

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>NG MASTER INACTIVE QUALIFIED PLAN</u>	1b Three-digit plan number (PN) ▶ <u>029</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NORTHROP GRUMMAN CORPORATION</u> <u>2980 FAIRVIEW PARK DRIVE</u> <u>FALLS CHURCH, VA 22042-4511</u>	1c Effective date of plan <u>01/01/1960</u> 2b Employer Identification Number (EIN) <u>80-0640649</u> 2c Plan Sponsor's telephone number <u>703-280-2900</u> 2d Business code (see instructions) <u>336410</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2025	JEFF SCHMIDT-CORP VP, TOTAL REWARDS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">NG BENEFIT PLANS ADMINISTRATIVE COMMITTEE</p> <p style="color: blue;">2980 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042-4511</p>	<p>3b Administrator's EIN 95-3058633</p> <p>3c Administrator's telephone number 800-894-4194</p>
---	--

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

5 Total number of participants at the beginning of the plan year	5	2961
---	----------	------

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)	0
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	1512
c Other retired or separated participants entitled to future benefits	6c	875
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	2387
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	512
f Total. Add lines 6d and 6e	6f	2899
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:

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

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

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

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>NG MASTER INACTIVE QUALIFIED PLAN</u>	B Three-digit plan number (PN) ▶	<u>029</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NORTHROP GRUMMAN CORPORATION</u>	D Employer Identification Number (EIN) <u>80-0640649</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>107802487</u>
	b Actuarial value	2b	<u>115542134</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1814</u>	<u>58790502</u>
	b For terminated vested participants	<u>1147</u>	<u>19690357</u>
	c For active participants	<u>0</u>	<u>0</u>
	d Total	<u>2961</u>	<u>78480859</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>5.05 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>706260</u>
	c Target normal cost	6c	<u>706260</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	Date
	<u>THOMAS R. SUPPLE</u>	<u>23-05740</u>
	Type or print name of actuary	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>213-337-6000</u>
	Firm name	Telephone number (including area code)
	<u>300 SOUTH GRAND AVENUE, STE 2000</u> <u>LOS ANGELES, CA 90071</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)	17962863	5300501
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	17962863	5300501
10	Interest on line 9 using prior year's actual return of <u>10.47</u> %	1880712	554962
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>5.18</u> %		
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)	19843575	5855463

Part III Funding Percentages			
14	Funding target attainment percentage	14	114.47 %
15	Adjusted funding target attainment percentage	15	147.22 %
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	134.94 %
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)		18(c)	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input 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		

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** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate 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..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes 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..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes 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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	706260
b Excess assets, if applicable, but not greater than line 31a	31b	706260

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	

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. 2019 2020 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 NG MASTER INACTIVE QUALIFIED PLAN	B Three-digit plan number (PN) ▶	029
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHROP GRUMMAN CORPORATION	D Employer Identification Number (EIN) 80-0640649	

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	RECORDKEEPER	109716	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)

DELOITTE & TOUCHE LLP

13-3891517

(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	AUDITOR	76008	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)

WILLIS TOWERS WATSON DELAWARE INC.

53-0181291

(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 17 50	ACTUARY	41993	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)

CITRIN COOPERMAN ADVISORS LLC

87-2525370

(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	FORM 5500 PREP	7302	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan <u>NG MASTER INACTIVE QUALIFIED PLAN</u>	B Three-digit plan number (PN) ▶	<u>029</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NORTHROP GRUMMAN CORPORATION</u>	D Employer Identification Number (EIN) <u>80-0640649</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>NG DB MT EQUITY FD</u>				
b Name of sponsor of entity listed in (a): <u>NORTHROP GRUMMAN CORPORATION</u>				
c EIN-PN <u>13-6692740-001</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>NG DB MT NON-US EQUITY FD</u>				
b Name of sponsor of entity listed in (a): <u>NORTHROP GRUMMAN CORPORATION</u>				
c EIN-PN <u>13-6692740-015</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>NG DB MT ALTERNATIVE INVESTMENT FD</u>				
b Name of sponsor of entity listed in (a): <u>NORTHROP GRUMMAN CORPORATION</u>				
c EIN-PN <u>13-6692740-007</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>14802423</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NG DB MT FIXED INCOME FD</u>				
b Name of sponsor of entity listed in (a): <u>NORTHROP GRUMMAN CORPORATION</u>				
c EIN-PN <u>13-6692740-008</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>31107760</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NG DB MONEY MARKET FD</u>				
b Name of sponsor of entity listed in (a): <u>NORTHROP GRUMMAN CORPORATION</u>				
c EIN-PN <u>13-6692740-012</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>2073851</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NG DB MT GLOBAL EQUITY FD</u>				
b Name of sponsor of entity listed in (a): <u>NORTHROP GRUMMAN CORPORATION</u>				
c EIN-PN <u>13-6692740-016</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>16717529</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NG DB MT FIXED INCOME POOL 10 FUND</u>				
b Name of sponsor of entity listed in (a): <u>NORTHROP GRUMMAN CORPORATION</u>				
c EIN-PN <u>13-6692740-020</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>33290410</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **NG DB MT PRIVATE CREDIT FD**

b Name of sponsor of entity listed in (a): **NORTHROP GRUMMAN CORPORATION**

c EIN-PN 13-6692740-021	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6119109
---------------------------------------	-------------------------------	--

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NG MASTER INACTIVE QUALIFIED PLAN	B Three-digit plan number (PN) ▶ 029
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHROP GRUMMAN CORPORATION	D Employer Identification Number (EIN) 80-0640649

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)	104111082
(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)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	107279221 104111082
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	85063 75509
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	85063 75509
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	107194158 104035573

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.

		(a) Amount	(b) Total
Income			
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)	
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities.....	2b(1)(B)	
	(C) Corporate debt instruments.....	2b(1)(C)	
	(D) Loans (other than to participants).....	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other.....	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock.....	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	
(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)		3716021
(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		3716021

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6318404	
(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)		6318404
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)	109619	
(4) IQPA audit fees	2i(4)	83310	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	3016	
(7) Actuarial fees	2i(7)	40030	
(8) Legal fees	2i(8)	1929	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	318298	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		556202
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6874606

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3158585
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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		100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 551954.

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 <u>NG MASTER INACTIVE QUALIFIED PLAN</u>	B Three-digit plan number (PN) ▶	<u>029</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHROP GRUMMAN CORPORATION</u>	D Employer Identification Number (EIN) <u>80-0640649</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-2647786

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		2
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 28.6 % Private Equity: 11.3 % Investment-Grade Debt and Interest Rate Hedging Assets: 38.9 %
 High-Yield Debt: 1.1 % Real Assets: 6.1 % Cash or Cash Equivalents: 2.1 % Other: 11.9 %

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 _____.

