

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension... 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: RTX RETIREE HEALTH PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 02/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan): RTX CORPORATION
2b Employer Identification Number (EIN): 06-0570975
2c Plan Sponsor's telephone number: 781-522-3000
2d Business code (see instructions): 336410

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																				
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 RTX CORPORATION c Plan Name GROUP HEALTH PLAN OF UNITED TECHNOLOGIES CORPORATION	4b EIN 06-0570975 4d PN 501																				
5 Total number of participants at the beginning of the plan year	5 20113																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">117</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">125</td></tr> <tr><td>6b</td><td style="text-align: right;">19837</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">19962</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)	117	6a(2)	125	6b	19837	6c	0	6d	19962	6e		6f		6g(1)		6g(2)		6h	
6a(1)	117																				
6a(2)	125																				
6b	19837																				
6c	0																				
6d	19962																				
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 4D 4E

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

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>8</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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan RTX RETIREE HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 RTX CORPORATION</p>	<p>D Employer Identification Number (EIN) 06-0570975</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HAWAII MEDICAL SERVICE ASSOCIATION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
99-0040115	49948	096124-001*	9	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		100795
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan RTX RETIREE HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 RTX CORPORATION</p>	<p>D Employer Identification Number (EIN) 06-0570975</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	165485	4	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	21014
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan RTX RETIREE HEALTH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 RTX CORPORATION	D Employer Identification Number (EIN) 06-0570975

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	FLI980023*	36576	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		24968312
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan RTX RETIREE HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 RTX CORPORATION	D Employer Identification Number (EIN) 06-0570975	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	FLX980184*	4952	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

(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		0
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
(6) Total additions	7c(6)		0
d Total of balance and additions (add lines 7b and 7c(6))	7d		0
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	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		0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		4931601
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan RTX RETIREE HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 RTX CORPORATION</p>	<p>D Employer Identification Number (EIN) 06-0570975</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	37073*	647	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		3467302
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan RTX RETIREE HEALTH PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 RTX CORPORATION		D Employer Identification Number (EIN) 06-0570975

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	135938*	4211	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		26205305
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan RTX RETIREE HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 RTX CORPORATION</p>	<p>D Employer Identification Number (EIN) 06-0570975</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0511770	95672	2292400*	104	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	626069	
	(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)		626069
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		0
	(4) Claims charged	9b(4)		0
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	0	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan RTX RETIREE HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 RTX CORPORATION</p>	<p>D Employer Identification Number (EIN) 06-0570975</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	12099251*	128999	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	21351681
	(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)	21351681
b	Benefit charges (1) Claims paid	9b(1)	14732559
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	14732559
	(4) Claims charged	9b(4)	14732559
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)	2448647
	(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)	2448647
	(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	0
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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 RTX RETIREE HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 RTX CORPORATION	D Employer Identification Number (EIN) 06-0570975	

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

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(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)

ALIGHT SOLUTIONS LLC

82-1061233

(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	NONE	1106906	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)

GRANT THORNTON

36-6055558

(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	NONE	124954	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

23-1159360

(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 50	NONE	80591	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)

NUVEEN ASSET MANAGEMENT

27-4357327

(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	NONE	53118	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)

JPMORGAN CHASE

13-4994650

(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	NONE	50000	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)

HEALTH ADVOCATE

23-3080019

(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?
13 50	NONE	49276	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)

BNY

13-5160382

(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	NONE	28246	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)

ROSA BARONE

319 S. ANISE STREET
ANAHEIM, CA 92808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	20963	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: GRANT THORNTON	b EIN: 36-6055558
c Position: ACCOUNTANT	
d Address: 90 STATE HOUSE SQ 10TH FLOOR HARTFORD, CT 06103	e Telephone: 860-781-6700

Explanation: BUSINESS DECISION BY MANAGEMENT

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>RTX RETIREE HEALTH PLAN</u>	B Three-digit plan number (PN) ▶	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RTX CORPORATION</u>	D Employer Identification Number (EIN) <u>06-0570975</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>UTC EMPLOYEE BENEFIT PLAN TRUST</u>		
b Name of sponsor of entity listed in (a): <u>RTX CORPORATION</u>		
c EIN-PN <u>06-1009612-501</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>63010</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RTX RETIREE HEALTH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 RTX CORPORATION	D Employer Identification Number (EIN) 06-0570975

