincial Bonds	121,300	120,931
56035DFC1	MAIN STR NAT GAS INC GA GAS SUPPLY REV 5% 07-01-2053	Municipal/Provincial Bonds	55,828	57,869
574294CV4	MARYLAND ST STAD AUTH BUILT LEARN REV 5% 06-01-2054	Municipal/Provincial Bonds	75,468	74,308
575577NZ0	MASSACHUSETTS BAY TRANSN AUTH MASS REV 5% 07-01-2052	Municipal/Provincial Bonds	98,378	95,745
57584Y3R8	MASSACHUSETTS ST DEV FIN AGY REV 5% 10-01-2039	Municipal/Provincial Bonds	206,830	203,957
57582RH74	MASSACHUSETTS ST 4% 11-01-2041	Municipal/Provincial Bonds	123,895	129,389
57582R6E1	MASSACHUSETTS ST 5.0% 03-01-2039	Municipal/Provincial Bonds	89,734	90,067
58178CAK3	MC KINNEY TEX 5% 08-15-2029	Municipal/Provincial Bonds	103,284	90,485
592090JS4	METROPOLITAN GOVT NSHVLE & DAVIDSON CNTYTENN SPORTS AUTH REV 5% 07-01-2038	Municipal/Provincial Bonds	189,516	193,658
59261AH83	METROPOLITAN TRANSN AUTH N Y REV 4% 11-15-2049	Municipal/Provincial Bonds	211,810	220,720
59261ADJ3	METROPOLITAN TRANSN AUTH N Y REV 5% 11-15-2025	Municipal/Provincial Bonds	63,913	60,914
59333P7M4	MIAMI-DADE CNTY FLA AVIATION REV 5% 10-01-2035	Municipal/Provincial Bonds	120,166	118,188
59333N5H2	MIAMI-DADE CNTY FLA SPL OBLIG 5% 04-01-2047	Municipal/Provincial Bonds	172,302	169,821
59447P7P0	MICHIGAN FIN AUTH REV 5.5% 12-01-2029	Municipal/Provincial Bonds	165,085	151,314
594712WF4	MICHIGAN ST UNIV REVS 4% 02-15-2038	Municipal/Provincial Bonds	126,789	131,159
60412AM83	MINNESOTA ST 5% 08-01-2039	Municipal/Provincial Bonds	159,215	153,593

**GULFSTREAM AEROSPACE CORPORATION  
POST RETIREMENT MEDICAL CARE PLAN**

Schedule H, Line 4i – 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
60412AN41	MINNESOTA ST 5% 08-01-2043	Municipal/Provincial Bonds	\$ 128,011	\$ 128,407
625517KV8	MULTNOMAH CNTY ORE SCH DIST NO 1J PORTLAND 5% 06-15-2027	Municipal/Provincial Bonds	70,277	68,161
63165T2P9	NASSAU CNTY N Y 4% 04-01-2040	Municipal/Provincial Bonds	242,834	245,700
64577XEQ5	NEW JERSEY ECONOMIC DEV AUTH REV 5% 03-01-2028	Municipal/Provincial Bonds	54,241	52,835
645790LB0	NEW JERSEY HEALTH CARE FACS FING AUTH REV 5% 07-01-2027	Municipal/Provincial Bonds	39,437	36,628
646140ET6	NEW JERSEY ST TPK AUTH TPK REV 4.5% 01-01-2048	Municipal/Provincial Bonds	69,500	72,502
646140FX6	NEW JERSEY ST TPK AUTH TPK REV 5.25% 01-01-2049	Municipal/Provincial Bonds	55,297	55,057
64613CEN4	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2036	Municipal/Provincial Bonds	84,531	84,440
64613CCT3	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2038	Municipal/Provincial Bonds	67,094	65,895
64613CEG9	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2046	Municipal/Provincial Bonds	71,833	74,741
646039YL5	NEW JERSEY ST 5% 06-01-2027	Municipal/Provincial Bonds	129,875	120,367
646039YN1	NEW JERSEY ST 5% 06-01-2029	Municipal/Provincial Bonds	127,901	124,467
6473104C2	NEW MEXICO ST SEVERANCE TAX 5% 07-01-2029	Municipal/Provincial Bonds	77,441	75,770
64966WGT8	NEW YORK N Y CITY HSG DEV CORP REV 2.875% 08-01-2042	Municipal/Provincial Bonds	240,599	232,988
64972GG32	NEW YORK N Y CITY MUN WTR FIN AUTH WTR & SWR SYS REV 5.25% 06-15-2054	Municipal/Provincial Bonds	55,466	54,345
64971XN3	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 4% 11-01-2040	Municipal/Provincial Bonds	384,981	384,222
64972JNN4	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.25% 05-01-2048	Municipal/Provincial Bonds	54,380	55,012