Northrop Grumman Master Inactive Qualified Plan

Employer ID No: 80-0640649

Plan Number: 029

Financial Statements as of and for the
Years Ended December 31, 2024 and 2023, and
Independent Auditor's Report

NORTHROP GRUMMAN MASTER INACTIVE QUALIFIED PLAN

TABLE OF CONTENTS

	Page
<u>INDEPENDENT AUDITOR'S REPORT</u>	<u>1</u>
FINANCIAL STATEMENTS	
<u>Statements of Net Assets Available for Pension Benefits as of December 31, 2024 and 2023</u>	<u>3</u>
<u>Statements of Changes in Net Assets Available for Pension Benefits for the Years Ended December 31, 2024 and 2023</u>	<u>4</u>
<u>Statement of Accumulated Plan Benefits as of December 31, 2023</u>	<u>5</u>
<u>Statement of Changes in Accumulated Plan Benefits for the Year Ended December 31, 2023</u>	<u>6</u>
<u>Notes to Financial Statements</u>	<u>7</u>

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Northrop Grumman Master Inactive Qualified Plan:

Opinion

We have audited the financial statements of Northrop Grumman Master Inactive Qualified Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for pension benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for pension benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for pension benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for pension benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Deloitte & Touche LLP

October 3, 2025

NORTHROP GRUMMAN MASTER INACTIVE QUALIFIED PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PENSION BENEFITS

<i>\$ in thousands</i>	December 31	
	2024	2023
Assets:		
Plan interest in Northrop Grumman Pension Master Trust, at fair value	\$ 104,111	\$ 107,279
Total assets	104,111	107,279
Liabilities: Accrued expenses	76	85
Net assets available for pension benefits	\$ 104,035	\$ 107,194

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

NORTHROP GRUMMAN MASTER INACTIVE QUALIFIED PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PENSION BENEFITS

<i>\$ in thousands</i>	Year Ended December 31	
	2024	2023
Additions:		
Investment income — Plan interest in the Northrop Grumman Pension Master Trust	\$ 3,715	\$ 10,444
Total investment income	3,715	10,444
Deductions:		
Benefits paid to participants	6,318	6,302
Administrative expenses	556	572
Total deductions	6,874	6,874
(Decrease)/increase in net assets	(3,159)	3,570
Net assets available for pension benefits		
Beginning of year	107,194	103,624
End of year	\$ 104,035	\$ 107,194

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

NORTHROP GRUMMAN MASTER INACTIVE QUALIFIED PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

	December 31, 2023
<i>\$ in thousands</i>	
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 52,954
Other participants	16,262
Total vested benefits	69,216
Total actuarial present value of accumulated plan benefits	\$ 69,216

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

NORTHROP GRUMMAN MASTER INACTIVE QUALIFIED PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

<i>\$ in thousands</i>	Year Ended December 31, 2023
Actuarial present value of accumulated plan benefits — Beginning of year	\$ 70,783
Increase (decrease) during the year attributable to:	
Interest	4,738
Benefits paid	(6,302)
Actuarial gains	(91)
Changes in actuarial assumptions	88
Net decrease	(1,567)
Actuarial present value of accumulated plan benefits — End of year	\$ 69,216

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

NORTHROP GRUMMAN MASTER INACTIVE QUALIFIED PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Northrop Grumman Master Inactive Qualified Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined benefit pension plan sponsored by Northrop Grumman Corporation (the “Company” or “Plan Sponsor”). The Plan’s Benefit Plans Administrative and Investment Committees control and manage the operation of the Plan. State Street Bank and Trust Company (the “Trustee”) serves as the Trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The Plan holds an interest in the Northrop Grumman Pension Master Trust (the “Pension Master Trust”).

Currently no employees are actively accruing benefits in the Plan. All participants have either retired and are currently receiving benefit payments or have a vested benefit and will receive benefit payments from the Plan in the future.

Pension Benefits

All participants are fully vested in their benefits. Benefits are payable in the form of a joint and survivor annuity, a single life annuity, or other options as defined in the Plan document.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities and changes therein, as well as the actuarial present value of accumulated plan benefits. Actual results could materially differ from those estimates.

Risks and Uncertainties

The Plan holds an interest in the Pension Master Trust which invests in various investment securities (Note 3). Investment securities are exposed to various risks, including interest rate and credit risk, overall market volatility, market risks including global events such as pandemics or international conflicts, and risks related to U.S. and foreign government instability. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur in the near term, and those changes could materially affect the amounts reported in the financial statements. The Pension Master Trust has no individual investments that account for greater than 10 percent of net assets.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to uncertainties inherent in the assumptions used in the estimating process, it is reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition

The investments held by the Pension Master Trust are reported at fair value as determined by the Trustee pursuant to the Pension Master Trust agreement. Plan management provides direction and oversight of the valuation process. The fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Pension Master Trust investments are valued as described below. See Note 5 for the Pension Master Trust’s derivative financial instrument disclosures.

Cash equivalents primarily represent interest-bearing foreign cash that is valued at cost, which approximates fair value. The short-term investment funds are private funds managed by third-party managers with the investment objectives of liquidity and preservation of principal. The funds are valued based on the redemption price of shares/units, which is based on the current fair value of the underlying net assets. Investments in certain equity securities are valued at the last reported sales price of the stock on the active market in which the investments are traded on the last business day of the year or based on the quoted market prices that represent the net asset value ("NAV") of shares held by the Pension Master Trust at year-end. Fair values for certain equity and fixed-income investments, which are not exchange-traded, are valued using quoted prices in inactive markets or quoted prices for similar instruments, model-derived valuations or third-party pricing services. The third-party pricing services use, for example, recent broker-dealer quotations or model-based pricing methods that use significant observable inputs such as relevant yield curves, credit information of the underlying investment, prepayment projections, cash flows and other investment characteristics, to determine fair value as of the last trading day of the year. If market values are not available from the above sources, the fair value is provided to the Trustee by the party with authority to trade in such investments (investment managers or Plan management, as applicable). Fair values for certain equity funds, fixed-income funds and alternative investments funds, including hedge funds, opportunistic investments funds, private equity funds, real estate funds and private credit funds, are valued based on the NAV as a practical expedient are derived by investment managers.

Over-the-counter financial derivative instruments derive their value from underlying asset prices, indices, reference rates and other inputs or a combination of these factors. These contracts are normally valued on the basis of broker-dealer information or pricing service providers. Depending on the product and the terms of the transaction, the value of the derivative contracts can be estimated by a pricing service provider using a series of techniques, including simulation pricing models. The pricing models use inputs observed from actively quoted markets such as issuer details, indices, spreads, interest rates, curves, dividends and exchange rates. Derivatives that use similar valuation techniques and inputs as described above are categorized as Level 2 of the fair value hierarchy. Exchange-traded derivatives are valued based off of the last reported price on the active market on which they trade and are categorized as Level 1 of the fair value hierarchy.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on an accrual basis and dividends are recorded on the ex-dividend date. Broker commissions, transfer taxes, investment manager fees and other charges and expenses incurred in connection with the purchase, sale, or disposition of investments are added to the cost of such investments, or are deducted from the proceeds of the sale or disposition thereof, as appropriate. Currency gains and losses from international equity sales and foreign exchange settlements are reflected in investment income.

