

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, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: EAGLE ALLIANCE EMPLOYEE PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/27/2001
2a Plan sponsor's name (employer, if for a single-employer plan): EAGLE ALLIANCE
2b Employer Identification Number (EIN): 52-2308257
2c Plan Sponsor's telephone number: 703-876-3000
2d Business code (see instructions): 541519

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor GENERAL DYNAMICS CORPORATION 11011 SUNSET HILLS ROAD RESTON, VA 20190-5311	3b Administrator's EIN 13-1673581 3c Administrator's telephone number 703-876-3000
---	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	446
---	----------	-----

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	49
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	0
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

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

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

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
--	--

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

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

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

A Name of plan <u>EAGLE ALLIANCE EMPLOYEE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>EAGLE ALLIANCE</u>	D Employer Identification Number (EIN) <u>52-2308257</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>43899999</u>
	b Actuarial value	2b	<u>47232280</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>262</u>	<u>29217937</u>
	b For terminated vested participants	<u>135</u>	<u>11507931</u>
	c For active participants	<u>49</u>	<u>7157573</u>
	d Total	<u>446</u>	<u>47883441</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.08 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>476288</u>
	c Target normal cost	6c	<u>476288</u>

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

SIGN HERE			
	Signature of actuary	<u>09/30/2025</u>	Date
	<u>ALVIN K. PEH</u>	<u>23-09039</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>314-725-9966</u>	Telephone number (including area code)
	<u>MSC# 17840, AON, PO BOX 551343 ATLANTA, GA 30355</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1659399
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	883246
9	Amount remaining (line 7 minus line 8)	0	776153
10	Interest on line 9 using prior year's actual return of <u>11.08</u> %	0	85998
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	862151

Part III Funding Percentages			
14	Funding target attainment percentage	14	96.83 %
15	Adjusted funding target attainment percentage	15	96.83 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.75 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 476288
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1517488	151054	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 627342
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	627342	627342
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

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

A Name of plan EAGLE ALLIANCE EMPLOYEE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EAGLE ALLIANCE	D Employer Identification Number (EIN) 52-2308257	

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

(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

(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

(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

(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

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

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	ACTUARIAL & FORM 5500 PR	159417	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 INST TRUST COMPANY,N.A.

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	INVESTMENT MANAGER	25225	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)

MCCONNELL & JONES LLP

76-0488832

(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	23450	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)

PACIFIC INVESTMENT MGMT CO LLC

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	INVESTMENT MANAGER	22066	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50	FINANCIAL STATEMENT PREP	8287	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>EAGLE ALLIANCE EMPLOYEE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EAGLE ALLIANCE</u>	D Employer Identification Number (EIN) <u>52-2308257</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GDC GRP RETTRUST-LIABILITY AWARE PL</u>		
b Name of sponsor of entity listed in (a): <u>GENERAL DYNAMICS CORPORATION</u>		
c EIN-PN <u>52-2456914-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GDC GRP RET TRUST-DIVERSIFYING POOL</u>		
b Name of sponsor of entity listed in (a): <u>GENERAL DYNAMICS CORPORATION</u>		
c EIN-PN <u>52-2456914-004</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GDC GRP RET TRUST-NOMURA POOL</u>		
b Name of sponsor of entity listed in (a): <u>GENERAL DYNAMICS CORPORATION</u>		
c EIN-PN <u>52-2456914-005</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GDC GRP RET TRUST-CSRA POOL</u>		
b Name of sponsor of entity listed in (a): <u>GENERAL DYNAMICS CORPORATION</u>		
c EIN-PN <u>52-2456914-006</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GDC GRP RET TRUST-EAGLE ALLIA POOL</u>		
b Name of sponsor of entity listed in (a): <u>GENERAL DYNAMICS CORPORATION</u>		
c EIN-PN <u>52-2456914-014</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EAGLE ALLIANCE EMPLOYEE PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EAGLE ALLIANCE	D Employer Identification Number (EIN) 52-2308257

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	0
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	43898036	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	97270	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	97270	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	43800766	0

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		187821
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		187821

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3260020	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3260020
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	23450	
(5) Investment advisory and investment management fees	2i(5)	47291	
(6) Bank or trust company trustee/custodial fees	2i(6)	-43095	
(7) Actuarial fees	2i(7)	153387	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	255976	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		437009
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3697029

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3509208
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		40291558

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: **MCCONNELL & JONES LLP**

(2) EIN: **76-0488832**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GENERAL DYNAMICS RETIREMENT PLAN (COMMERCIAL)	13-1673581	002

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 547400.

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

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

A Name of plan EAGLE ALLIANCE EMPLOYEE PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 EAGLE ALLIANCE	D Employer Identification Number (EIN) 52-2308257	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... **1** **0**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 36-1561860

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... **3** **7**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

EAGLE ALLIANCE EMPLOYEE PENSION PLAN

Financial Statements

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

EAGLE ALLIANCE EMPLOYEE PENSION PLAN

Table of Contents

	Page(s)
Independent Auditor's Report	1-3
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	4
Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024	5
Statements of Accumulated Plan Benefits as of December 31, 2024 and 2023	6
Statement of Changes in Accumulated Plan Benefits for the year ended December 31, 2024	7
Notes to Financial Statements	8-17



INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
the Eagle Alliance Employee Pension Plan

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

We have performed audits of the financial statements of the Eagle Alliance Employee Pension 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 statements of net assets available for benefits and accumulated plan benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits and accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements (collectively, the financial statements).

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (US GAAP).
- 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 (US GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are



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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, Management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the ability of the Plan to continue as a going concern for one year after the date that the financial statements were 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 transactions of the Plan that are presented and disclosed in the financial statements are in conformity with the provisions of the Plan, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US 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 US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 internal controls of the Plan. Accordingly, no such opinion is expressed.



McConnell Jones

- 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 ability of the Plan to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of US GAAP.

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

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

McConnell & Jones LLP

Houston, Texas
September 24, 2025

**EAGLE ALLIANCE
EMPLOYEE PENSION PLAN**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investment in Master Trust at fair value	\$ —	\$ 43,898,036
Total assets	<u>—</u>	<u>43,898,036</u>
Liabilities		
Accrued expenses	<u>—</u>	<u>97,270</u>
Total liabilities	<u>—</u>	<u>97,270</u>
Net assets available for benefits	<u>\$ —</u>	<u>\$ 43,800,766</u>

See accompanying notes to financial statements.