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	289500	239500
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	785343	779071
(3) Other	1b(3)	9803681	261709
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1107122	480243
(2) U.S. Government securities	1c(2)	6253037	6292185
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4537150	4760270
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6168785	7710538
(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)	161527	63010
(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)	9765	4945

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	29115910	20591471
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	150276	44463
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	8811842	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	8962118	44463
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	20153792	20547008

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)	56081326	
(B) Participants.....	2a(1)(B)	13362983	
(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)		69444309
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)	195556	
(C) Corporate debt instruments.....	2b(1)(C)	191376	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	271	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		387203
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	91508	
(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)		91508
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9407827	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	9201635	
(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)	1231284	
(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)		
(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		84485
d Total income. Add all income amounts in column (b) and enter total	2d		71444981

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	53688101	
(2) To insurance carriers for the provision of benefits	2e(2)	13814251	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		67502352
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)	3183158	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	125054	
(5) Investment advisory and investment management fees	2i(5)	53118	
(6) Bank or trust company trustee/custodial fees	2i(6)	78246	
(7) Actuarial fees	2i(7)	80591	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	29246	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3549413
j Total expenses. Add all expense amounts in column (b) and enter total	2j		71051765

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		393216
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: PRICEWATERHOUSECOOPERS

(2) EIN: 13-4008324

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		30000000
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 _____.

RTX Retiree Health Plan

(Formerly known as the Group Health Plan of United Technologies Corporation)

Financial Statements and Supplemental Schedules

To Accompany 2024 Form 5500

Annual Report of Employee Benefit Plan

Under ERISA of 1974

December 31, 2024 and 2023

RTX Retiree Health Plan
Index
December 31, 2024 and 2023

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Certain supplemental schedules that are required by the Employee Retirement Income Security Act of 1974 ("ERISA") are not presented because they are not applicable.



Report of Independent Auditors

To the Administrator of RTX Retiree Health Plan

Opinion

We have audited the accompanying financial statements of RTX Retiree Health 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 benefits and of plan's benefit obligations as of December 31, 2024, and the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the year ended December 31, 2024, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of December 31, 2024, and the changes in its net assets available for benefits and changes in its plan 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 audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other Matter – 2023 Financial Statements

The December 31, 2023 financial statements of the Plan (formerly known as the Group Health Plan of United Technologies Corporation), which comprise the statements of net assets available for benefits and of plan's benefit obligations as of December 31, 2023 and the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the year then ended (not presented herein, other than the statements of net assets available for benefits and of plan's benefit obligations), were audited by other auditors whose report dated October 15, 2024 expressed an unmodified opinion on those financial statements which included a paragraph regarding supplemental schedules required by ERISA.

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 the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the 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.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H – Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H



– Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 ("supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PricewaterhouseCoopers LLP

Boston, Massachusetts
October 14, 2025

RTX Retiree Health Plan
Statements of Net Assets Available for Benefits
As of December 31, 2024 and 2023

	2024	2023
Assets		
Investments		
Plan interest in Master Trust	\$ 63,010	\$ 161,527
Investments, at fair value	19,248,181	18,075,859
Total investments	19,311,191	18,237,386
Cash	239,500	289,500
Receivable from RTX for settlement of experience rated insurance policies (Note 6)	—	8,811,842
Retiree contributions receivable	779,071	785,343
Refund and other receivable	170,881	900,000
Interest and dividends receivable	90,828	91,839
Total assets	20,591,471	29,115,910
Liabilities		
Payable to insurance company for settlement of experience rated insurance policies (Note 6)	—	8,811,842
Accrued expenses	44,463	150,276
Total liabilities	44,463	8,962,118
Net assets available for plan benefits	\$ 20,547,008	\$ 20,153,792

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

RTX Retiree Health Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

	2024
Additions	
Investment income (loss):	
Change in Plan interest in Master Trust	\$ 51,788
Interest and dividend income	478,711
Net appreciation of investments at fair value	1,470,173
Net investment (loss) income	2,000,672
Contributions	
Employer contributions	56,081,326
Retiree contributions	13,362,983
Total contributions	69,444,309
Total additions	71,444,981
Deductions	
Claims paid	50,864,136
Medicare B premium reimbursements to participants	2,823,965
Insurance premiums paid	13,814,251
Administrative and other fees	3,549,413
Total deductions	71,051,765
Net increase (decrease)	393,216
Net assets available for plan benefits, at beginning of year	20,153,792
Net assets available for plan benefits, at end of year	<u>\$ 20,547,008</u>