In performing valuations or calculations required of the Trustee, the Trustee relies on prices provided by pricing sources, investment managers and/or Plan management for certification as to the value.

The Pension Master Trust allocates investment income, including realized gains and losses and unrealized appreciation and depreciation on the underlying securities to the participating plans based upon the market value of each participating plan's investment. The realized gain or loss on investments is the difference between the proceeds received and the average cost of investments sold. The unrealized appreciation or depreciation amount is the aggregate difference between the current fair market value and the average cost of investments.

Fair Value of Financial Instruments

The Pension Master Trust measures the fair value of its financial instruments using observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect internal market assumptions. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

These two types of inputs create the following fair value hierarchy:

Level 1 — Quoted prices for identical instruments in active markets. Level 1 investments of the Pension Master Trust primarily include cash equivalents, exchange-traded derivatives, and U.S. and international equities, which primarily include common and preferred stocks, real estate investment trusts, and registered investment companies.

Level 2 — Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations whose inputs are observable or whose significant value drivers are observable. Level 2 investments of the Pension Master Trust primarily include fixed-income securities based on broker quotes or model-derived valuations and short-term investment funds.

Level 3 — Significant inputs to the valuation model are unobservable.

Expenses

Plan expenses are paid by either the Plan or the Plan Sponsor, as provided in the Plan document.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

3. INVESTMENTS

The Pension Master Trust investments are stated at fair values determined and reported by the Trustee in accordance with the Pension Master Trust agreement established by the Company.

The Plan's proportionate interest represents 0.3 percent of total net assets of the Pension Master Trust as reported by the Trustee as of December 31, 2024 and 2023.

The net assets of the Pension Master Trust and the Plan's interest in Master Trust balances as of December 31, 2024 and 2023, are as follows:

<i>\$ in thousands</i>	Master Trust Balances		Plan's Interest in Master Trust Balances	
	2024	2023	2024	2023
Assets				
Cash equivalents and short-term investment funds	\$ 918,446	\$ 834,563	\$ 2,710	\$ 2,610
U.S. and international equities	3,223,400	3,093,032	6,262	7,684
Fixed-income securities				
U.S. and non-U.S. government	2,279,849	2,729,766	5,923	6,880
Corporate debt	3,381,675	4,303,133	30,316	34,323
Asset-backed	1,301,284	435,625	3,381	1,098
High yield debt	19,436	19,875	50	50
Bank loans	16,138	14,978	42	38
Other assets	33,339	33,857	—	1
Derivatives	(8,807)	69,525	(23)	175
Assets on loan to third-party borrowers	1,865,104	1,513,136	6,612	4,525
Collateral held under securities lending agreements	1,909,513	1,555,557	6,770	4,652
Investments valued using NAV as a practical expedient				
U.S. and international equities funds	5,556,701	5,265,627	10,734	14,507
Fixed-income funds	3,534,258	4,010,961	17,353	17,537
Hedge funds	28,144	33,654	62	70
Opportunistic investments funds	1,816,315	3,190,134	4,185	6,596
Private equity funds	3,524,929	3,435,488	7,740	6,962
Real estate funds	1,854,196	2,114,724	4,072	4,286
Private credit funds	1,793,100	—	6,119	—
Total investments	33,047,020	32,653,635	112,308	111,994
Dividends, interest, and taxes receivable	117,828	111,793	400	386
Receivables from broker for securities sold	205,478	155,650	697	538
Other receivables	292	1,049	1	4
Total assets	33,370,618	32,922,127	113,406	112,922
Liabilities				
Collateral held under securities lending agreements	1,909,513	1,555,557	6,770	4,652
Due to brokers for securities purchased	862,195	288,813	2,511	969
Other liabilities	4,291	4,771	14	22
Total liabilities	2,775,999	1,849,141	9,295	5,643
Net assets of the Pension Master Trust	\$30,594,619	\$31,072,986	\$ 104,111	\$ 107,279

Net investment income for the Pension Master Trust for the years ended December 31, 2024 and 2023, is as follows:

<i>\$ in thousands</i>	2024	2023
Investment income/(loss)		
Net appreciation of investments	\$ 1,082,009	\$ 2,904,552
Interest	430,712	406,568
Dividends	97,617	107,587
Other (loss)/income	(40)	768
Investment manager fees	(122,961)	(105,495)
Net investment income	\$ 1,487,337	\$ 3,313,980

4. FAIR VALUE MEASUREMENTS

The tables below set forth the fair value hierarchy of the investments, measured on a recurring basis and held by the Pension Master Trust as of December 31, 2024 and 2023:

<i>\$ in thousands</i>	2024			
	Level 1	Level 2	Level 3	Total
Cash equivalents and short-term investment funds	\$ 139,591	\$ 778,855	\$ —	\$ 918,446
U.S. and international equities	3,270,989	410	—	3,271,399
Fixed-income securities				
U.S. and non-U.S. government	—	3,814,577	—	3,814,577
Corporate debt	—	3,663,973	—	3,663,973
Asset-backed	—	1,301,284	—	1,301,284
High yield debt	—	19,515	—	19,515
Bank loans	—	16,138	—	16,138
Other assets	—	33,339	—	33,339
Derivatives	(54,054)	45,247	—	(8,807)
Collateral held under securities lending agreements	—	1,909,513	—	1,909,513
Investments valued using NAV as a practical expedient				18,107,643
Total Pension Master Trust at fair value	\$ 3,356,526	\$ 11,582,851	\$ —	\$ 33,047,020

<i>\$ in thousands</i>	2023			
	Level 1	Level 2	Level 3	Total
Cash equivalents and short-term investment fund	\$ 4,146	\$ 830,417	\$ —	\$ 834,563
U.S. and international equities	3,109,065	911	—	3,109,976
Fixed-income securities				
U.S. and non-U.S. government	—	4,095,108	—	4,095,108
Corporate debt	—	4,433,983	—	4,433,983
Asset-backed	—	435,625	—	435,625
High yield debt	—	19,875	—	19,875
Bank loans	—	14,978	—	14,978
Other assets	—	33,857	—	33,857
Derivatives	62,168	7,357	—	69,525
Collateral held under securities lending agreements	—	1,555,557	—	1,555,557
Investments valued using NAV as a practical expedient				18,050,588
Total Pension Master Trust at fair value	\$ 3,175,379	\$ 11,427,668	\$ —	\$ 32,653,635

Certain investments that are measured at fair value using NAV per share (or its equivalent) as a practical expedient are not required to be categorized in the fair value hierarchy tables. The total fair value of these investments is included in the tables above to permit reconciliation of the fair value hierarchy to amounts presented in the investments footnote (Note 3). As of December 31, 2024 and 2023, there were no investments expected to be sold at a value materially different than NAV.