**EAGLE ALLIANCE
EMPLOYEE PENSION PLAN**

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024

	<u>2024</u>
Additions to net assets attributed to:	
Participation in net income of Master Trust	\$ 187,821
Total additions	<u>187,821</u>
Deductions from net assets attributed to:	
Benefits paid directly to participants	3,260,020
Administrative expenses	437,009
Total deductions	<u>3,697,029</u>
Net decrease prior to transfers	(3,509,208)
Transfer of assets within the Master Trust due to merger	<u>(40,291,558)</u>
Net decrease	(43,800,766)
Net assets available for benefits:	
Beginning of year	<u>43,800,766</u>
End of year	\$ <u><u>—</u></u>

See accompanying notes to financial statements.

**EAGLE ALLIANCE
EMPLOYEE PENSION PLAN**

Statements of Accumulated Plan Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$ —	\$ 26,907,201
Other participants	—	17,450,459
Total vested benefits	—	44,357,660
Nonvested benefits:		
Nonvested benefits	—	6,785
Total actuarial present value of accumulated plan benefits	<u>\$ —</u>	<u>\$ 44,364,445</u>

See accompanying notes to financial statements.

**EAGLE ALLIANCE
EMPLOYEE PENSION PLAN**

Statement of Changes in Accumulated Plan Benefits

Year ended December 31, 2024

	2024
Actuarial present value of accumulated plan benefits at beginning of year	\$ 44,364,445
(Decrease) increase during the year attributable to:	
Benefits paid	(3,260,020)
Increase from interest	2,655,333
Assumption changes	8,937
Plan amendments	(43,843,554)
Benefits accumulated and actuarial experience	74,859
Net decrease	(44,364,445)
Actuarial present value of accumulated plan benefits at end of year	\$ —

See accompanying notes to financial statements.

EAGLE ALLIANCE EMPLOYEE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1) Plan Description

The following description of the Eagle Alliance Employee Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Documents for a more complete description of the Plan's provisions.

(a) *General*

The Plan is a defined benefit contributory pension plan covering certain participating employees of Eagle Alliance (the Company), a Maryland joint general partnership led by CSRA Inc. (the Plan Sponsor), and its subsidiaries. CSRA Inc. is a wholly-owned subsidiary of General Dynamics Corporation (the Plan Administrator). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan participates in the General Dynamics Corporation Group Retirement Trust (the Master Trust) along with certain other plans also sponsored by the Plan Administrator.

(b) *Pension Benefits*

The Plan generally provides for normal retirement benefits, 2.25% of pensionable earnings for each plan year of participation, upon reaching age 65 and has provisions for early retirement and death benefits. Participants should refer to the Plan Document for more complete information.

Effective March 31, 2011, the Plan was closed to new participants. Effective January 5, 2013, benefits accruals and participant contributions were ceased.

(c) *Vesting*

Participants are at all times fully vested with respect to their own contributions, plus earnings thereon. Company contributions fully vest after five years of service or at age 65.

(d) *Transfers within Master Trust Due to Merger*

Effective December 31, 2024, the Plan was merged into the General Dynamics Retirement Plan (Commercial) (the Commercial Plan) and all of net assets and obligations of the Plan in the amounts of \$40,291,558 and \$43,843,554, respectively, were transferred to the Commercial Plan.

(e) *Risks and Uncertainties*

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions

EAGLE ALLIANCE EMPLOYEE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

process, it is at least reasonably possible that changes in these estimations and assumptions in the near term would be material to the financial statements.

(2) Summary of Accounting Policies

(a) *Basis of Accounting*

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

(b) *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, and changes therein, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

(c) *Investment Valuation and Income Recognition*

The Plan's investment is reported at fair value. Fair value is the price that would be received by the Plan to sell an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. The Plan's sole investment is its interest in the Master Trust.

Purchases and sales of investments are recorded on the trade date. Investment income consists of dividend income, interest income and net appreciation in the fair value of investments. Dividends are recognized on the ex-dividend date. Interest income is recorded on an accrual basis. Net appreciation includes the gains or losses on investments bought and sold as well as held during the year.

(d) *Payment of Benefits*

Benefits are recorded when paid.

(e) *Administrative Expenses*

The Company administers the Plan, and administrative costs are paid by the Plan, Plan Sponsor or Plan Administrator. Trustee fees and administrative costs, including costs related to premiums paid to the Pension Benefit Guaranty Corporation (the PBGC), a U.S. government agency, are paid by the Plan and are reflected in the financial statements as administrative expenses. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

(3) Actuarial Assumptions for Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the Plan's independent consulting actuary and is the amount resulting from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have

EAGLE ALLIANCE EMPLOYEE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the benefit structure for which the retiree or active employee is eligible for in accordance with the Plan Document. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The principal assumptions used in the determination of the present value of accumulated plan benefits as of December 31, 2024 and 2023, were as follows:

- Interest rate – 6.21% as of 2023, compounded annually
- Mortality basis – 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
- Retirements – Active status rates from age 55 through age 70 and Deferred Vested status rates from age 55 through age 65
- Withdrawals – graduated rates based on age

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

(4) Funding Policy

Prior to the January 5, 2013 freeze of the Plan, participants in the Plan contributed a flat 3% rate on all base compensation. Employee accumulated contributions are credited with applicable interest compounded annually, as defined by the Plan. Present employees' accumulated contributions at December 31, 2024 and 2023 with applicable interest were \$1,905,984 and \$2,173,755, respectively.

The funding policy of the Plan is to fund the defined benefit retirement plan in a manner that optimizes the tax deductibility of contributions considered within the Plan Sponsor's capital deployment framework. The Plan Sponsor makes discretionary and required contributions to the Plan to provide not only for benefits attributed to service to date, but also for benefits to be earned in the future. Such contribution amounts must at least meet or exceed the minimum funding requirements under ERISA as determined by the Plan's actuary. The Plan Sponsor met the minimum funding requirements under ERISA for the year ended December 31, 2024.

