

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>NGIS WELFARE BENEFIT PLAN 3 - RETIREE HEALTH AND LIFE PLAN (FUNDED)</u>	1b Three-digit plan number (PN) ▶ <u>530</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>01/01/2003</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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor NG BENEFIT PLANS ADMINISTRATIVE COMMITTEE 2980 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042-4511	3b Administrator's EIN 95-3058633 3c Administrator's telephone number 800-894-4194																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	5 1211																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%;"></td><td style="width:10%;"></td></tr> <tr><td>6a(1)</td><td style="text-align: right;">0</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td style="text-align: right;">960</td></tr> <tr><td>6d</td><td style="text-align: right;">960</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>			6a(1)	0	6a(2)	0	6b	0	6c	960	6d	960	6e		6f		6g(1)		6g(2)		6h	
6a(1)	0																						
6a(2)	0																						
6b	0																						
6c	960																						
6d	960																						
6e																							
6f																							
6g(1)																							
6g(2)																							
6h																							
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:

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	218652
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan NGIS WELFARE BENEFIT PLAN 3 - RETIREE HEALTH AND LIFE PLAN (FUNDED)	B Three-digit plan number (PN) ▶	530
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

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

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

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGR	58436	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 15 17 38 50	ACTUARY	28013	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	23444	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)

US BANK NATIONAL ASSOCIATION

41-6271370

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	PLAN TRUSTEE	15125	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)

PKF O'CONNOR DAVIES LLP

27-1728945

(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	ACCOUNTANT/A UDITOR	14774	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)

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	7715	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"/>

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

A Name of plan <u>NGIS WELFARE BENEFIT PLAN 3 - RETIREE HEALTH AND LIFE PLAN (FUNDED)</u>	B Three-digit plan number (PN)	<u>530</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NG INNOVATION SYSTEMS VEBA TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NORTHROP GRUMMAN CORPORATION</u>		
c EIN-PN <u>41-1683428-500</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NGIS WELFARE BENEFIT PLAN 3 - RETIREE HEALTH AND LIFE PLAN (FUNDED)	B Three-digit plan number (PN) 530
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)	0
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	467159

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	19641504	0
Liabilities			
g Benefit claims payable.....	1g	21596	
h Operating payables.....	1h	49038	
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1296213	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1366847	
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	18274657	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)		178346
(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		178346

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	495178	
(2) To insurance carriers for the provision of benefits	2e(2)	354569	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		849747
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	23444	
(5) Investment advisory and investment management fees	2i(5)	58436	
(6) Bank or trust company trustee/custodial fees	2i(6)	15125	
(7) Actuarial fees	2i(7)	28013	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	132829	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		257847
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1107594

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-929248
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		17345409

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 0.

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)
NORTHROP GRUMMAN CORPORATION RETIREE WELFARE BENEFITS PLAN	80-0640649	750

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 _____.

Northrop Grumman Innovation Systems Welfare Benefit Plan 3 - Retiree Health and Life Plan (Funded)

Employer ID No: 80-0640649

Plan Number: 530

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

**NORTHROP GRUMMAN INNOVATION SYSTEMS WELFARE BENEFIT PLAN 3 –
RETIREE HEALTH AND LIFE PLAN (FUNDED)**

TABLE OF CONTENTS

	Page
<u>INDEPENDENT AUDITOR'S REPORT</u>	<u>1</u>
FINANCIAL STATEMENTS	
<u>Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023</u>	<u>4</u>
<u>Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024</u>	<u>5</u>
<u>Statements of Benefit Obligations as of December 31, 2024 and 2023</u>	<u>6</u>
<u>Statement of Changes in Benefit Obligations for the Year Ended December 31, 2024</u>	<u>7</u>
<u>Notes to Financial Statements</u>	<u>8</u>

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Northrop Grumman Innovation Systems Welfare Benefit Plan 3 - Retiree Health and Life
Plan (Funded):

Opinion

We have audited the financial statements of Northrop Grumman Innovation Systems Welfare Benefit Plan 3 - Retiree Health and Life Plan (Funded) (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 benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year ended December 31, 2024, 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 benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the year ended December 31, 2024, 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.