Investments in certain equity and fixed-income funds, which include common/collective trust funds, and alternative investments, including hedge funds, opportunistic investments funds, private equity funds, real estate funds and private credit funds, are valued based on NAV derived by the investment managers, as a practical expedient, and are described further below.

U.S. and International Equities Funds

A subset of the funds in this asset class are structured as limited partnerships funds. Redemption periods are generally daily, monthly or quarterly with a notice requirement less than 90 days. As of December 31, 2024 and 2023, funds in this category with redemption periods longer than one year and with monthly or quarterly notice requirements totaled approximately \$1.8 billion and \$1.7 billion, respectively. As of December 31, 2024 and 2023, there were no unfunded commitments.

Fixed-Income Funds

A subset of this asset class consists of high yield fixed income investments which include a commingled fund. Redemption periods are generally daily, monthly or quarterly with a notice requirement of two days. As of December 31, 2024 and 2023, there were no unfunded commitments.

Hedge Funds

Hedge funds consist of closed-end funds with a 5-10 year life as well as funds that allow redemption requests subject to the liquidity limitations of the underlying investments. As of December 31, 2024 and 2023, unfunded commitments were \$5.5 million.

Opportunistic Investments Funds

Opportunistic investments funds consist of closed-end funds with a 5-10 year life as well as funds that allow redemption requests subject to the liquidity limitations of the underlying investments. As of December 31, 2024 and 2023, unfunded commitments were \$1.3 billion and \$1.6 billion, respectively.

Private Equity Funds

This asset class consists primarily of closed-end private equity funds, which invest across various fund types, including fund of funds, venture capital, buyouts, distressed and mezzanine debt. The term of each fund is typically 10 or more years and the fund's investors do not have an option to redeem their interest in the fund. The assets in this class have been diversified across vintage years, industry sectors and geographic regions. As of December 31, 2024 and 2023, unfunded commitments were \$1.6 billion and \$1.9 billion, respectively.

Real Estate Funds

This asset class consists primarily of open-end funds that generally allow investors to redeem their interests in the fund. A minor portion of the asset class is in closed-end real estate funds and infrastructure funds with terms that are typically 10 or more years. As of December 31, 2024 and 2023, there were open-end funds totaling approximately \$1.8 billion and \$2.2 billion, respectively, that permit investors to formally request redemptions. As of December 31, 2024 and 2023, unfunded commitments were \$24 million and \$28 million, respectively.

Private Credit Funds

This asset class consists of closed-end funds with a 5-10 year life as well as funds that allow redemption requests subject to the liquidity limitations of the underlying investments. As of December 31, 2024, unfunded commitments were \$0.7 billion.

5. DERIVATIVE FINANCIAL INSTRUMENTS

Derivative financial instruments may be used by the investment managers of the Pension Master Trust as part of their respective investment strategies. Derivative instruments may include exchange-traded futures contracts, interest rate swaps, options on futures and swaps, currency contracts, index futures, total return swaps and credit default swaps. Notional amounts do not quantify risk or represent assets or liabilities of the Pension Master Trust but are used in the calculation of cash settlements under the contracts.

Derivative financial instruments are recorded as assets or liabilities of the Pension Master Trust and measured at fair value. During 2024 and 2023, derivative financial instruments were not entered into for hedging purposes and therefore do not qualify for hedge accounting. The volume of derivative activity is commensurate with the amounts disclosed at year-end. The notional amounts and fair values, by primary risk exposure, are presented as gross assets and liabilities as follows:

December 31, 2024				
<i>\$ in thousands</i>	Notional Amounts ⁽¹⁾	Fair Value Asset	Fair Value (Liability)	Fair Value Net
Interest rate contracts	\$ 7,761,791	\$ 51,510	\$ (90,138)	\$ (38,628)
Currency contracts ⁽²⁾	—	2,678	(1,179)	1,499
Equity contracts	583	3	(8)	(5)
Credit default swaps	1,382,185	29,156	(829)	28,327
Total	\$ 9,144,559	\$ 83,347	\$ (92,154)	\$ (8,807)

December 31, 2023				
<i>\$ in thousands</i>	Notional Amounts ⁽¹⁾	Fair Value Asset	Fair Value (Liability)	Fair Value Net
Interest rate contracts	\$ 4,728,021	\$ 154,784	\$ (88,538)	\$ 66,246
Currency contracts ⁽²⁾	—	1,213	(1,282)	(69)
Equity contracts	518	3	(2)	1
Credit default swaps	154,468	3,389	(42)	3,347
Total	\$ 4,883,007	\$ 159,389	\$ (89,864)	\$ 69,525

⁽¹⁾ Gross collateral under master netting agreements is not offset in the notional amounts presented above.

⁽²⁾ The majority of the notional value of currency contracts is related to options and forwards. Currency contracts include 103 and 41 forward contracts as of December 31, 2024 and 2023, respectively.

Gains/(losses) on derivative instruments in the Pension Master Trust for the years ended December 31, 2024 and 2023, are as follows:

<i>\$ in thousands</i>	2024	2023
Interest rate contracts	\$ (120,416)	\$ 21,618
Currency contracts	\$ 905	\$ (5,067)
Equity contracts	\$ 49	\$ 18,063
Credit default swaps	\$ 1,757	\$ 3,890

The related net gains and losses on derivatives are included in investment income for the Pension Master Trust, as a component of net appreciation/(depreciation) of investments (Note 3).

For each of the derivative instruments discussed below, the credit risk associated with these contracts is minimal, as they are entered into with a limited number of highly-rated counterparties or clearing organizations.

Interest Rate Contracts

The Pension Master Trust enters into futures contracts in the normal course of investing activities to manage market risk and to achieve overall investment portfolio objectives. These contracts involve elements of market risk in excess of amounts recognized in the statements of net assets available for benefits. These contracts are traded on organized exchanges, settled daily, and have terms which typically do not exceed one year. In the normal course of its investing activities, the Pension Master Trust also enters into interest rate contracts and option contracts on futures and swaps to manage the interest rate exposure associated with fixed-income securities. Notional amounts related to the futures and options contracts in the table above are stated at a net buy (sell) position.

Currency Contracts

The Pension Master Trust enters into currency contracts, primarily consisting of Eurodollar futures and forward contracts, in the normal course of investing activities to manage the exposure to currency risk associated with changes in market value due to the change in foreign currency exchange rates.