(5) Trustee Certified Information

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investment in the Master Trust at fair value as of December 31, 2024 and 2023 and the participation in net income of the Master Trust for the year ended December 31, 2024, that are disclosed in the accompanying financial

EAGLE ALLIANCE EMPLOYEE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

statements and related Notes 5 and 6 were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by The Northern Trust Company (the Trustee).

The assets of the Plan are combined with the assets of other retirement plans of the Company into the Master Trust for investment purposes. Each participating retirement plan has a divided interest in the Master Trust. BlackRock Financial Management, Inc. serves as the investment advisor of the Master Trust. The assets of the Master Trust are managed by independent investment management firm. The Trustee holds the assets of the Master Trust. The value shown in the accompanying financial statements represents the Plan's interest in the reported assets of the Master Trust. Investment income is allocated daily to each plan based on its interest in the market value of the underlying investments in the Master Trust.

Due to the merger, effective December 31, 2024, the Plan held no interest in the net assets of the Master Trust. The following table presents the net assets of the Master Trust and the Plan's interest in the Master Trust as of December 31, 2024:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets:		
Investments, at fair value		
Registered investment companies	\$ 720,331,328	\$ -
Interest bearing cash	151,621,648	-
Collective trusts	8,408,935,055	-
Hedge funds	2,317,400	-
Real estate limited partnership	188,254,934	-
Real estate investment trust	143,518,166	-
Total investments at fair value	\$ 9,614,978,531	\$ -
Accrued Income	2,359,643	-
Total Assets	9,617,338,174	-
Liabilities:		
Accrued Expenses	411,278	-
Total Liabilities	411,278	-
Net Assets	\$ 9,616,926,896	\$ -

EAGLE ALLIANCE EMPLOYEE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The following table presents the net assets of the Master Trust and the Plan's interest in the Master Trust as of December 31, 2023:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets:		
Investments, at fair value		
Registered investment companies	\$ 681,562,749	\$ 2,340,619
Interest bearing cash	197,531,463	997,833
Collective trusts	9,600,825,130	38,628,512
Hedge funds	14,192,293	94,320
Real estate limited partnership	249,728,841	1,831,836
Real estate investment trust	236,235,777	-
Total investments at fair value	\$ 10,980,076,253	\$ 43,893,120
Accrued Income	3,320,969	6,879
Total Assets	10,983,397,222	43,899,999
Liabilities:		
Accrued Expenses	523,213	1,963
Total Liabilities	523,213	1,963
Net Assets	\$ 10,982,874,009	\$ 43,898,036

The following table presents the changes in net assets of the Master Trust for the year ended December 31, 2024:

	2024
Changes in Net Assets:	
Net appreciation in fair value of investments	\$ 114,919,896
Interest and dividend income	46,861,988
Net investment income	161,781,884
Net transfers	(1,522,368,691)
Fees and expenses	(5,360,306)
Net decrease	(1,365,947,113)
Net assets:	
Beginning of year	10,982,874,009
End of year	\$ 9,616,926,896

EAGLE ALLIANCE EMPLOYEE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(6) Fair Value Measurements

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

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the assets or liabilities;
 - Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Registered investment companies: Valued at the closing price reported on the active market in which the individual securities are traded (Level 1).

Interest bearing cash: The fair value of interest bearing cash balances and overnight deposit accounts have been determined based upon the deposit account balance, with no discounts for credit quality or liquidity restrictions or at the net asset value as provided by the fund managers (Level 2).

Units of collective trusts: The fair values of these private investment securities are determined using the net asset value as provided by the fund managers (Level 2). Investments are redeemable daily at net asset value, and there are no significant restrictions on redemptions.

Hedge funds, real estate investment trust and limited partnership: The fair values of these private investment securities are determined using the net asset value as provided by the fund managers, which is a practical expedient for fair value.

EAGLE ALLIANCE EMPLOYEE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

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

December 31, 2024					
	Fair value	Quoted price in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	
Investments					
Registered investment companies	\$ 720,331,328	\$ 720,331,328	\$ —	\$ —	
Interest bearing cash	151,621,648	—	151,621,648	—	
Collective trusts	8,408,935,055	—	8,408,935,055	—	
Total investments in fair value hierarchy	\$ 9,280,888,031	\$ 720,331,328	\$ 8,560,556,703	\$ —	
Investments measured at net asset value*	334,090,500				
Total investments, at fair value	\$ 9,614,978,531				

December 31, 2023					
	Fair value	Quoted price in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	
Investments					
Registered investment companies	\$ 681,562,749	\$ 681,562,749	\$ —	\$ —	
Interest bearing cash	197,531,463	—	197,531,463	—	
Collective trusts	9,600,825,130	—	9,600,825,130	—	
Total investments in fair value hierarchy	\$ 10,479,919,342	\$ 681,562,749	\$ 9,798,356,593	\$ —	
Investments measured at net asset value*	500,156,911				
Total investments, at fair value	\$ 10,980,076,253				

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy presented for the Master Trust investments to the investments at fair value presented in Note 5.

EAGLE ALLIANCE EMPLOYEE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The following table details relevant investment data for investments measured at fair value based on net asset value per share held within the Master Trust as of December 31, 2024 and 2023:

Investment Type	Investment Strategy	2024 Fair Value Determined Using NAV	2023 Fair Value Determined Using NAV	Unfunded Commitments	Redemption Restrictions
Multi-strategy hedge fund of funds	To target attractive long-term risk adjusted absolute returns with lower volatility than the broad equity markets by investing in the equity long/short, event driven, relative value and tactical trading sectors through a portfolio of investment vehicles managed by trading advisors.	\$ 1,215,272	\$ 10,525,027	None	Monthly redemptions with a 45-day notice requirement (a)(b)
Macro-strategy hedge fund	To invest in a broadly diversified portfolio of global securities.	1,102,128	2,994,349	None	Weekly to monthly with four business days to two calendar months notice (b)
Opportunistic strategy hedge fund	To protect principal and achieve superior total return through a portfolio of high yield securities, including bonds and bank debt, stressed and distressed securities, undervalued equities, short selling of debt and equity securities.	-	672,917	None	Quarterly with 60 days' notice and not more than 25% at any time (b)
Real estate limited partnership	To invest directly or indirectly through partnership interest in real estate investments, mortgages and other loans.	188,254,934	249,728,841	None	Quarterly redemptions with a 90-day notice requirement (b)
Real estate investment trust	To invest in diversified U.S. real estate assets, including retail, multi-family, office and industrial, that will produce core real estate returns.	143,518,166	236,235,777	None	Quarterly redemptions with a 45-day notice requirement (b)
		<u>\$ 334,090,500</u>	<u>\$ 500,156,911</u>		