Emphasis of Matter

As discussed in Note 1 to the financial statements, effective December 31, 2024 (the Merger Date), the Plan was merged out of existence. The net assets and benefit obligation were transferred to the Northrop Grumman Corporation Retiree Welfare Benefits Plan as of the Merger Date. Our opinion is not modified with respect to this matter.

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 INNOVATION SYSTEMS WELFARE BENEFIT PLAN 3 –
RETIREE HEALTH AND LIFE PLAN (FUNDED)**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

<i>\$ in thousands</i>	December 31	
	2024	2023
Assets:		
Plan interest in NGIS VEBA Master Trust, at fair value	\$ —	\$ 19,174
Net assets held in 401(h) Account	—	37,907
Other assets	—	467
Total assets	—	57,548
Liabilities:		
Administrative expenses and other payables	—	49
Deferred tax liability	—	1,296
Total liabilities	—	1,345
Net assets available for benefits	\$ —	\$ 56,203

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

**NORTHROP GRUMMAN INNOVATION SYSTEMS WELFARE BENEFIT PLAN 3 –
RETIREE HEALTH AND LIFE PLAN (FUNDED)**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

<i>\$ in thousands</i>	Year Ended December 31, 2024
Additions:	
Investment Income - Plan interest in the NGIS VEBA Master Trust	\$ 178
Net decrease in 401(h) Account	(37,907)
Net additions	(37,729)
Deductions:	
Insurance premiums	376
Retiree health reimbursements	495
Administrative expenses	174
Total deductions	1,045
Decrease in net assets before income taxes	(38,774)
Income tax expense	84
Decrease in net assets before transfer to other plan	(38,858)
Transfer to other plan (Note 1)	(17,345)
Decrease in net assets	(56,203)
Net assets available for benefits	
Beginning of year	56,203
End of year	\$ —

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

**NORTHROP GRUMMAN INNOVATION SYSTEMS WELFARE BENEFIT PLAN 3 –
RETIREE HEALTH AND LIFE PLAN (FUNDED)
STATEMENTS OF BENEFIT OBLIGATIONS**

<i>\$ in thousands</i>	December 31	
	2024	2023
Amounts currently payable		
Premiums and retiree health reimbursements payable	\$ —	\$ 22
Total amounts currently payable	—	22
Postretirement benefit obligations, net of amounts currently payable		
Retired participants	—	10,609
Total postretirement benefit obligations, net of amounts currently payable	—	10,609
Total benefit obligations	\$ —	\$ 10,631

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

**NORTHROP GRUMMAN INNOVATION SYSTEMS WELFARE BENEFIT PLAN 3 –
RETIREE HEALTH AND LIFE PLAN (FUNDED)**

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

<i>\$ in thousands</i>	Year Ended December 31, 2024
Amounts currently payable	
Balance at beginning of year	\$ 22
Premiums and retiree health reimbursements reported and approved for payment	1,348
Premiums and retiree health reimbursements paid	(1,334)
Transfer to other plan (Note 1)	(36)
Balance at end of year	—
Postretirement benefit obligations, net of amounts currently payable	
Balance at beginning of year	10,609
Interest	519
Benefits paid reclassified to amounts currently payable and expenses	(1,529)
Actuarial gains and other changes	(295)
Changes in actuarial assumptions	(360)
Transfer to other plan (Note 1)	(8,944)
Balance at end of year	—
Total benefit obligations at end of year	\$ —

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

NORTHROP GRUMMAN INNOVATION SYSTEMS WELFARE BENEFIT PLAN 3 – RETIREE HEALTH AND LIFE PLAN (FUNDED)

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Northrop Grumman Innovation Systems Welfare Benefit Plan 3 - Retiree Health and Life Plan (Funded) (the "Plan") provides only general information. Participants should refer to the summary plan description for more complete information.

General

The Plan, established on January 1, 2003, is a retiree-only defined benefit health and welfare plan funded through a voluntary employees' beneficiary association ("VEBA") and provides retiree health and welfare benefits (medical and life coverage) to eligible members as specified by the Plan.