Equity Contracts

Equity contracts include total return swaps and index futures. The Pension Master Trust enters into total return swaps in the normal course of investing activities to manage the exposure to changes in the value of the underlying assets. The Pension Master Trust gains exposure to the underlying assets without having to purchase the assets outright.

Credit Default Swaps

The Pension Master Trust enters into credit default swap contracts in the normal course of investing activities to manage the exposure to credit risk by either reducing risk exposure to a default of corporate and sovereign issuers, or to increase exposure to corporate and sovereign issuers to which it is not otherwise exposed.

Master Netting Agreements

In addition to the securities lending program described in Note 6, certain derivative financial instruments within the Pension Master Trust are subject to Master Netting Agreements (“MNAs”) with certain counterparties. MNAs govern the terms of certain transactions and reduce the counterparty risk associated with relevant transactions by specifying offsetting mechanisms and collateral posting arrangements at pre-determined exposure levels. MNAs are specific to each asset type. Therefore, they allow the company to close out and net its total exposure to a specified counterparty in the event of a default with respect to the transactions governed under a single agreement with the counterparty.

The following is a summary of the gross derivative fair value of the Pension Master Trust's exposure to derivative assets and liabilities with certain counterparties, summarized by investment manager, available for offset and net of collateral under MNAs at December 31, 2024 and 2023. The net amounts of derivative assets and liabilities shown below are included in the Plan interest in Pension Master Trust on the Statements of Net Assets Available for Pension Benefits.

\$ in thousands

Derivative Assets, Net as of December 31, 2024						
Counterparty	Gross Amounts of Recognized Assets	Gross Amounts Offset in the Statements of Net Assets Available for Pension Benefits	Net Amounts of Assets Presented in the Statements of Net Assets Available for Pension Benefits	Cash Collateral Received	Net Amount	
Counterparty A	\$ 210	\$ —	\$ 210	\$ —	\$ 210	
Counterparty B	3,142	(504)	2,638	(580)	2,058	
Derivatives subject to MNAs	3,352	(504)	2,848	(580)	2,268	
Derivatives not subject to MNAs	80,499	—	80,499	—	80,499	
Total fair value	\$ 83,851	\$ (504)	\$ 83,347	\$ (580)	\$ 82,767	

\$ in thousands

Derivative Liabilities, Net as of December 31, 2024						
Counterparty	Gross Amounts of Recognized Liabilities	Gross Amounts Offset in the Statements of Net Assets Available for Pension Benefits	Net Amounts of Liabilities Presented in the Statements of Net Assets Available for Pension Benefits	Cash Collateral Pledged	Net Amount	
Counterparty A	\$ (71)	\$ —	\$ (71)	\$ —	\$ (71)	
Counterparty B	(1,487)	504	(983)	52	(931)	
Derivatives subject to MNAs	(1,558)	504	(1,054)	52	(1,002)	
Derivatives not subject to MNAs	(91,100)	—	(91,100)	—	(91,100)	
Total fair value	\$ (92,658)	\$ 504	\$ (92,154)	\$ 52	\$ (92,102)	
Net fair value	\$ (8,807)	\$ —	\$ (8,807)	\$ (528)	\$ (9,335)	

\$ in thousands

Derivative Assets, Net as of December 31, 2023

Counterparty	Gross Amounts of Recognized Assets	Gross Amounts Offset in the Statements of Net Assets Available for Pension Benefits	Net Amounts of Assets Presented in the Statements of Net Assets Available for Pension Benefits	Cash Collateral Received	Net Amount
Counterparty A	\$ 42	\$ (37)	\$ 5	\$ —	\$ 5
Counterparty B	3,444	(546)	2,898	(2,156)	742
Derivatives subject to MNAs	3,486	(583)	2,903	(2,156)	747
Derivatives not subject to MNAs	156,486	—	156,486	—	156,486
Total fair value	\$ 159,972	\$ (583)	\$ 159,389	\$ (2,156)	\$ 157,233

\$ in thousands

Derivative Liabilities, Net as of December 31, 2023

Counterparty	Gross Amounts of Recognized Liabilities	Gross Amounts Offset in the Statements of Net Assets Available for Pension Benefits	Net Amounts of Liabilities Presented in the Statements of Net Assets Available for Pension Benefits	Cash Collateral Pledged	Net Amount
Counterparty A	\$ (183)	\$ 37	\$ (146)	\$ —	\$ (146)
Counterparty B	(1,557)	546	(1,011)	300	(711)
Derivatives subject to MNAs	(1,740)	583	(1,157)	300	(857)
Derivatives not subject to MNAs	(88,707)	—	(88,707)	—	(88,707)
Total fair value	\$ (90,447)	\$ 583	\$ (89,864)	\$ 300	\$ (89,564)
Net fair value	\$ 69,525	\$ —	\$ 69,525	\$ (1,856)	\$ 67,669

6. THIRD PARTY BORROWINGS

The Pension Master Trust participates in a securities lending program with the Trustee (“lending agent”). The program allows the lending agent to loan securities held by the Pension Master Trust to approved borrowers. Such assets could be subject to sale restrictions in the event security lending agreements are terminated and the securities have not been returned to the Pension Master Trust. The lending agent requires borrowers, pursuant to a security loan agreement, to deliver collateral to secure each loan. The collateral required is 102 percent of the fair value of U.S. securities borrowed and 105 percent for foreign securities borrowed. The Pension Master Trust bears the risk of loss with respect to the unfavorable change in fair value of the invested cash collateral. However, the borrower bears the risk of loss related to the decrease in the fair value of the securities collateral and, therefore, may have to deliver additional cash or securities to maintain the required collateral. In U.S. markets, the lending agent generally enters into a netting arrangement with a borrower, which permits the netting of mark-to-market exposure for transactions within the lending program with that borrower. Such arrangements would cover lending transactions with the borrower and reverse repurchase agreements of cash collateral involving investment of the collateral. The lending agent may also negotiate a right of offset in the event of borrower default. In the event of borrower default, the lending agent indemnifies the Pension Master Trust against any loss of the amount loaned. As of December 31, 2024, cash and non-cash collateral associated with securities on loan totaled approximately \$1.6 billion and \$0.3 billion, respectively. As of December 31, 2023, cash and non-cash collateral associated with securities on loan totaled approximately \$1.5 billion and \$12.6 million, respectively. All collateral is presented as Level 2 in the fair value hierarchy as it is held by the lending agent and not readily available for trading.