EAGLE ALLIANCE EMPLOYEE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

- (a) As the sole investor in the BlackRock Multi-Strategy Fund of Funds, Plan management requested to liquidate its investment in the fund during 2019. Due to redemption restrictions of the underlying investments of the fund, limitations were put into effect causing the fund to be liquidated over time providing for payments of such request as cash became available. Final liquidation of the fund is expected to occur during 2025.
- (b) During 2022, Plan management requested to liquidate its investments in the remaining hedge funds, the real estate limited partnership, and the real estate investment trust. With the exception of one hedge fund that was liquidated during 2024, due to redemption restrictions of the underlying investments of the funds, limitations were put into effect causing the funds to be liquidated over time providing for payments of such requests as cash becomes available. Final liquidation of the remaining hedge funds is expected to occur during 2025. Final liquidation of the real estate limited partnership and the real estate investment trust is expected to occur in 2028.

(7) Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated August 21, 2013, that the Plan qualified and the Master Trust established under the Plan is tax exempt under the appropriate sections of the Internal Revenue Code (IRC). Although the Plan has been amended subsequent to the date of the latest determination from the IRS, the Plan Sponsor and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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.

(8) 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 Company reserves the right at any time to terminate the Plan. In the event of termination, participants become fully vested and the Master Trust investments will be used to pay benefits to those who are eligible according to an orderly procedure as prescribed by ERISA, its related regulations and the Plan Documents, generally to provide the following benefits in the order indicated:

- Other vested benefits insured by the PBGC up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All non-vested benefits.

The PBGC insures benefits under the Plan if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain survivors' benefits. However,

EAGLE ALLIANCE EMPLOYEE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

the PBGC does not guarantee all types of benefits under covered plans. The amount of benefit protection is subject to certain limitations. The PBGC guarantees vested benefits at the level in effect on the date of plan termination.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

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

Investments in certain collective funds held in the Master Trust are managed by Northern Trust Investments, Inc., an affiliate of the Trustee, in the amounts of \$2,795,388,711 and \$3,479,494,074, as of December 31, 2024 and 2023, respectively. An investment in a hedge fund in the Master Trust is managed by BlackRock Financial Management, Inc., in the amounts of \$864,450 and \$871,056 as of December 31, 2024 and 2023, respectively. Investments in certain collective funds held in the Master Trust are managed by BlackRock Institutional Trust Company, N.A., an affiliate of BlackRock Financial Management, Inc., in the amounts of \$3,254,485,210 and \$4,012,418,343 as of December 31, 2024 and 2023, respectively. These transactions qualify as related party transactions. There were also fees paid to BlackRock Financial Management, Inc. and The Northern Trust Company from the Master Trust and the Plan that qualify as related party transactions. The Master Trust also holds investment funds issued by certain investment managers which also qualify as exempt party-in-interest investments. Fees paid to other service providers also qualify as exempt party-in-interest transactions.

(10) Subsequent Events

Plan Management evaluated subsequent events and transactions that occurred after December 31, 2024 through September 24, 2025, which is the date the financial statements were available to be issued. No events were deemed relevant for disclosure.

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Line 26a – Schedule of Active Participant Data¹

Active Employees as of January 1, 2024

Attained Age	Statistic	Years of Credited Service									
		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
Under 25	Count	-	-	-	-	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
25 to 29	Count	-	-	-	-	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
30 to 34	Count	-	-	-	-	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
35 to 39	Count	-	1	-	-	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
40 to 44	Count	-	-	2	1	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
45 to 49	Count	-	1	2	1	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
50 to 54	Count	-	1	-	2	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
55 to 59	Count	-	1	-	6	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
60 to 64	Count	-	3	1	18	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
65 to 69	Count	-	-	-	4	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
70 & Up	Count	-	1	1	3	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-

¹ The accrued benefits for all active participants in the Eagle Alliance Employee Pension Plan are hard-frozen. As a result, average annual accrued benefits are being shown in the schedule of active participant data in lieu of compensation.

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

For ERISA Requirements

Interest Rates

The three-segment yield curve interest rates with a four month lookback (ending in the month of August 2023), each adjusted as needed to reflect the 5.00% floor under ARPA and to fall within the 25-year average interest rate corridor under HATFA and subsequent legislation, are used for minimum funding purposes. All of the rates shown below are compounded annually.

1st Segment Rate (Years 0 to 4)	4.75%
2nd Segment Rate (Years 5 to 19)	4.87%
3rd Segment Rate (Years 20 and After)	5.59%

Retirement

The retirement decrement assumptions for active and terminated vested participants are summarized in Exhibit A. The weighted average retirement age is 64.

For at-risk calculations, participants who are eligible to retire within the next 10 years are assumed to retire immediately upon eligibility.

Mortality

Base Table:

Pri-2012 total employee and nondisabled annuitant tables

Projection:

Mortality rates are generational, projected from the base year 2012 using 2024 Adjusted Scale MP-2021

Withdrawal

The withdrawal decrement assumptions are summarized in Exhibit B.

Disability

None.

Decrement Timing

Decrements are assumed to apply as of the beginning of the year.

Probabilities Related to Spouse Option

For members covered by a benefit structure with a pre-retirement surviving spouse option, it is assumed that 65% of male members and 45% of female members are assumed to be married; husbands are assumed to be two years older than wives.

Benefit and Compensation Limits

Projected benefits are restricted to allow for the section 401(a)(17) limitations and the individual defined benefit plan limitation as specified in section 415 of the Internal Revenue Code. The maximum dollar limits in effect on the date of valuation are assumed to continue without change.