Prior to 2017, the Plan provided health and life benefits to specified retirees and their covered dependents through group comprehensive major medical benefits and group term life insurance. Effective January 1, 2017, the group medical plan coverage under the postretirement medical program was replaced with the opportunity to enroll in a medical and prescription plan through a private insurance exchange market offered by Willis Towers Watson's Via Benefits. Participants eligible for life insurance continue to have life insurance coverage under the Plan. The Plan's Benefit Plans Administrative and Investment Committees control and manage the operation of the Plan. U.S. Bank N.A. (the "Trustee") serves as the Trustee of the Plan. State Street Bank and Trust Company serves as the trustee of the Pension Master Trust, referred to as the 401(h) Account Trustee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Northrop Grumman Corporation (the "Company") is the sponsor of the Plan.

Prior to December 31, 2024, the Plan's assets and the assets of the Northrop Grumman Innovation Systems Plan 4 - 1145 Union Special Benefits Plan (together referred to as the "NGIS Plans") were held in the Northrop Grumman Innovation Systems VEBA Master Trust (the "NGIS VEBA Master Trust"). Investments held in the 401(h) Account that are part of the Northrop Grumman Pension Master Trust (the "Pension Master Trust") also fund certain benefits under the Plan. The 401(h) Account is discussed further in Notes 2 and 4.

Effective December 31, 2024, the NGIS Plans were merged into the Northrop Grumman Corporation Retiree Welfare Benefits Plan (the "Retiree Plan"). In connection with the NGIS Plans merger, net assets available for benefits of \$17.3 million and benefit obligations of \$8.9 million associated with the participants of the Plan were transferred to the Retiree Plan at December 31, 2024. The 401(h) account's net assets available for benefits of \$39.6 million was also transferred to the Retiree Plan at December 31, 2024.

Eligibility and Plan Coverage

The Plan provides certain health and welfare benefits for qualified retired employees. Employees achieve eligibility to participate in one or more such benefits upon retirement from active service, provided they meet the age and service requirements. Qualifying dependents may also be eligible for coverage under the Plan.

A Health Reimbursement Account (HRA) is maintained for retirees who qualify for subsidized coverage and each plan year, contributions are credited to the HRA for the benefit of the participant. The amount allocated to a participant's HRA is set forth in the Plan document. HRA contributions can be used to offset the premiums for an individual supplemental plan or for other qualified medical expenses subject to a specified ceiling. A participant's HRA amounts remaining at the end of the year can generally be carried over to the next year. The Company is not permitted to refund any part of the balance to the participant and the account cannot be used for anything other than reimbursements for qualified medical expenses.

Funding

All benefits under the Plan are funded by Company. The cost of coverage is determined by insurance companies for fully insured plans. The Plan utilizes actuaries and third-party administrators to assist the Company in determining the cost of self-insured benefits. The costs of the postretirement benefit plan are funded by the Company.

Use of Specialists

The Plan utilizes Willis Towers Watson, an independent enrolled actuary (the "Actuary"). Contribution rates for the self-funded medical coverages are determined annually by the Actuary and the Company. The Actuary also performs annual valuations of postretirement benefit obligations. It is the Company's policy to require the use of actuarial cost methods and assumptions acceptable under U.S. government regulations.

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 the expected postretirement benefit obligation. Actual results could materially differ from those estimates.

Risks and Uncertainties

Prior to the NGIS Plans merger as described in Note 1, the NGIS VEBA Master Trust (Note 3) and the Pension Master Trust (Note 4) invested in various investment securities. 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 stability. 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 could materially affect the amounts reported in the financial statements. As of December 31, 2023, the short-term investment fund accounted for 6 percent of the NGIS VEBA Master Trust net assets, and the fixed-income investments accounted for 94 percent of the NGIS VEBA Master Trust net assets.

The actuarial present value of postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the assumptions and overall estimation process, it is reasonably possible that changes in assumptions and estimates may occur in the near term and could materially affect the amounts reported in the financial statements.