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

RTX Retiree Health Plan
Statements of Plan's Benefit Obligations
As of December 31, 2024 and 2023

	2024	2023
Postretirement benefit obligations, net of amounts currently payable:		
Retired Participants	288,114,000	321,049,000
Plan's total benefit obligations	<u>\$ 288,114,000</u>	<u>\$ 321,049,000</u>

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

RTX Retiree Health Plan
Statement of Changes in Plan's Benefit Obligations
For the Year Ended December 31, 2024

	2024
Postretirement benefit obligations, net of amounts currently payable:	
Balance at beginning of year	\$ 321,049,000
Increase (decrease) in postretirement benefits attributable to:	
Benefits paid less retiree contributions	(54,139,369)
Increase for interest due to decrease in discount period	15,497,000
Changes in actuarial assumptions	19,000
Transfer of benefit obligation from RTX Employees Health and Welfare Plan (Note 1)	4,421,000
Other actuarial gains and losses	1,267,369
Balance at end of year	<u>288,114,000</u>
Plan's total benefit obligations, at the end of the year	<u>\$ 288,114,000</u>

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

RTX Retiree Health Plan

Notes to Financial Statements

As of December 31, 2024 and 2023

Note 1 - Plan Description

General

The following description of the RTX Retiree Health Plan (formerly known as the Group Health Plan of United Technologies Corporation) (the “Plan”), is for general information purposes only. Participants should refer to the Plan Document for a complete description of the Plan’s provisions.

The Plan is a welfare benefit plan sponsored and administered by RTX Corporation (“RTX”, the “Company”, the “Plan Sponsor”, or the “Plan Administrator”) for certain U.S. retirees of legacy United Technologies Corporation (“UTC”). The Plan provides fixed dollar postretirement benefits to certain legacy UTC U.S. salaried and hourly employees that retired prior to January 1, 2007. Certain legacy UTC active employees are eligible to receive postretirement benefits under the Plan upon retirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

In the normal course of business, the Plan Sponsor restructures its operations and employee benefit offerings. These decisions may result in, but are not limited to, a curtailment of future benefits and/or transfers of benefit obligations and assets to other plans. The impact of any change on the Plan’s benefit obligation and assets is recorded as of the date that the change takes place.

In September 2024, the RTX Corporation’s Benefit Design and Administration Committee (“BDAC”) approved the name change of the Plan to the RTX Retiree Health Plan, effective retroactively to January 1, 2024.

Benefits

The Plan provides both self-insured and fully-insured medical, dental, prescription drug, and life insurance benefits that are paid from either the Company’s general assets or the Plan’s Voluntary Employees’ Beneficiary Association (“VEBA”) trusts, which are funded by RTX and retiree contributions. The VEBA trusts include the UTC Employee Benefit Plan Trust master trust (the “Master Trust”) as well as the Rockwell Collins Pre-Funded Trust (“RCPT”). JPMorgan Chase Bank (“JPM”) is the trustee and custodian of the Master Trust, and BNY is the trustee and custodian of the RCPT. The RCPT is used solely for the payment of claims of certain collective bargaining units.

Self-insured benefits are administered by various third parties under administrative only contracts. These administrators include Connecticut General Life Insurance Company (CIGNA), United Medical Resources (UMR), Aetna, Anthem, and CVS Caremark. Fully-insured benefits include medical and life insurance benefits to certain eligible participants.

Certain Medicare eligible retirees can participate in a Retiree Medicare Coordinator program administered by Via Benefits. In order to receive benefits, participants select a health insurance plan through Via Benefits and are responsible for payment of premiums directly to the insurance carrier. Participants may request reimbursement of a portion of insurance premiums paid through a Health Reimbursement Arrangement (HRA), which is funded through the Plan’s VEBA trusts and the Company’s general assets.

The Plan also provides full or partial Medicare part B reimbursements to certain eligible retirees.

Contributions

The costs of the Plan are shared by the Company and retirees. A retiree’s cost sharing arrangement is based on a variety of factors including but not limited to, the retiree’s legacy business group, years of service, and date of retirement. Certain retirees receive a defined dollar benefit (“DDB”) from the Company, which is based on years of service and coverage of eligible dependents, and the retiree contributes the expected cost in excess of the DDB. Other retiree groups contribute the total expected cost of coverage, while others contribute a specified amount or do not contribute at all. The applicable Summary Plan Description should be referenced for a retiree’s specific cost sharing arrangement.