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Valuation of Plan Assets

The value of plan assets is used to calculate contribution requirements under ERISA. The value of plan assets is determined by recognizing asset gains and losses over a period of three years. Asset gains and losses are defined as the difference between the expected return on the market value of assets, using a return assumption not to exceed the third segment rate, and the actual return on the market value of assets. This gain or loss is recognized over a period of three years at 33% per year, beginning in the current year. The value of plan assets must be within 10% of the market value of assets.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	7.50%	The applicable third segment rate limitation is 5.92%.
2023 Plan Year	6.21%	The applicable third segment rate limitation is 5.74%.
2024 Plan Year	6.21%	The applicable third segment rate limitation is 5.59%.

Expenses

Assumed expenses included in target normal cost are estimated as 0.17% of the market value of assets plus \$160,000 plus PBGC premiums.

Actuarial Cost Method

The method used to calculate the ERISA target normal cost and funding target is the unit credit cost method.

Valuation Date

The valuation date is January 1, 2024.

Rationale for Assumptions

For each economic and demographic assumption that has a significant effect on the measurement, and that the actuary has determined does not significantly conflict with what, in the actuary's professional judgement, is reasonable for the purpose of the measurement, the information and analysis used to support this determination are documented in the 2023 GDC Pension OPEB Experience Dashboard, 2014-2020 GDC Experience Study Report dated December 10, 2021, and subsequent communications between Aon and General Dynamics. General Dynamics approved the assumptions in December 2023.

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Exhibit A

Annual Rates of Retirement

From active status

Age	Retirement Rate	Age	Retirement Rate
55	7.0%	63	12.0%
56	7.0	64	30.0
57	7.0	65	30.0
58	7.0	66	30.0
59	7.0	67	30.0
60	8.0	68	30.0
61	8.0	69	50.0
62	12.0	70 & Over	100.0

From deferred vested status

Age	Retirement Rate	Age	Retirement Rate
55	7.0%	60	7.0%
56	7.0	61	7.0
57	7.0	62	15.0
58	7.0	63	10.0
59	7.0	64	30.0
		65 & Over	100.0

Exhibit B

Annual Rates of Withdrawal

Age	Withdrawal Rate	Age	Withdrawal Rate
20 & Under	14.0%	35	10.4%
21	14.0	36	10.0
22	14.0	37	9.8
23	13.6	38	9.6
24	13.4	39	9.4
25	13.2	40	9.2
26	13.0	41	9.0
27	12.8	42	8.8
28	12.6	43	8.6
29	12.4	44	8.4
30	12.2	45	8.2
31	12.0	46	8.0
32	11.6	47	8.0
33	11.2	48	8.0
34	10.8	49 & Over	8.0

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Discussion of Actuarial Assumptions and Methods

For the funding valuation, the allowable interest rates and mortality tables available to measure plan liabilities are prescribed by IRC section 412. Aon provided guidance with respect to the alternative interest rate and mortality table options, and it is our belief that the options prescribed by General Dynamics Corporation are appropriate for funding purposes. It is our belief that all other actuarial assumptions used for the funding valuation represent reasonable expectations of anticipated plan experience. The actuarial cost and amortization methods used are prescribed by IRC section 412. While the method used to value assets is prescribed by General Dynamics Corporation, Aon provided guidance with respect to the use of this method, and it is our belief that the method is appropriate for funding purposes.

Calculation of Normal Costs and Liabilities

The method used to calculate the ERISA target normal cost and funding target is the unit credit cost method. The funding target under IRC section 430 is calculated as the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year, based on current service and current pay. The target normal cost is the present value of all benefits expected to accrue or be earned under the plan during the plan year, including any increase in benefits earned in prior plan years attributable to compensation increases in the current plan year, plus certain trust expenses.

Under this method, benefits are estimated at each decrement age using service and earnings as of the valuation date. The present value of these estimated benefits using the ERISA assumptions is the ERISA funding target. The target normal cost is the present value of the benefits earned during the year.

For calculating the actuarial present value of vested benefits, benefits at each decrement age are determined in the same manner but are then multiplied by each participant's vesting percentage as of the valuation date. The present value of these estimated vested benefits is determined without recognition of any benefit for which a participant will become entitled only through the advancement in service or age while actively employed. In addition, certain ancillary benefits have been treated as vested consistent with PBGC premium regulations.

The ERISA funding target for lump sum benefits, other than lump sum benefits paid from a statutory hybrid plan under the provisions of IRC section 411(a)(13)(A), is determined by valuing the annuity that corresponds to the distribution using special actuarial assumptions, as described under Treasury regulations section 1.430(d). Under these special assumptions, for the period beginning with the annuity starting date, the current IRC section 417(e) applicable mortality table is substituted for the mortality table otherwise used.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

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

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

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

A Name of plan EAGLE ALLIANCE EMPLOYEE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Eagle Alliance	D Employer Identification Number (EIN) 52-2308257	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	43,899,999
	b Actuarial value	2b	47,232,280
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	262	29,217,937
	b For terminated vested participants	135	11,507,931
	c For active participants	49	7,157,573
	d Total	446	47,883,441
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.08%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	476,288
	c Target normal cost	6c	476,288

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

SIGN HERE	ALVIN K. PEH <i>AP</i>	09/30/2025
	Signature of actuary	Date
	ALVIN K. PEH	2309039
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	314-725-9966
	Firm name	Telephone number (including area code)
	MSC# 17840, AON, PO BOX 551343	
	ATLANTA GA 30355	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,659,399
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	883,246
9	Amount remaining (line 7 minus line 8)	0	776,153
10	Interest on line 9 using prior year's actual return of <u>11.08%</u>	0	85,998
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	862,151

Part III Funding Percentages			
14	Funding target attainment percentage	14	96.83 %
15	Adjusted funding target attainment percentage	15	96.83 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.75 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	476,288	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,517,488	151,054	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 627,342
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	627,342	627,342
36 Additional cash requirement (line 34 minus line 35).....			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years			40 0

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

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

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age reported in Line 22 has been computed in the following manner:

The average assumed retirement age for a member is determined by applying the assumed retirement rate at each age to the percentage of members who have not yet been expected to retire. This produces for each eligible age the percentage of members who are expected to retire at that age. These percentages are then used as weights to determine the average assumed retirement age.