401(h) Account

Certain Plan participants also participate in the Northrop Grumman Space & Mission Systems Corp. Salaried Pension Plan (the "Pension Plan"). The Pension Plan funds a portion of the postretirement obligations for retirees and their beneficiaries in accordance with applicable sections of the Internal Revenue Code (the "Code"). In accordance with Section 401(h) of the Code, investments in the 401(h) Account may not be used for any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits were not included in the Pension Plan's obligations in their Statement of Accumulated Plan Benefits as of December 31, 2023, but rather are reflected as obligations in the financial statements of the Plan.

Investment Valuation and Income Recognition

Investments held by the NGIS VEBA Master Trust and Pension Master Trust are reported at fair value as determined by the Trustee and 401(h) Account Trustee pursuant to the respective master trust agreements, and as directed and overseen by Plan management. 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 NGIS VEBA Master Trust investments are valued as described below.

The short-term investment fund is a money market mutual fund valued at the daily closing price as reported by the fund, which represents the net asset value ("NAV") of shares held by the NGIS VEBA Master Trust at year end. The fixed-income fund, which was liquidated during 2024, was valued based on the NAV as a practical expedient and derived by the investment manager.

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

Fair Value of Financial Instruments

The NGIS VEBA 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 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 3 — Significant inputs to the valuation model are unobservable.

Expenses

Administrative expenses of the Plan are paid by either the Plan or the Company, as provided in the Plan document.

Payment of Benefits

Payments for retiree health reimbursements and insurance premiums are recorded upon distribution by the Plan to the third party administrators. Premium and retiree health reimbursement amounts processed and approved by the third party administrators but not yet reimbursed by the Plan as of year-end are recorded as premiums and retiree health reimbursements payable in the Statements of Benefit Obligations.

Postretirement Benefits

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits, that are attributed by the terms of the Plan, to employees' service rendered through the Plan's year-end, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. The postretirement benefit obligations are discussed further in Note 6.

Administrative Expenses and Other Payables

In 2023, insurance premium payments for certain participants of the Plan were paid out of other Northrop Grumman legal plans. Consequently, the Plan recorded a due to other plans of \$28 thousand in Administrative Expenses and Other Payables within the Statements of Net Assets Available for Benefits as of December 31, 2023, which was paid from the Plan during 2024. See Note 8 for the tax qualification status of the Plan.

Income Taxes

Income taxes are accounted for under the liability method as prescribed by GAAP. Under the liability method, deferred income taxes are derived from the differences between the book and tax basis of assets and liabilities including book and tax basis differences on the carrying value of certain investments.

3. INVESTMENTS

The NGIS VEBA Master Trust investments were stated at fair value as determined and reported by the Trustee in accordance with the master trust agreement established by the Company.

The Plan did not hold an interest in the NGIS VEBA Master Trust as of December 31, 2024 as a result of the NGIS Plans merger described in Note 1. The Plan 's interest represented 98.4 percent of total net assets of the NGIS VEBA Master Trust as of December 31, 2023.

Total net assets of the NGIS VEBA Master Trust and the Plan's interest in the NGIS VEBA Master Trust balances as of December 31, 2023, are as follows:

<i>\$ in thousands</i>	NGIS VEBA Master Trust Balances	Plan's Interest in NGIS VEBA Master Trust Balances
	2023	2023
Assets		
Short-term investment fund	\$ 1,184	\$ 1,165
Fixed-income fund	18,302	18,009
Total	\$ 19,486	\$ 19,174

Net investment income for the NGIS VEBA Master Trust for the year ended December 31, 2024, is as follows:

<i>\$ in thousands</i>	2024
Investment income	
Net depreciation of investments	\$ (14)
Dividends and interest	241
Investment manager fees	(45)
Net investment income	\$ 182

4. 401(h) ACCOUNT

The Plan's interest in the Pension Master Trust consisted of the 401(h) Account as described in Note 2. The Plan did not hold an interest in the Pension Master Trust as of December 31, 2024 in connection with the NGIS Plans merger described in Note 1.