Pension Master Trust assets on loan to third-party borrowers under securities lending agreements as of December 31, 2024 and 2023 are as follows:

<i>\$ in thousands</i>	2024	2023
U.S. equities	\$ 37,182	\$ 10,860
International equities	10,817	6,084
Fixed-income securities		
U.S. and non-U.S. government	1,534,728	1,365,342
Corporate debt	282,298	130,850
High yield debt	79	—
Pension Master Trust assets on loan to third-party borrowers	\$ 1,865,104	\$ 1,513,136

7. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, under the Plan’s provisions attributable to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is calculated by Willis Towers Watson, the Plan’s independent enrolled actuary, and is the amount that results 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, such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements is presented using the beginning of the year benefit information date. The actuarial present value of accumulated plan benefits information is measured as of January 1, 2024, which is a proxy for December 31, 2023. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted. There were no amendments effective January 1 recognized in the actuarial present value of accumulated plan benefits. Had the valuations been performed as of December 31, there would be no material differences.

Significant assumptions used in the valuations as of December 31, 2023 and 2022, are as follows:

	2023	2022
Discount rate on actuarial present value of accumulated plan benefits	7.0% per annum, compounded annually	7.0% per annum, compounded annually
Mortality table for participants	Benefit weighted PRI-2012 White Collar Mortality Tables generationally projected using Scale MP-2021 with 50% of Society of Actuaries’ gradual phase-in factors with generational projection.	Benefit weighted PRI-2012 White Collar Mortality Tables generationally projected using Scale MP-2021 with 50% of Society of Actuaries’ gradual phase-in factors with generational projection.

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.

8. FUNDING POLICY

The Company uses the Plan’s independent enrolled actuary to determine the amounts to be contributed each year to the Plan. The Plan’s minimum funding requirements of ERISA were met for the years ended December 31, 2024 and 2023.

The Plan’s funding policy takes into consideration both current liability, an actuarial present value of accumulated plan benefits with discount rates as determined by law, and the Actuarial Accrued Liability (“AAL”) in order to calculate both the minimum contribution required by ERISA and the maximum deductible contribution for

Company tax purposes. AAL is measured using an actuarial cost method qualified by the Internal Revenue Service (“IRS”), and a discount rate determined in consultation with our Plan actuary.

The minimum annual contribution for a given year is the sum of (1) the normal cost for that year and (2) an amount sufficient to amortize the unfunded actuarial liability over a specified period. Contributions are subject to a full funding limit prescribed by law.

9. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan provisions to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of the Plan’s termination, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document. No assets of the Plan may revert to the Company until all benefit liabilities of the Plan have been satisfied.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination.

Whether all participants receive their full benefits should the Plan terminate at some future time will depend on the sufficiency, at that date, 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.

10. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Pension Master Trust utilizes various investment managers to manage its net assets. These net assets may be invested into funds or separate accounts managed by the investment managers. Therefore, these transactions qualify as exempt party-in-interest transactions. In Plan management’s opinion, fees paid during the years ended December 31, 2024 and 2023, for services rendered by parties-in-interest were based upon customary and reasonable rates for such services.

11. FEDERAL INCOME TAX STATUS

The Plan obtained its latest determination letter dated September 29, 2015, in which the IRS determined that the Plan’s terms at the time of the determination letter application were in compliance with applicable sections of the Code and, therefore, is exempt from taxation. In December 2016, the IRS began publishing a Required Amendments List for individually designed plans which specifies changes in qualification requirements. The list is published annually and requires plans to be amended for each item on the list, as applicable, to retain its tax exempt status. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognizes 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 applicable authorities. The Plan is subject to routine audits by taxing jurisdictions. However, there are no audits for any tax periods in progress. Plan management believes the Plan and the Pension Master Trust are currently designed and operating in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

12. SUBSEQUENT EVENTS

In preparing the financial statements for the year ended December 31, 2024, subsequent events were evaluated through October 3, 2025, the date the financial statements were available to be issued. No events occurred that require additional disclosure or adjustments to the statements of net assets available for benefits, benefit obligations or changes thereof.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective December 31, 2010, the Hourly Rated Pension Plan of Northrop Grumman Corporation, Electronic Systems Division – Norwood Site and the Wilcox Hourly Retirement Plan were merged into the Grumman Allied Industries, Inc. and Subsidiaries Retirement Plan. Effective January 1, 2011, the merged plan was renamed the Northrop Grumman Master Inactive Qualified Plan.

Effective December 31, 2012, the Northrop Grumman Naval Systems Division – Cleveland Facility Hourly Wage Employees' Pension Plan was merged into the Northrop Grumman Master Inactive Qualified Plan.

The plan was restated effective January 1, 2020. The most recent plan amendment reflected herein is the amendment to address the spin-off of assets and liabilities into this plan for certain retirees in- pay -status effective December 31, 2020 for specified monthly annuity payments scheduled to be paid on and after January 1, 2021.

Coverage and Participation The Plan is closed to new entrants.

Definitions

Vesting service

Former Grumman Allied Participants

The sum of each 12-consecutive-month period beginning with an employee's original date of hire and ending on his or her most recent severance of employment

Former Naval Hourly Participants

Years and months of service as a covered employee

Former Norwood Participants

The sum of each 12-consecutive-month period beginning with an employee's original date of hire with Northrop Grumman Corporation and ending on his most recent severance of employment

Former Wilcox Participants

An employee receives credit for one year for each plan year in which he or she is credited with 1,000 or more vesting hours.

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Credited service Former Grumman Allied and Naval Hourly Participants
Years and fractions of years commencing with an employee's hire date and ending on severance of employment

Former Norwood Participants
The number of years and fractions of years during the period commencing with an employee's hire date with the employing division and ending on severance of employment

Former Wilcox Participants
Continuous service beginning the earlier of date of entry into the predecessor plan or entry into this plan to October 4, 1975, excluding any period in which the employee failed to make required employee contributions. For service after October 4, 1975, service is credited in months according to the number of hours worked during a year.

Final average compensation N/A

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65

Eligibility for Benefits

Normal retirement First day of any month coinciding with or next following a participant's 65th birthday

Former Naval Hourly Participants: First day of any month coinciding with or next following a participant's 65th birthday and completion of five years of pension service

Early retirement Former Grumman Allied Participants
First day of any month coinciding with or following the date on which a participant has attained: (1) age 50 and completed five years of vesting service, or (2) age 60 without regard to service

Former Naval Hourly Participants
First day of the month coinciding with or next following the date when a participant attains age 60, completes 10 years of vesting service, and retires, but before normal retirement date

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Former Norwood Participants

First day of the month coinciding with or next following the date when a participant attains age 55, completes 10 years of vesting service, and retires, but before normal retirement date

Former Wilcox Participants

First day of the month coinciding with or next following the date on which a participant attains age 55, completes 10 years of vesting service, and retires, but before normal retirement date

Vested termination

Five or more years of vesting service

Disability

Former Norwood Participants

Participants who have at least 10 years of vesting service and are totally and permanently disabled

Former Wilcox Participants

Employees who become totally and permanently disabled after completing five or more years of vesting service

Preretirement death benefit

Spouses of active or deferred inactive participants who die while eligible for a vested benefit

Postretirement death benefit Former Norwood Participants

Participants who retired on or after their Normal Retirement Date, except those who terminated with a deferred vested benefit, and began receiving benefits on or after March 31, 1992

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Monthly pension benefit determined as of NRD.