The assumed annual rates of retirement for active participants are summarized in the following table:

Annual Rates of Retirement

Age	Retirement Rate	Age	Retirement Rate
55	7.0%	63	12.0%
56	7.0	64	30.0
57	7.0	65	30.0
58	7.0	66	30.0
59	7.0	67	30.0
60	8.0	68	30.0
61	8.0	69	50.0
62	12.0	70 & Over	100.0

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

For ERISA Requirements

Interest Rates

The three-segment yield curve interest rates with a four month lookback (ending in the month of August 2023), each adjusted as needed to reflect the 5.00% floor under ARPA and to fall within the 25-year average interest rate corridor under HATFA and subsequent legislation, are used for minimum funding purposes. All of the rates shown below are compounded annually.

1st Segment Rate (Years 0 to 4)	4.75%
2nd Segment Rate (Years 5 to 19)	4.87%
3rd Segment Rate (Years 20 and After)	5.59%

Retirement

The retirement decrement assumptions for active and terminated vested participants are summarized in Exhibit A. The weighted average retirement age is 64.

For at-risk calculations, participants who are eligible to retire within the next 10 years are assumed to retire immediately upon eligibility.

Mortality

Base Table:

Pri-2012 total employee and nondisabled annuitant tables

Projection:

Mortality rates are generational, projected from the base year 2012 using 2024 Adjusted Scale MP-2021

Withdrawal

The withdrawal decrement assumptions are summarized in Exhibit B.

Disability

None.

Decrement Timing

Decrements are assumed to apply as of the beginning of the year.

Probabilities Related to Spouse Option

For members covered by a benefit structure with a pre-retirement surviving spouse option, it is assumed that 65% of male members and 45% of female members are assumed to be married; husbands are assumed to be two years older than wives.

Benefit and Compensation Limits

Projected benefits are restricted to allow for the section 401(a)(17) limitations and the individual defined benefit plan limitation as specified in section 415 of the Internal Revenue Code. The maximum dollar limits in effect on the date of valuation are assumed to continue without change.

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Valuation of Plan Assets

The value of plan assets is used to calculate contribution requirements under ERISA. The value of plan assets is determined by recognizing asset gains and losses over a period of three years. Asset gains and losses are defined as the difference between the expected return on the market value of assets, using a return assumption not to exceed the third segment rate, and the actual return on the market value of assets. This gain or loss is recognized over a period of three years at 33% per year, beginning in the current year. The value of plan assets must be within 10% of the market value of assets.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	7.50%	The applicable third segment rate limitation is 5.92%.
2023 Plan Year	6.21%	The applicable third segment rate limitation is 5.74%.
2024 Plan Year	6.21%	The applicable third segment rate limitation is 5.59%.

Expenses

Assumed expenses included in target normal cost are estimated as 0.17% of the market value of assets plus \$160,000 plus PBGC premiums.

Actuarial Cost Method

The method used to calculate the ERISA target normal cost and funding target is the unit credit cost method.

Valuation Date

The valuation date is January 1, 2024.

Rationale for Assumptions

For each economic and demographic assumption that has a significant effect on the measurement, and that the actuary has determined does not significantly conflict with what, in the actuary's professional judgement, is reasonable for the purpose of the measurement, the information and analysis used to support this determination are documented in the 2023 GDC Pension OPEB Experience Dashboard, 2014-2020 GDC Experience Study Report dated December 10, 2021, and subsequent communications between Aon and General Dynamics. General Dynamics approved the assumptions in December 2023.

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Exhibit A

Annual Rates of Retirement

From active status

Age	Retirement Rate	Age	Retirement Rate
55	7.0%	63	12.0%
56	7.0	64	30.0
57	7.0	65	30.0
58	7.0	66	30.0
59	7.0	67	30.0
60	8.0	68	30.0
61	8.0	69	50.0
62	12.0	70 & Over	100.0

From deferred vested status

Age	Retirement Rate	Age	Retirement Rate
55	7.0%	60	7.0%
56	7.0	61	7.0
57	7.0	62	15.0
58	7.0	63	10.0
59	7.0	64	30.0
		65 & Over	100.0

Exhibit B

Annual Rates of Withdrawal

Age	Withdrawal Rate	Age	Withdrawal Rate
20 & Under	14.0%	35	10.4%
21	14.0	36	10.0
22	14.0	37	9.8
23	13.6	38	9.6
24	13.4	39	9.4
25	13.2	40	9.2
26	13.0	41	9.0
27	12.8	42	8.8
28	12.6	43	8.6
29	12.4	44	8.4
30	12.2	45	8.2
31	12.0	46	8.0
32	11.6	47	8.0
33	11.2	48	8.0
34	10.8	49 & Over	8.0

2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Discussion of Actuarial Assumptions and Methods

For the funding valuation, the allowable interest rates and mortality tables available to measure plan liabilities are prescribed by IRC section 412. Aon provided guidance with respect to the alternative interest rate and mortality table options, and it is our belief that the options prescribed by General Dynamics Corporation are appropriate for funding purposes. It is our belief that all other actuarial assumptions used for the funding valuation represent reasonable expectations of anticipated plan experience. The actuarial cost and amortization methods used are prescribed by IRC section 412. While the method used to value assets is prescribed by General Dynamics Corporation, Aon provided guidance with respect to the use of this method, and it is our belief that the method is appropriate for funding purposes.

Calculation of Normal Costs and Liabilities

The method used to calculate the ERISA target normal cost and funding target is the unit credit cost method. The funding target under IRC section 430 is calculated as the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year, based on current service and current pay. The target normal cost is the present value of all benefits expected to accrue or be earned under the plan during the plan year, including any increase in benefits earned in prior plan years attributable to compensation increases in the current plan year, plus certain trust expenses.

Under this method, benefits are estimated at each decrement age using service and earnings as of the valuation date. The present value of these estimated benefits using the ERISA assumptions is the ERISA funding target. The target normal cost is the present value of the benefits earned during the year.