The 401(h) Account represents 0.1 percent of the net assets as reported by the Trustee of the Pension Master Trust at December 31, 2023.

Below represents the components of the Plan's interest in the Pension Master Trust net assets available for such 401(h) Account as of December 31, 2023 and the related changes in the net assets available for the year ended December 31, 2024. Investment and derivative disclosures for the Pension Master Trust are provided in the financial statements of the Pension Plan.

\$ in thousands

2023

Assets	
Cash equivalents and short-term investment fund	\$ 1,015
U.S. and international equities	4,896
Fixed-income securities	
U.S. and non-U.S. government	3,241
Corporate debt	4,500
Asset-backed	517
High yield debt	24
Bank loans	18
Other assets	1
Derivatives	83
Assets on loan to third-party borrowers	1,785
Collateral held under securities lending agreements	1,835
Investments valued using NAV as practical expedient	
U.S. and international equities funds	7,854
Fixed-income funds	4,570
Hedge funds	36
Opportunistic investments funds	3,457
Private equities funds	3,690
Real estate funds	2,272
Total investments	39,794
Dividends, interest, and taxes receivable	136
Receivables from broker for securities sold	190
Other receivables	1
Total assets	40,121
Liabilities	
Collateral held under securities lending agreements	1,835
Due to brokers for securities purchased	351
Other liabilities	7
Total liabilities	2,193
Plan's interest in net assets of the Pension Master Trust	37,928
Accrued expenses	21
Net assets held in 401(h) Account	\$ 37,907

\$ in thousands

2024

Net decrease in 401(h) Account during the year attributed to:	
Investment income from the Pension Master Trust allocated to the 401(h) Account	\$ 2,223
Retiree health reimbursements	(463)
Administrative expenses	(21)
Transfer to other plan	(39,646)
Net decrease during the year	\$ (37,907)

5. FAIR VALUE MEASUREMENTS

The following tables set forth the fair value hierarchy of the investments, measured on a recurring basis, and held by the NGIS VEBA Master Trust:

<i>\$ in thousands</i>	December 31, 2023	
	Level 1	Total
Short-term investment fund	\$ 1,184	\$ 1,184
Fixed-income fund valued using NAV as a practical expedient		18,302
Total NGIS VEBA Master Trust at fair value	\$ 1,184	\$ 19,486

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).

The fixed-income fund had no unfunded commitments as of December 31, 2023. Redemption periods are generally daily.

6. BENEFIT OBLIGATIONS

The Plan's benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employees' service rendered through the Plan's year-end, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for currently retired or terminated employees and their beneficiaries and dependents. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the Company prior to the valuation date. Postretirement benefit obligations may be funded by contributions from current Plan participants, the Company and/or from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligations are determined by the Actuary. Such amounts result from applying actuarial assumptions to historical claims cost data to estimate the present value of future annual incurred claims costs per participant, considering the probability of payment (by means of decrements for events, such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment and for the portion of those costs expected to be borne by Medicare, the retired participants and other providers. The liability for claims incurred but not reported is implicitly included within the postretirement benefit obligations determined by the actuaries.

Significant assumptions used in the valuations as of December 31, 2024 and 2023, are as follows:

	2024	2023
Weighted-average discount rate	5.69%	5.22%
Mortality	PriH-2012WC/MP2021 Adj ⁽¹⁾	PriH-2012WC/MP2021 Adj ⁽¹⁾

⁽¹⁾ The mortality assumption utilizes the White Collar Headcount Weighted version of the PriH-2012 Mortality tables, generationally projected using the MP2021 projection scale adjusted with 50 percent of the Society of Actuaries' "gradual wear-off" factors for 2022 through 2028, which were provided by the Society of Actuaries in late 2022 to reflect the impact COVID-19 may have on future mortality rates.

Significant assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the Plan's postretirement benefit obligations.

Plan net assets available for benefits exceeded benefit obligations at December 31, 2023.

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The NGIS VEBA Master Trust utilizes various investment managers to manage its net assets. These net assets may be invested in funds managed by the investment managers, in which case the transactions qualify as exempt party-in-interest transactions. In Plan management's opinion, fees paid during the year ended December 31, 2024 for services rendered by parties-in-interest were based upon customary and reasonable rates for such services.