The Company contributes to the Plan as needed to fund benefits in excess of retiree contributions. To the extent assets in the VEBA trusts are not sufficient to fund benefits under the Plan, such benefits shall be paid from other funding vehicles the Company may establish, or in the absence of such other funding vehicles, directly by the Company’s general assets.

RTX Retiree Health Plan

Notes to Financial Statements

As of December 31, 2024 and 2023

Transfer of Benefit Obligation

The Plan receives a postretirement benefit obligation transfer annually from the RTX Employees Health and Welfare Plan (formerly known as the Employee Group Health Plan of United Technologies Corporation) ("Employee Plan") for benefits insured with premiums paid during the year by the Plan.

Other

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to modify benefits provided to participants and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, all eligible claims incurred by the Plan prior to termination would be considered for payment, and the Plan Sponsor would be required to fund any deficit in net assets.

Note 2 - Summary of Accounting and Reporting Policies

The significant accounting and reporting policies followed by the Plan are summarized below.

Basis of Presentation

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

Use of Estimates

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

Investment Valuation and Income Recognition

JPM and BNY, as trustees, act as investment managers for their respective trusts. Plan investments are stated at fair value and consist generally of money market mutual funds, U.S. government securities, corporate debt securities, and equity securities.

Purchases and sales of securities are reflected on a trade-date basis. Interest and dividend income from investments is recorded as earned.

Net appreciation (depreciation) includes gains and losses on investments bought and sold, as well as held during the year.

Investments held in the RCPT are restricted for the payment of claims of certain collective bargaining units. The amount restricted for payment of such claims was \$19,248,181 and \$18,125,859 as of December 31, 2024 and 2023, respectively.

Benefits

Benefits are recorded when paid and are reduced by refunds and pharmacy rebates, which are recorded as earned. Rebates and refunds totaling \$124,011 have been netted with Claims paid on the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.

Postretirement Benefits

The amount reported as the postretirement benefit obligation represents the actuarial present value of estimated future benefits that are attributed by the terms of the Plan to employees' service rendered. Postretirement benefits include future benefits expected to be paid to or for currently retired or terminated employees and their beneficiaries and dependents. The postretirement benefit obligation represents the amount that is to be funded by contributions from RTX and from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary. The valuation applies actuarial assumptions to historical claims data to estimate future annual incurred claims per participant and adjusts such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death or withdrawal) between the valuation date and the expected date of payment. Retirees' claims payable and claims incurred but not reported at year-end are included in the postretirement benefit obligation.

The assumed weighted average annual rate of increase in the per capita cost of covered health care benefits as of December 31, 2024 is 7.0% in 2025, ultimately grading down to 4.5% in 2035 and thereafter. The assumed

RTX Retiree Health Plan

Notes to Financial Statements

As of December 31, 2024 and 2023

weighted average annual rate of increase in the per capita cost of covered health care benefits as of December 31, 2023 is 6.25% in 2024, ultimately grading down to 5.0% in 2029 and thereafter.

The weighted average discount rates used in the valuation as of December 31, 2024 and 2023 were 5.45% and 5.09%, respectively.

The mortality table and mortality projection scale used in the valuation as of December 31, 2024 and 2023 was Pri-2012/MP-2021.

The Plan's benefit obligation as of December 31, 2024 decreased primarily as a result of benefits paid during 2024 and an increase in the discount rate as of December 31, 2024 compared to the discount rate as of December 31, 2023, partially offset by updates in the per capita claims cost and medical trend assumptions to reflect recent experience.

The foregoing 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 the postretirement benefit obligation.

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) for employers that sponsor postretirement health care plans that provide prescription drug benefits was signed into law. The Act introduces a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. Under the Act, the Medicare subsidy amount is received directly by the plan sponsor to fund postretirement benefits and the Plan Sponsor may use the subsidy for any valid business purpose. As such, the Plan's benefit obligations and the changes in the Plan's benefit obligations do not reflect any amount associated with the Medicare subsidy. However, the amount of the benefit obligation related to the Plan is reported net of the Medicare subsidy in the Plan Sponsor's financial statements, resulting in a difference between the two measurements.