For calculating the actuarial present value of vested benefits, benefits at each decrement age are determined in the same manner but are then multiplied by each participant's vesting percentage as of the valuation date. The present value of these estimated vested benefits is determined without recognition of any benefit for which a participant will become entitled only through the advancement in service or age while actively employed. In addition, certain ancillary benefits have been treated as vested consistent with PBGC premium regulations.

The ERISA funding target for lump sum benefits, other than lump sum benefits paid from a statutory hybrid plan under the provisions of IRC section 411(a)(13)(A), is determined by valuing the annuity that corresponds to the distribution using special actuarial assumptions, as described under Treasury regulations section 1.430(d). Under these special assumptions, for the period beginning with the annuity starting date, the current IRC section 417(e) applicable mortality table is substituted for the mortality table otherwise used.

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Part V – Summary of Plan Provisions

Benefit Provisions

Effective Date
October 27, 2001.

Eligibility
Employees of the Company or a designated affiliate who are not covered by a collective bargaining agreement and made the required contribution to the plan.

Closure to New Hires Date
April 1, 2011.

Credited Service
One year for each calendar year that member makes the required contributions.

Normal Retirement Date
Age 65.

Early Retirement Date
Between ages 55 and 65, after completion of 5 years of service.

Normal Retirement Pension
A monthly pension of 2.25% of final average earnings per year of service. Plan membership service is frozen as of January 5, 2013.

Final average earnings equals the average of the highest consecutive 60 months of base compensation including overtime, bonuses and shift differentials received during the 120 consecutive months preceding termination. Final average earnings is frozen as of January 5, 2013.

Early Retirement Pension
Accrued normal retirement benefit deferred to age 65 or reduced by 6% for each year prior to age 65 for immediate payment of benefits.

If the member was a former NSA employee, hired by the Company pursuant to the outsourcing agreement between the Company and the U.S. Government, who left Federal Service without an immediate annuity, the accrued normal retirement pension is payable with no reduction for immediate payment of benefits if the following age and service requirements are met:

For former CSRS participants:

<u>Age</u>	<u>Years of Service</u>
55	30
60	20
62	5

2024 Schedule SB, Part V – Summary of Plan Provisions

Benefit Provisions

For former FERS participants:

<u>Age</u>	<u>Years of Service</u>
MRA ¹	30
60	20
62	5

If the member was a former FERS participant, he is also entitled to receive the NSA MRA + 10 annuity benefit if the necessary requirements are met. This NSA MRA + 10 annuity benefit is the unreduced annual annuity otherwise payable at the retirement date of age 62 reduced by five-twelfths of one percent for each full month by which the commencement date of the benefit proceeds his 62nd birthday. This reduction is permanent and does not stop when the retiree reaches age 62. The member must meet one of the following combined age and service requirements at retirement to receive this benefit:

<u>Age at Retirement</u>	<u>At Least 10 Years of Service, But Less than</u>
MRA ¹ to 59	30
60-61	20

If the member is not covered by the provisions above, then the member retiring early on or after age 55 with 5 years of service will have his accrued benefit reduced 1/2% for each month prior to age 65.

Available Forms of Payment

Normal form of payment is a single life annuity. Optional forms of payment also available on an actuarial equivalent basis are 5 and 10 year certain and life annuities; and 50%, 75% and 100% joint and survivor annuity.

Employee Contributions

No employee contributions are required on or after January 4, 2013.

Termination

If terminating employment after completion of five years of service, the accrued normal retirement pension is payable commencing at age 65. The benefit may commence prior to age 65 on an actuarial equivalent basis if early retirement requirements are satisfied.

Death Before Retirement

If a member dies while eligible for early retirement at employee option and leaves a surviving spouse, the surviving spouse will receive the benefit accrued that would have been payable had the member retired at age 55 and elected the 50% joint and survivor option.

¹ Minimum Retirement Age (MRA) is determined in accordance with the following schedule:

<u>Year of Birth</u>	<u>MRA</u>	<u>Year of Birth</u>	<u>MRA</u>	<u>Year of Birth</u>	<u>MRA</u>
Before 1948	55	1951	55 and 8 months	1966	56 and 4 months
1948	55 and 2 months	1952	55 and 10 months	1967	56 and 6 months
1949	55 and 4 months	1953-1964	56	1968	56 and 8 months
1950	55 and 6 months	1965	56 and 2 months	1969	56 and 10 months
				1970 & After	57

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Part V – Summary of Plan Provisions

Benefit Provisions

If a member dies while eligible for a vested benefit but prior to eligibility for early retirement and leaves a surviving spouse, the surviving spouse will receive 50% of the benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter.

Death After Retirement

Depends on the form of pension elected.

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Part V – Summary of Plan Provisions

Benefit Provisions – Changes Since Last Valuation

There have been no benefit provision changes since the last valuation.

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Part V – Other Information

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Line 24 – Change in Actuarial Assumptions

Changes in the following non-prescribed actuarial assumptions were made to better reflect anticipated experience under the plan:

- A change in the non-prescribed assumption related to assumed expenses payable from the trust from 0.13% of the market value of assets plus \$210,000 plus PBGC premiums to 0.17% of the market value of assets plus \$160,000 plus PBGC premiums.

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Line 26a – Schedule of Active Participant Data¹

Active Employees as of January 1, 2024

Attained Age	Statistic	Years of Credited Service									
		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
Under 25	Count	-	-	-	-	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
25 to 29	Count	-	-	-	-	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
30 to 34	Count	-	-	-	-	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
35 to 39	Count	-	1	-	-	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
40 to 44	Count	-	-	2	1	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
45 to 49	Count	-	1	2	1	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
50 to 54	Count	-	1	-	2	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
55 to 59	Count	-	1	-	6	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
60 to 64	Count	-	3	1	18	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
65 to 69	Count	-	-	-	4	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-
70 & Up	Count	-	1	1	3	-	-	-	-	-	-
	Avg. Ann. Benefit	-	-	-	-	-	-	-	-	-	-

¹ The accrued benefits for all active participants in the Eagle Alliance Employee Pension Plan are hard-frozen. As a result, average annual accrued benefits are being shown in the schedule of active participant data in lieu of compensation.