64972JLZ9	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 05-01-2040	Municipal/Provincial Bonds	74,051	72,589
65000BS74	NEW YORK ST DORM AUTH REVS NON ST SUPPORTED DEBT 5% 07-01-2037	Municipal/Provincial Bonds	95,782	92,204
64990KFX6	NEW YORK ST DORM AUTH ST PERS INC UNREFUNDED BALANCE-GEN 5.25% 03-15-2052	Municipal/Provincial Bonds	22,093	21,770
64990E4U8	NEW YORK ST DORM AUTH ST PERS INCOME TAXREV 5% 02-15-2027	Municipal/Provincial Bonds	167,548	154,908
64990F6P4	NEW YORK ST DORM AUTH ST PERS INCOME TAXREV 5% 03-15-2044	Municipal/Provincial Bonds	167,963	162,697
64986DKQ7	NEW YORK ST ENVIRONMENTAL F.C.ST CL 4.0% 06-15-2049	Municipal/Provincial Bonds	94,848	92,416
64986DFE0	NEW YORK ST ENVIRONMENTAL FACS CORP ST C 5.0% 6-15-2027	Municipal/Provincial Bonds	57,135	52,552
64989KLF1	NEW YORK ST PWR AUTH REV 4% 11-15-2055	Municipal/Provincial Bonds	66,675	66,299
650036GN0	NEW YORK ST URBAN DEV CORP REV PREREFUNDED-ST PERSONAL 5% 03-15-2026	Municipal/Provincial Bonds	106,522	30,757
650036GP5	NEW YORK ST URBAN DEV CORP REV UNREFUNDED BALANCE-ST 5% 03-15-2026	Municipal/Provincial Bonds	86,523	138,408
650116GX8	NEW YORK TRANSN DEV CORP SPL FAC REV 5% 06-30-2049	Municipal/Provincial Bonds	69,508	72,097
66604PAR6	NORTHERN VA TRANSN COMMN TRANSN DIST SPOBLIG REV 5% 06-01-2038	Municipal/Provincial Bonds	89,417	88,231
66604PAS4	NORTHERN VA TRANSN COMMN TRANSN DIST SPOBLIG REV 5% 06-01-2039	Municipal/Provincial Bonds	144,728	142,429
67756DN85	OHIO ST HIGHER EDL FAC COMMN REV 5% 11-01-2034	Municipal/Provincial Bonds	46,809	44,854
67760HMK3	OHIO ST TPK COMMN TPK REV 5% 02-15-2051	Municipal/Provincial Bonds	187,130	194,826
677632R29	OHIO ST UNIV GEN RCPTS 4.25% 12-01-2056	Municipal/Provincial Bonds	105,000	108,836
677523EV0	OHIO ST 5% 09-01-2028	Municipal/Provincial Bonds	60,099	59,018
679111D27	OKLAHOMA ST TPK AUTH TPK REV 5.5% 01-01-2053	Municipal/Provincial Bonds	73,561	76,954
684517SQ9	ORANGE CNTY FLA SCH BRD CTFS PARTN 5% 08-01-2032	Municipal/Provincial Bonds	59,984	61,290
686507JG0	ORLANDO FLA UTILS COMMN UTIL SYS REV 5% 10-01-2028	Municipal/Provincial Bonds	116,478	107,204
686513AX0	ORLANDO FLA WTR RECLAMATION SYS REV 5% 10-01-2054	Municipal/Provincial Bonds	92,773	91,649
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	43,940	45,587
725304YA1	PITTSBURGH PA WTR & SWR AUTH WTR & SWR SYS REV 5% 09-01-2048	Municipal/Provincial Bonds	54,139	53,455
73358W5F7	PORT AUTH N Y & N J 5% 07-15-2030	Municipal/Provincial Bonds	277,580	262,456
76222RZF2	RHODE ISLAND ST & PROVIDENCE PLANTATIONS FIXED 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	36,523	37,689
797272PZ8	SAN DIEGO CALIF CMNTY COLLEGE DIST 4% 08-01-2033	Municipal/Provincial Bonds	62,039	61,222
79739GNW2	SAN DIEGO CNTY CALIF REGL ARPT AUTH ARPTREV 4% 07-01-2051	Municipal/Provincial Bonds	245,904	243,534
812643XN9	SEATTLE WASH MUN LT & PWR REV 5% 07-01-2038	Municipal/Provincial Bonds	164,733	159,816
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	54,566	55,233
837032BJ9	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5% 11-01-2031	Municipal/Provincial Bonds	44,270	44,347
837032BR1	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5% 11-01-2038	Municipal/Provincial Bonds	60,383	60,784
8371514X4	SOUTH CAROLINA ST PUB SVC AUTH REV 5% 12-01-2049	Municipal/Provincial Bonds	74,895	74,189
83755VU28	SOUTH DAKOTA ST HEALTH & EDL FACS AUTH REV 4% 07-01-2044	Municipal/Provincial Bonds	72,624	71,763