Benefit Formula (accrued pension benefit):

Former Grumman Allied Participants

Monthly benefit equal to the sum of (a) + (b), where:

(a) For credited service between January 1, 1974 and December 31, 1988, inclusive, 1% of the first \$4,800 of pensionable pay plus 2.25% of pensionable pay in excess of \$4,800 per year of credited service

(b) For credited service on or after January 1, 1989, 1.75% of the first \$12,000 of pensionable pay plus 2.25% of pensionable pay in excess of \$12,000 per year of credited service

Former Naval Hourly Participants

Monthly benefit of \$19.75 multiplied by years of benefit service. The Medicare Part B Supplement of \$25.00 per month is payable if eligible

Former Norwood Participants

Monthly benefit of \$31 multiplied by years of benefit service

Former Wilcox Participants

The sum of:

(1) 2/3 of total contributions made by the participant to the plan between June 5, 1971 and October 4, 1975

(2) The excess, if any, of \$72.00 multiplied by Credited Service before October 4, 1975 over the sum of (1) above and the benefit accrued under the predecessor plan

(3) \$132.00 multiplied by Credited Service after October 4, 1975

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Early retirement

Former Grumman Allied Participants

The actuarial equivalent of the accrued pension benefit based on credited service at early retirement date

Former Naval Hourly Participants

Monthly pension benefit determined as of early retirement date, reduced 4.8% for each year of payment before age 65; benefits are unreduced for participants who were involuntarily terminated from employment as a result of a post February 29, 1996 reduction-in-force. The Medicare Part B Supplement is payable if eligible, where the number of points is equal to the sum of age plus benefit service at retirement.

Former Norwood Participants

Accrued pension benefit based on benefit service at early retirement reduced by the smaller of 2-½% for each year between retirement age and age 65 or by 2-½% for each point less than 85, where the number of points is equal to the sum of age plus benefit service at retirement

Former Wilcox Participants

Accrued pension benefit reduced by ½ of 1% for each month in which commencement of payments precedes the participant's normal retirement date

Vested termination

Accrued pension benefit as of the date of termination reduced actuarially if payment begins before the participant's normal retirement date.

Former Naval Hourly Participants

Vesting: Termination for reasons other than death or retirement after completing five years of vesting service. All active participants become 100% vested upon reaching age 65.

Termination Benefit: Monthly pension benefit determined as of termination date, payable in the normal form, commencing at their normal retirement date. Optionally, the participant may elect to receive a reduced benefit commencing as early age 60 if the participant has 10 or more years of Vesting Service, reduced by 6.00% for each year of payment before the participant's normal retirement date.

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disablement

Former Norwood Participants

Accrued pension benefit with certain minimums and applicable deductions

Former Wilcox Participants

Accrued pension benefit

Preretirement death

Former Grumman Allied Participants

Spouse's Benefit: The amount that would have been payable to the spouse if the participant had terminated on the first day of the month in which death occurred and elected to retire on the earliest possible retirement date with a 100% joint and survivor annuity with the spouse named as survivor

Monthly payments begin as of the first day of the month following the participant's death and continue for the spouse's life.

Former Naval Hourly Participants

Spouse's Benefit: The surviving spouse will receive a monthly benefit determined as of the date of death payable for life in an amount equal to 50% of the amount the employee would have received if he had survived and elected to commence receiving a benefit at the earliest date allowed under the plan, payable under the qualified joint and 50% contingent option. If the employee dies after having attained age 55 and completed ten years of Vesting Service, the benefit is unreduced for early commencement.

Monthly payments will begin on the later of the first day of the month following the participant's death and the participant's earliest possible retirement date. Monthly benefits will continue for the spouse's life.

Former Norwood Participants

Spouse's Benefit: The amount that would have been payable to the spouse if the participant had terminated on the first day of the month in which death occurred and elected to retire on the earliest possible retirement date with a 50% joint and survivor annuity with the spouse named as survivor

Monthly payments will begin on the later of the first day of the month following the participant's death and the participant's earliest possible retirement date. Monthly benefits will continue for the spouse's life.

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Former Wilcox Participants

Spouse's Benefit: The amount that would have been payable to the spouse if the participant had terminated on the first day of the month in which death occurred and elected to retire on the earliest possible retirement date with a 50% joint and survivor annuity with the spouse named as survivor

Benefits payable under this option will be reduced according to the following:

Age during coverage	Females
35-44	0.1% per year
45-54	0.2% per year
56-64	0.5% per year

Monthly payments begin on the later of the first day of the month after the participant's death and the participant's earliest possible retirement date. Monthly benefits continue for the spouse's lifetime.

Postretirement death benefit Former Norwood Participants

Lump sum of \$2,000 payable to the Participant's beneficiaries upon death of the Participant.

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Normal form of benefit	Month payments for participant's life if unmarried; reduced 50% joint and survivor annuity if married.
Optional forms of retirement income in lieu of normal form	<u>Former Grumman Allied Participants</u> 50%, 75% or 100% contingent annuitant options, with or without a pop-up feature, or a life annuity (for married participants) <u>Former Naval Hourly Participants</u> 75%, 100% J&S options, a 10-year certain and life annuity, a level income option or (for married participants) a life annuity, or a lump sum amount that does not exceed \$5,000 <u>Former Norwood Participants</u> 50%, 75% or 100% contingent annuitant options, with or without a level income option, a life annuity (for married participants), a level income option (to ages 62 or 65), or a lump sum if the amount doesn't exceed \$7,500 <u>Former Wilcox Participants</u> 75% or 100% J&S options, a 10-year certain and continuous option, a level income option or a combination 10-year certain and level income option that is actuarially equivalent to life annuity

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected in this valuation.

Changes in Benefits Valued Since Prior Year

Not applicable.