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Line 32 – Schedule of Amortization Bases

	<u>Present Value of Future Installments</u>	<u>Years Remaining</u>	<u>Amortization Installments</u>
Shortfall Amortization Charge			
a. Current Annual Installments			
i. January 1, 2023	\$ 2,911,450	14	\$ 277,877
ii. January 1, 2024	<u>(1,393,962)</u>	15	<u>(126,823)</u>
iii. Total	\$ 1,517,488		\$ 151,054
b. Shortfall Amortization Charge, (a)(iii), not less than 0			\$ 151,054

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age reported in Line 22 has been computed in the following manner:

The average assumed retirement age for a member is determined by applying the assumed retirement rate at each age to the percentage of members who have not yet been expected to retire. This produces for each eligible age the percentage of members who are expected to retire at that age. These percentages are then used as weights to determine the average assumed retirement age.

The assumed annual rates of retirement for active participants are summarized in the following table:

Annual Rates of Retirement

Age	Retirement Rate	Age	Retirement Rate
55	7.0%	63	12.0%
56	7.0	64	30.0
57	7.0	65	30.0
58	7.0	66	30.0
59	7.0	67	30.0
60	8.0	68	30.0
61	8.0	69	50.0
62	12.0	70 & Over	100.0

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Part V – Other Information

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Part V – Summary of Plan Provisions

Benefit Provisions

Effective Date
October 27, 2001.

Eligibility
Employees of the Company or a designated affiliate who are not covered by a collective bargaining agreement and made the required contribution to the plan.

Closure to New Hires Date
April 1, 2011.

Credited Service
One year for each calendar year that member makes the required contributions.

Normal Retirement Date
Age 65.

Early Retirement Date
Between ages 55 and 65, after completion of 5 years of service.

Normal Retirement Pension
A monthly pension of 2.25% of final average earnings per year of service. Plan membership service is frozen as of January 5, 2013.

Final average earnings equals the average of the highest consecutive 60 months of base compensation including overtime, bonuses and shift differentials received during the 120 consecutive months preceding termination. Final average earnings is frozen as of January 5, 2013.

Early Retirement Pension
Accrued normal retirement benefit deferred to age 65 or reduced by 6% for each year prior to age 65 for immediate payment of benefits.

If the member was a former NSA employee, hired by the Company pursuant to the outsourcing agreement between the Company and the U.S. Government, who left Federal Service without an immediate annuity, the accrued normal retirement pension is payable with no reduction for immediate payment of benefits if the following age and service requirements are met:

For former CSRS participants:

<u>Age</u>	<u>Years of Service</u>
55	30
60	20
62	5

2024 Schedule SB, Part V – Summary of Plan Provisions

Benefit Provisions

For former FERS participants:

<u>Age</u>	<u>Years of Service</u>
MRA ¹	30
60	20
62	5

If the member was a former FERS participant, he is also entitled to receive the NSA MRA + 10 annuity benefit if the necessary requirements are met. This NSA MRA + 10 annuity benefit is the unreduced annual annuity otherwise payable at the retirement date of age 62 reduced by five-twelfths of one percent for each full month by which the commencement date of the benefit proceeds his 62nd birthday. This reduction is permanent and does not stop when the retiree reaches age 62. The member must meet one of the following combined age and service requirements at retirement to receive this benefit:

<u>Age at Retirement</u>	<u>At Least 10 Years of Service, But Less than</u>
MRA ¹ to 59	30
60-61	20

If the member is not covered by the provisions above, then the member retiring early on or after age 55 with 5 years of service will have his accrued benefit reduced 1/2% for each month prior to age 65.

Available Forms of Payment

Normal form of payment is a single life annuity. Optional forms of payment also available on an actuarial equivalent basis are 5 and 10 year certain and life annuities; and 50%, 75% and 100% joint and survivor annuity.

Employee Contributions

No employee contributions are required on or after January 4, 2013.

Termination

If terminating employment after completion of five years of service, the accrued normal retirement pension is payable commencing at age 65. The benefit may commence prior to age 65 on an actuarial equivalent basis if early retirement requirements are satisfied.

Death Before Retirement

If a member dies while eligible for early retirement at employee option and leaves a surviving spouse, the surviving spouse will receive the benefit accrued that would have been payable had the member retired at age 55 and elected the 50% joint and survivor option.

¹ Minimum Retirement Age (MRA) is determined in accordance with the following schedule:

<u>Year of Birth</u>	<u>MRA</u>	<u>Year of Birth</u>	<u>MRA</u>	<u>Year of Birth</u>	<u>MRA</u>
Before 1948	55	1951	55 and 8 months	1966	56 and 4 months
1948	55 and 2 months	1952	55 and 10 months	1967	56 and 6 months
1949	55 and 4 months	1953-1964	56	1968	56 and 8 months
1950	55 and 6 months	1965	56 and 2 months	1969	56 and 10 months
				1970 & After	57

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Part V – Summary of Plan Provisions

Benefit Provisions

If a member dies while eligible for a vested benefit but prior to eligibility for early retirement and leaves a surviving spouse, the surviving spouse will receive 50% of the benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter.

Death After Retirement

Depends on the form of pension elected.

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Part V – Summary of Plan Provisions

Benefit Provisions – Changes Since Last Valuation

There have been no benefit provision changes since the last valuation.

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Line 32 – Schedule of Amortization Bases

	<u>Present Value of Future Installments</u>	<u>Years Remaining</u>	<u>Amortization Installments</u>
Shortfall Amortization Charge			
a. Current Annual Installments			
i. January 1, 2023	\$ 2,911,450	14	\$ 277,877
ii. January 1, 2024	<u>(1,393,962)</u>	15	<u>(126,823)</u>
iii. Total	\$ 1,517,488		\$ 151,054
b. Shortfall Amortization Charge, (a)(iii), not less than 0			\$ 151,054

Eagle Alliance
(EIN: 52-2308257, PN: 001)
Eagle Alliance Employee Pension Plan

2024 Schedule SB, Line 24 – Change in Actuarial Assumptions

Changes in the following non-prescribed actuarial assumptions were made to better reflect anticipated experience under the plan:

- A change in the non-prescribed assumption related to assumed expenses payable from the trust from 0.13% of the market value of assets plus \$210,000 plus PBGC premiums to 0.17% of the market value of assets plus \$160,000 plus PBGC premiums.