Administrative and Other Expenses

Expenses paid by the Plan primarily include administrative, audit, actuarial, and consulting fees.

Fair Value Measurements

The accounting standard for fair value measurements provides a framework for measuring fair value and requires expanded disclosures regarding fair value measurements. Fair value is defined as the price that would be received for an asset or the exit price that would be paid to transfer a liability in the principal or most advantageous market in an orderly transaction between market participants on the measurement date. The accounting standard established a fair value hierarchy which requires an entity to maximize the use of observable inputs, where available. The following summarizes the three levels of inputs required:

- Level 1:** Unadjusted quoted prices in active markets for identical assets or liabilities.
- Level 2:** Observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or have been corroborated by observable market data for substantially the full term of the related assets or liabilities.
- Level 3:** Unobservable inputs supported by little or no market activity that are significant to the fair value of the assets or liabilities.

A financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions may require the transfer of financial instruments from one fair value level to another.

RTX Retiree Health Plan
Notes to Financial Statements
As of December 31, 2024 and 2023

Note 3 - Plan Benefit Obligations

As of December 31, 2024 and 2023, the Plan had postretirement benefit obligations greater than its net assets. The deficit is expected to be funded on a pay-as-you-go basis by the Plan Sponsor and retiree contributions.

The health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed health care cost-trend rate increased by one percentage, the obligation as of December 31, 2024 and 2023, would have increased by approximately \$12,630,000 and \$12,385,000, respectively.

Note 4 - Interest in Master Trust

As discussed in Note 2, certain of the Plan's investments are held in the Master Trust, which was established for the investment of assets of the Plan and the Employee Plan. The two participating health and welfare plans have an undivided interest in the Master Trust. Investment income and administrative expenses relating to the Master Trust are allocated to the plans at a sub-account level, on a pro-rata basis, based on each plan's activity within the respective sub-account.

The following is a summary of the net assets held in the Master Trust as of December 31, 2024 and December 31, 2023:

	December 31, 2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets		
Money market funds	\$ 66,327	\$ 63,010
Net Assets	\$ 66,327	\$ 63,010
 Percentage of Plan's interest in the Master Trust		95.0 %

	December 31, 2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets		
Money market funds	\$ 2,129,480	\$ 161,527
Net Assets	\$ 2,129,480	\$ 161,527
 Percentage of Plan's interest in the Master Trust		7.6 %

RTX Retiree Health Plan
Notes to Financial Statements
As of December 31, 2024 and 2023

The following is a summary of the change in net assets held in the Master Trust for the year ended December 31, 2024:

	<u>2024</u>
Additions	
Interest income	\$ 192,947
Total additions	<u>192,947</u>
Net investment income (loss)	192,947
Net transfers including contributions, distributions and other activity	<u>(2,256,100)</u>
Net decrease in net assets	(2,063,153)
Beginning of year Master Trust net assets	2,129,480
End of year Master Trust net assets	<u>\$ 66,327</u>

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

Money market funds are valued at their last reported net asset value.

Fair value information for the investments that are measured at fair value on a recurring basis is as follows as of December 31, 2024 and 2023:

Fair Value Measurements as of December 31, 2024					
	Level 1	Level 2	Level 3	Total	
Money market funds	\$ 66,327	\$ —	\$ —	\$ 66,327	

Fair Value Measurements as of December 31, 2023					
	Level 1	Level 2	Level 3	Total	
Money market funds	\$ 2,129,480	\$ —	\$ —	\$ 2,129,480	

There were no changes in methodologies to determine the fair value of investments as of December 31, 2024 and 2023 and there were no transfers among levels for the years ended December 31, 2024 and 2023.

RTX Retiree Health Plan
Notes to Financial Statements
As of December 31, 2024 and 2023

Note 5 - Investments

The following tables summarize the fair value of investment assets and liabilities in the RCPT as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 480,243	\$ —	\$ —	\$ 480,243
U.S. government securities	6,292,185	—	—	6,292,185
Corporate debt	—	4,760,270	—	4,760,270
Common stock	7,710,538	—	—	7,710,538
Other - fixed income	—	4,945	—	4,945
Total	\$ 14,482,966	\$ 4,765,215	\$ —	\$ 19,248,181

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 1,107,122	\$ —	\$ —	\$ 1,107,122
U.S. government securities	6,253,037	—	—	6,253,037
Corporate debt	—	4,537,150	—	4,537,150
Common stock	6,168,785	—	—	6,168,785
Other - fixed income	—	9,765	—	9,765
Total	\$ 13,528,944	\$ 4,546,915	\$ —	\$ 18,075,859

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

Money market funds are valued at their last reported net asset value.