84131TBT8	SOUTHEAST ALA GAS SUPPLY DIST GAS SUPPLYREV 5% 06-01-2049	Municipal/Provincial Bonds	78,470	79,755
84136FBT3	SOUTHEAST ENERGY AUTH COMMODITY SUPPLY REV ALA 5.25% 01-01-2054	Municipal/Provincial Bonds	95,458	100,036
845040ML5	SOUTHWEST HIGHER ED AUTH INC TEX REV 5% 10-01-2036	Municipal/Provincial Bonds	96,694	101,336
850269GA3	SPRINGDALE ARK SALES & USE TAX REV 4.125% 08-01-2047	Municipal/Provincial Bonds	98,195	96,177
86476PN46	SUFFOLK CNTY N Y 5% 09-01-2026	Municipal/Provincial Bonds	136,388	129,787
866854RP9	SUN PRAIRIE WIS AREA SCH DIST 5% 03-01-2026	Municipal/Provincial Bonds	139,178	127,792
87638THF3	TARRANT CNTY TEX CULTURAL ED FACS FIN CORP REV 5% 07-01-2032	Municipal/Provincial Bonds	127,239	127,901
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	71,817	74,029
88278PJ39	TEXAS ST UNIV SYS FING REV 5% 03-15-2040	Municipal/Provincial Bonds	66,911	66,427
88283KBH0	TEXAS TRANSN COMMN CENT TEX TPK SYS REV 5% 08-15-2039	Municipal/Provincial Bonds	204,666	197,401
887440DJ1	TIMPANOGOS SPL SVC DIST UTAH SWR REV 5% 06-01-2047	Municipal/Provincial Bonds	67,127	65,156
89602HHH3	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5.25% 05-15-2054	Municipal/Provincial Bonds	59,776	60,006
896035CA8	TRIBOROUGH BRDG & TUNL AUTH N Y SALES TAX REV 4.125% 05-15-2053	Municipal/Provincial Bonds	53,904	53,735
91417NCY9	UNIVERSITY COLO ENTERPRISE SYS REV 4% 06-01-2051	Municipal/Provincial Bonds	59,308	57,270
9142332T7	UNIVERSITY CONN 5% 05-01-2027	Municipal/Provincial Bonds	281,749	261,646
914378JE5	UNIVERSITY KY GEN RCPTS 5% 10-01-2027	Municipal/Provincial Bonds	190,135	175,636
914455TL4	UNIVERSITY MICH UNIV REVS GEN-SER A 5% DUE 04-01-2027	Municipal/Provincial Bonds	181,892	157,072
917393CU2	UTAH CNTY UTAH HOSP REV 4% 05-15-2041	Municipal/Provincial Bonds	231,924	233,804
9242585H5	VERMONT ST 5% 08-15-2026	Municipal/Provincial Bonds	74,281	72,338
938234SR3	WASHINGTON CNTY ORE 5% 03-01-2025	Municipal/Provincial Bonds	37,647	35,103
93878YBD0	WASHINGTON D C MET AREA TRAN AUTH DEDICATED REV 5% 07-15-2030	Municipal/Provincial Bonds	151,221	143,240
93878YDR7	WASHINGTON D C MET AREA TRAN AUTH DEDICATED REV 5% 07-15-2045	Municipal/Provincial Bonds	178,385	177,272
93978HUT0	WASHINGTON ST HEALTH CARE FACS AUTH REV 5% 10-01-2028	Municipal/Provincial Bonds	56,142	52,796
93974E2E5	WASHINGTON ST 5% 08-01-2039	Municipal/Provincial Bonds	75,037	72,757
97712JMC4	WI ST HLTH & EDL FACS AUTH REV PREREFUNDED-ASCENSION SR CR 4% 11-15-2046	Municipal/Provincial Bonds	180,496	136,353
97712JMD2	WI ST HLTH & EDL FACS AUTH REV UNREFUNDED 4% 11-15-2046	Municipal/Provincial Bonds	86,155	133,018
9771234G0	WISCONSIN ST TRANSN REV 5% 07-01-2041	Municipal/Provincial Bonds	88,216	88,570
97705MD93	WISCONSIN ST 5% 05-01-2035	Municipal/Provincial Bonds	90,626	89,512
	Total Municipal/Provincial Bonds		<u>21,345,413</u>	<u>20,795,309</u>
Government Bonds:				
91282CKH3	UNITED STATES OF AMER TREAS NOTES 4.5% 03-31-2026	Government Bonds	\$ 70,362	\$ 71,191
91282CMB4	UNITED STATES TREAS NTS 4.0% 12-15-2027	Government Bonds	148,635	148,829
	Total Government Bonds		<u>218,997</u>	<u>220,020</u>
Interests in Common Trust:				
* 66586U437	NORTHERN TRUST INVESTMENTS, INC.	NT Common Short Term Investment Fund	\$ 857,963	\$ 857,963
	Total Interests in Common Trust		<u>857,963</u>	<u>857,963</u>
	Total Investments		<u>\$ 22,422,373</u>	<u>\$ 21,873,292</u>

\* Represents a party-in-interest

See accompanying independent auditors' report.