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	0	176,102	6,147,339	6,323,441
2025	0	464,023	5,914,228	6,378,251
2026	0	681,753	5,677,733	6,359,486
2027	0	894,719	5,443,504	6,338,223
2028	0	1,075,372	5,209,492	6,284,864
2029	0	1,218,792	4,975,754	6,194,546
2030	0	1,352,986	4,745,087	6,098,073
2031	0	1,452,187	4,512,957	5,965,144
2032	0	1,521,167	4,277,599	5,798,766
2033	0	1,581,338	4,043,065	5,624,403
2034	0	1,616,496	3,812,646	5,429,142
2035	0	1,634,580	3,583,000	5,217,580
2036	0	1,646,507	3,354,874	5,001,381
2037	0	1,641,970	3,128,431	4,770,401
2038	0	1,634,721	2,904,353	4,539,074
2039	0	1,626,393	2,683,440	4,309,833
2040	0	1,606,276	2,466,584	4,072,860
2041	0	1,578,949	2,254,751	3,833,700
2042	0	1,542,992	2,048,952	3,591,944
2043	0	1,498,787	1,850,192	3,348,979
2044	0	1,448,827	1,659,454	3,108,281
2045	0	1,393,394	1,477,688	2,871,082
2046	0	1,333,517	1,305,776	2,639,293
2047	0	1,269,929	1,144,524	2,414,453
2048	0	1,202,823	994,630	2,197,453
2049	0	1,132,481	856,671	1,989,152
2050	0	1,059,321	731,039	1,790,360
2051	0	983,898	617,913	1,601,811
2052	0	906,918	517,251	1,424,169
2053	0	829,217	428,775	1,257,992
2054	0	751,733	351,986	1,103,719
2055	0	675,452	286,196	961,648
2056	0	601,359	230,555	831,914
2057	0	530,378	184,109	714,487
2058	0	463,323	145,843	609,166
2059	0	400,859	114,724	515,583
2060	0	343,469	89,739	433,208
2061	0	291,457	69,925	361,382
2062	0	244,941	54,398	299,339
2063	0	203,868	42,362	246,230

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2064	0	168,040	33,124	201,164
2065	0	137,155	26,088	163,243
2066	0	110,835	20,761	131,596
2067	0	88,656	16,738	105,394
2068	0	70,174	13,697	83,871
2069	0	54,942	11,387	66,329
2070	0	42,527	9,614	52,141
2071	0	32,525	8,231	40,756
2072	0	24,566	7,131	31,697
2073	0	18,309	6,237	24,546

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor

Northrop Grumman Corporation

Statement of Assumptions

The assumptions disclosed in this Appendix are for the valuations to determine funding requirements for the plan year beginning January 1, 2024.

Assumptions and methods for funding purposes

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.05%	4.41%

Annual rates of increase

N/A

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.	
New or rehired employees	It was assumed there will be no new or rehired employees.	
Benefit commencement dates	<ul style="list-style-type: none">• Preretirement death benefit• Retirement benefit	<p>The later of the death of the active participant or the date the participant would have met early retirement eligibility.</p> <p>Upon retirement</p>
Form of payment	When lump sum option is not available, 35% of participants are assumed to elect 100% joint and survivor annuity, 15% of participants are assumed to elect 50% joint and survivor annuity and 50% of participants are assumed to elect single life annuity.	
Percent married	65% of male participants are married and 40% of female participants are married.	
Spouse age	Male participants are assumed to be two years older than their spouses, and female participants are assumed to be one year younger than their spouses.	

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Healthy mortality rates	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
Retirement	100% at age 65.
Administrative expenses	Assumed administrative expenses for 2024 are \$706,260 which equals the average of the administrative expenses other than PBGC premiums paid by the plan for the prior 3 plan years and an estimate of expected 2024 PBGC premiums.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.
Vested Terminated Participants	The terminated vested participants with termination dates before January 1, 2000, 10% of age 65 and 33% of age 66 and older are assumed to ultimately have no benefit due. For terminated vested participants with termination dates January 1, 2000 through December 31, 2021, the same assumption is used except it is based on their age at January 1, 2022. In addition to this, 100% of any terminated vested participant who is more than two years past their Required Minimum Distribution age and terminated two or more years ago is assumed to have no benefit due.

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Contingent Survivors

For participants who have commenced their benefits and elected a Joint and Survivor option, to account for the possible deaths of contingent survivors where the participant is still alive, we have reduced the continuation percentage for these individuals. Below is a sample of the amount of reductions that were applied.

Age	Years Since Benefit Commenced		
	2	10	15
60 to 64	1%	2%	3%
65 to 69	1%	3%	4%
70 to 74	1%	4%	5%
75 to 79	2%	7%	8%
80 to 84	4%	11%	14%
85 to 89	7%	18%	21%
90 to 94	34%	34%	34%
95 to 99	43%	43%	43%
100 plus	50%	50%	50%

Methods

Valuation date

First day of the plan year.

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA).

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

WTW has reviewed the plan provisions with Northrop Grumman Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.

Decrement Timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Sources of Data and Other Information

Fidelity furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Interest Rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Administrative Expenses	As required by regulations, administrative expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Benefit commencement date for deferred vested benefits	Deferred vested participants' assumed commencement age were based on an experience review conducted in 2022.
Form of payment	The form of payment assumption is based on the observed elections for recent retirees.
Vested Terminated Participants	The exclusion assumption is based on a study conducted in 2021. The variation in the assumption for participants with termination dates prior to January 1, 2000 is based on a greater likelihood of bad records.

Prescribed Methods

Funding	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
----------------	--

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality base table and improvement scale, as required by guidance issued by IRS under IRC §430. The mortality improvement was changed from using static projection to generational projection as required by guidance issued by IRS under IRC §430.
- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- Percent married assumption is updated to reflect results of 2023 experience study such that 65% of male participants are married and 40% of female participants are married.
- Spouse age difference is updated to reflect results of the 2023 experience study such that male participants are assumed to be two years older than their spouses, and female participants are assumed to be one year younger than their spouses.

Additional Information

None

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The following changes have been made since the prior valuation:

- Percent married assumption is updated to reflect results of 2023 experience study such that 65% of male participants are married and 40% of female participants are married.
- Spouse age difference is updated to reflect results of the 2023 experience study such that male participants are assumed to be two years older than their spouses, and female participants are assumed to be one year younger than their spouses.

Plan Name: Northrop Grumman Master Inactive Qualified Plan
EIN / PN: 80-0640649/029
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Northrop Grumman Corporation
EIN/PN	80-0640649/029
Plan Name	Northrop Grumman Master Inactive Qualified Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Thomas R Supple
Enrollment Number	23-05740

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

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 NG Master Inactive Qualified Plan	B Three-digit plan number (PN) ▶	029
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Northrop Grumman Corporation	D Employer Identification Number (EIN) 80-0640649	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	107,802,487	
b Actuarial value	2b	115,542,134	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,814	58,790,502	58,790,502
b For terminated vested participants	1,147	19,690,357	19,690,357
c For active participants	0	0	0
d Total	2,961	78,480,859	78,480,859
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			
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	5.05%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	706,260	
c Target normal cost	6c	706,260	

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	Thomas R Supple <u>TRS</u> Signature of actuary	<u>09/11/2025</u> Date
	Thomas R Supple Type or print name of actuary	<u>2305740</u> Most recent enrollment number
	Willis Towers Watson US LLC Firm name	<u>213-337-6000</u> Telephone number (including area code)
	300 South Grand Suite 2000 Los Angeles CA 90071 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

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

Schedule SB (Form 5500) 2024 v. 240311

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 65
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input 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 706,260
b Excess assets, if applicable, but not greater than line 31a				31b 706,260
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				