Quoted market prices are used to value equity and certain actively traded U.S. government security investments when available. Investments in securities traded on national and foreign securities exchanges are valued using the pricing services' reported sales prices on the last business day of the year or, if no sales were reported on that date, at the last reported bid prices.

Corporate debt securities, fixed income securities, and certain U.S. government securities are valued using pricing models maximizing the use of observable inputs for securities with similar characteristics including maturities and rates.

There were no changes in methodologies to determine the fair value of investments as of December 31, 2024 and 2023 and there were no transfers among levels for the years ended December 31, 2024 and 2023.

Note 6 - Experience Rated Life Insurance Policies

Prior to January 1, 2022, certain life insurance policies were subject to experience rated agreements with the insurance company. Annually, the insurance company calculated the difference between the premiums paid and claims and other fees incurred under these policies. If premiums exceeded claims and other fees, the surplus was owed to the Plan from the insurance company. If claims and other fees exceeded premiums, the deficit was owed to the insurance company. If the balances were not settled at the time of the calculation, the balances rolled forward with interest into the subsequent year's calculation. These agreements were terminated as of December 31, 2021, and final calculations of these accumulated balances were provided in 2023, per the terms of the agreements. Final settlement of the accumulated balances with the insurance company occurred in 2024.

RTX Retiree Health Plan

Notes to Financial Statements

As of December 31, 2024 and 2023

Below are the amounts related to the experience rated life insurance agreements reflected on the Plan's Statement of Net Assets Available for Plan Benefits as of December 31, 2023.

Surplus balance due from the insurance company	\$ 10,766,455
Less: Deficit balance due to the insurance company	(19,578,297)
Payable to insurance company for settlement of experience rated insurance policies	\$ (8,811,842)
Deficit balance due to the insurance company	\$ (19,578,297)
Less: Surplus balance due from the insurance company	10,766,455
Receivable from RTX for settlement of experience rated insurance policies	\$ (8,811,842)

Note 7 - Income Taxes

The Internal Revenue Service has determined and informed the Plan Administrator by a letter dated December 6, 1979 that the Master Trust is exempt from income taxes in accordance with the applicable sections of the IRC. The Master Trust has been amended since receiving the notification of tax exemption. The Plan Administrator believes that the Master Trust and the Plan are designed and are currently being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC). Therefore, no provision for income taxes has been included in the Plan's financial statements. However, to the extent the Master Trust recognizes any "unrelated trade or business" income as defined in Section 512 of the Code, the Master Trust is required to pay tax at trust income tax rates on any such income. The Master Trust paid no unrelated business income tax for the 2024 and 2023 tax years.

The Internal Revenue Service has determined and informed the Plan Administrator by a letter dated January 26, 2004 that, effective September 30, 2004, the RCPT is exempt from income taxes in accordance with the applicable sections of the IRC. The Plan Administrator believes that the RCPT and the Plan are designed and currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. However, to the extent the RCPT recognizes any "unrelated trade or business" income as defined in Section 512 of the Code, the RCPT is required to pay tax at trust income tax rates on any such income. The RCPT paid no unrelated business income tax for the 2024 and 2023 tax years.

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

Note 8 - Related Party and Party-In-Interest Transactions

JPM and BNY, as the trustees and custodians of the Plan, incur expenses in connection with these services to the Plan and the Plan's trusts, and are therefore parties-in-interest with respect to the Plan. Certain investments within the Master Trust and RCPT were advised by or affiliated with JPM and BNY, respectively. RTX is also a party-in-interest with respect to the Plan and incurs expenses in connection with the administration of the Plan and the Master Trust.

The Plan also incurs certain administrative and investment expenses related to the Plan's operations, which are paid to parties-in-interest.

All of these transactions either fall outside the scope of or are exempt from ERISA's prohibited transaction rules.

RTX Retiree Health Plan
Notes to Financial Statements
As of December 31, 2024 and 2023

Note 9 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Note 10 - Subsequent Events

On September 11, 2025, RTX notified JPM of its election to terminate the Master Trust as of November 30, 2025. Prior to termination, the Plan's remaining net assets held in the Master Trust will be used to fund benefits under the Plan.