8. INCOME TAX STATUS

The NGIS VEBA Master Trust obtained its latest determination letter dated March 19, 1992, in which the Internal Revenue Service affirmed that the NGIS VEBA Master Trust's terms at the time of the determination letter application were in compliance with applicable sections of the Code and, therefore, the NGIS VEBA Master Trust is exempt from taxation. 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 that the Plan and the NGIS VEBA 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, except as described below.

Under Section 512 of the Code and related regulations, the NGIS VEBA Master Trust's investment income is taxable as unrelated business income calculated as the lesser of: (i) the dollar amount by which investment assets at Plan year-end exceed the Plan's benefit obligation as determined under applicable Code limits, or (ii) actual taxable Plan investment income during the Plan year.

Unrelated business income tax ("UBIT") is assessed at a maximum federal tax rate of 37 percent as prescribed by the Code. Long-term capital gains that result from the sale of investments and qualified dividend income are taxed at a maximum rate of 20 percent. The NGIS VEBA Master Trust's overall effective tax rate varies based on the proportion of income taxed at either 37 percent or 20 percent.

The NGIS VEBA Master Trust recorded income tax expense of approximately \$0.1 million in 2024. The NGIS VEBA Master Trust had net unrealized depreciation on investments of approximately \$0.2 million, resulting in a deferred tax asset of approximately \$0.04 million at December 31, 2024, which was transferred to the Retiree plan in connection with the NGIS Plans merger described in Note 1. The NGIS VEBA Master Trust had net unrealized appreciation on investments of approximately \$6.6 million, resulting in a deferred tax liability of approximately \$1.3 million at December 31, 2023. Additionally, certain investments generated approximately \$7.0 million of taxable investment income that resulted in a \$1.4 million tax expense for the year ended December 31, 2024.

Additionally, the NGIS VEBA Master Trust includes \$0.02 million of current tax liability in excess of estimated tax payments as of December 31, 2024, which was transferred to the Retiree plan in connection with the NGIS Plans merger described in Note 1, and \$0.4 million of estimated tax payments in excess of current tax liability and state tax refunds as of December 31, 2023.

The Plan and Plan 4 are allocated a portion of all tax related balances based on each plan's interest in the NGIS VEBA Master Trust for the applicable periods.

9. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to amend and terminate the Plan subject to the provisions set forth in ERISA. In the event of termination, the Company will contribute the necessary amounts to fund all applicable expenses incurred prior to the date of the termination.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan is subject to ERISA and therefore must file a Form 5500, Annual Return/Report of Employee Benefit Plan, with the U.S. Department of Labor. The Form 5500 reports plan financial information based on the audited financial statements with certain modifications based on the Form 5500 instructions.

Premiums and retiree health reimbursements that have been processed and approved for payment at year-end but not paid, are not considered reductions to net assets available for benefits under GAAP. Therefore, these amounts are not presented in the accompanying statements of net assets available for benefits and changes therein. However, these amounts are recorded on the Form 5500.

The net assets and related activity of the 401(h) Account included in the financial statements are not included in the Form 5500 because the assets are held by the Pension Master Trust.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2023:

Net assets available for benefits per the financial statements	\$ 56,203
Premiums and retiree health reimbursements payable	(22)
Net assets held in defined benefit plan — 401(h) Account	(37,907)
Net assets per Form 5500	\$ 18,274

The following is a reconciliation of premiums and retiree health reimbursements paid per the financial statements to the Form 5500:

<i>\$ in thousands</i>	2024
Amounts paid per the financial statements	\$ 871
Less amounts payable — December 31, 2023	(22)
Amounts paid per Form 5500	\$ 849

The following is a reconciliation of net additions per the financial statements to the Form 5500:

<i>\$ in thousands</i>	2024
Net additions per the financial statements	\$ (37,729)
Plus net decrease in 401(h) Account	37,907
Net additions per Form 5500	\$ 178

11. 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.