The Plan has evaluated subsequent events and transactions subsequent to December 31, 2024 through the date the Plan's financial statements were available to be issued, October 14, 2025.

RTX Retiree Health Plan
Supplemental Schedule
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	JP Morgan US Treasury Variable Rate Money Market Fund	Money Market Funds	480,243	480,243
		Subtotal money market funds	480,243	480,243
	ABBOTT LABORATORIES	Common stock, 391 Shares	44,110	44,226
	ABBVIE INC	Common stock, 353 Shares	46,838	62,728
	ACCENTURE PLC	Common stock, 42 Shares	12,679	14,775
	ADOBE INC	Common stock, 69 Shares	33,171	30,683
	ADVANCED MICRO DEVICES INC	Common stock, 246 Shares	37,026	29,714
	AIRBNB INC	Common stock, 68 Shares	8,041	8,936
	ALIGN TECHNOLOGY INC	Common stock, 44 Shares	9,218	9,174
	ALLIANT ENERGY CORP	Common stock, 374 Shares	19,846	22,118
	ALLSTATE CORP/THE	Common stock, 118 Shares	18,604	22,749
	ALPHABET INC	Common stock, 745 Shares	54,395	141,878
	ALPHABET INC	Common stock, 807 Shares	63,431	152,765
	AMAZON.COM INC	Common stock, 1554 Shares	148,591	340,932
	AMERICAN ELECTRIC POWER CO INC	Common stock, 227 Shares	19,063	20,936
	AMERICAN EXPRESS CO	Common stock, 134 Shares	22,668	39,770
	AMERICAN INTERNATIONAL GROUP I	Common stock, 307 Shares	16,892	22,350
	AMERICAN TOWER CORP	Common stock, 76 Shares	14,359	13,939
	AMERIPRISE FINANCIAL INC	Common stock, 42 Shares	12,270	22,362
	AMGEN INC	Common stock, 84 Shares	25,324	21,894
	AMPHENOL CORP	Common stock, 189 Shares	13,211	13,126
	ANALOG DEVICES INC	Common stock, 75 Shares	16,917	15,935
	ANSYS INC	Common stock, 14 Shares	4,517	4,723
	AON PLC	Common stock, 75 Shares	23,949	26,937
	APPLE INC	Common stock, 2445 Shares	180,807	612,275
	APPLIED MATERIALS INC	Common stock, 23 Shares	3,751	3,740
	ARCH CAPITAL GROUP LTD	Common stock, 295 Shares	21,461	27,243

RTX Retiree Health Plan

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	ARISTA NETWORKS INC	Common stock, 279 Shares	17,665	30,838
	ARTHUR J GALLAGHER & CO	Common stock, 28 Shares	7,139	7,948
	AT&T INC	Common stock, 1738 Shares	32,068	39,574
	AUTOMATIC DATA PROCESSING INC	Common stock, 91 Shares	21,733	26,638
	AVALONBAY COMMUNITIES INC	Common stock, 112 Shares	23,427	24,637
	AXON ENTERPRISE INC	Common stock, 11 Shares	4,028	6,538
	BAKER HUGHES CO	Common stock, 471 Shares	15,921	19,320
	BANK OF AMERICA CORP	Common stock, 603 Shares	18,213	26,502
*	BANK OF NEW YORK MELLON CORP/T	Common stock, 378 Shares	18,920	29,042
	BECTON DICKINSON & CO	Common stock, 106 Shares	25,299	24,048
	BERKSHIRE HATHAWAY INC	Common stock, 239 Shares	56,499	108,334
	BLACKROCK INC	Common stock, 4 Shares	3,458	4,100
	BLACKSTONE INC	Common stock, 22 Shares	4,169	3,793
	BOEING CO/THE	Common stock, 223 Shares	38,644	39,471
	BOOKING HOLDINGS INC	Common stock, 5 Shares	19,120	24,842
	BORGWARNER INC	Common stock, 386 Shares	13,007	12,271
	BOSTON SCIENTIFIC CORP	Common stock, 386 Shares	18,953	34,478
	BRISTOL-MYERS SQUIBB CO	Common stock, 557 Shares	27,535	31,504
	BROADCOM INC	Common stock, 836 Shares	60,012	193,818
	BROADRIDGE FINANCIAL SOLUTIONS	Common stock, 18 Shares	3,521	4,070
	CAMDEN PROPERTY TRUST	Common stock, 153 Shares	18,590	17,754
	CARDINAL HEALTH INC	Common stock, 34 Shares	3,576	4,021
	CARNIVAL CORP	Common stock, 701 Shares	14,039	17,469
	CARRIER GLOBAL CORP	Common stock, 131 Shares	5,701	8,942
	CATERPILLAR INC	Common stock, 32 Shares	8,637	11,608
	CENTENE CORP	Common stock, 79 Shares	5,208	4,786
	CHARLES SCHWAB CORP/THE	Common stock, 190 Shares	11,292	14,062
	CHARTER COMMUNICATIONS INC	Common stock, 15 Shares	4,344	5,142
	CHEVRON CORP	Common stock, 131 Shares	16,034	18,974
	CHIPOTLE MEXICAN GRILL INC	Common stock, 424 Shares	18,333	25,567

RTX Retiree Health Plan

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	CHURCH & DWIGHT CO INC	Common stock, 148 Shares	15,061	15,497
*	CIGNA GROUP/THE	Common stock, 91 Shares	24,349	25,129
	CISCO SYSTEMS INC	Common stock, 286 Shares	14,550	16,931
	CITIGROUP INC	Common stock, 493 Shares	28,018	34,702
	COCA-COLA CO/THE	Common stock, 288 Shares	14,882	17,931
	COGNIZANT TECHNOLOGY SOLUTIONS	Common stock, 77 Shares	6,058	5,921
	COMCAST CORP	Common stock, 103 Shares	4,289	3,866
	CONOCOPHILLIPS	Common stock, 40 Shares	3,559	3,967
	CONTRA ABIOMED INC	Common stock, 10 Shares	—	10
	CORNING INC	Common stock, 119 Shares	3,534	5,655
	CORPAY INC	Common stock, 34 Shares	11,846	11,506
	CORTEVA INC	Common stock, 458 Shares	23,353	26,088
	COSTCO WHOLESALE CORP	Common stock, 83 Shares	32,873	76,050
	CROWN CASTLE INC	Common stock, 232 Shares	27,242	21,056
	CUMMINS INC	Common stock, 21 Shares	6,952	7,321
	DANAHER CORP	Common stock, 131 Shares	31,131	30,071
	DEERE & CO	Common stock, 40 Shares	17,353	16,948
	DELL TECHNOLOGIES INC	Common stock, 45 Shares	5,353	5,186
	DELTA AIR LINES INC	Common stock, 448 Shares	20,229	27,104
	DEXCOM INC	Common stock, 245 Shares	25,958	19,054
	DIAMONDBACK ENERGY INC	Common stock, 102 Shares	16,843	16,711
	DOVER CORP	Common stock, 21 Shares	2,884	3,940
	DUKE ENERGY CORP	Common stock, 305 Shares	35,895	32,861
	DUPONT DE NEMOURS INC	Common stock, 282 Shares	19,936	21,503
	EATON CORP PLC	Common stock, 62 Shares	17,895	20,576
	EDWARDS LIFESCIENCES CORP	Common stock, 284 Shares	22,577	21,025
*	ELEVANCE HEALTH INC	Common stock, 73 Shares	32,421	26,930
	ELI LILLY & CO	Common stock, 141 Shares	54,308	108,852
	EMERSON ELECTRIC CO	Common stock, 228 Shares	26,021	28,256
	EPAM SYSTEMS INC	Common stock, 83 Shares	19,704	19,407

RTX Retiree Health Plan**Supplemental Schedule****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****As of December 31, 2024**

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	EQUIFAX INC	Common stock, 44 Shares	11,404	11,213
	EQUINIX INC	Common stock, 35 Shares	24,094	33,001
	EVEREST GROUP LTD	Common stock, 48 Shares	16,191	17,398
	EVERGY INC	Common stock, 358 Shares	22,066	22,035
	EVERSOURCE ENERGY	Common stock, 402 Shares	24,593	23,087
	EXPEDIA GROUP INC	Common stock, 22 Shares	3,786	4,099
	EXXON MOBIL CORP	Common stock, 682 Shares	56,257	73,363
	FAIR ISAAC CORP	Common stock, 7 Shares	12,757	13,937
	FIDELITY NATIONAL INFORMATION	Common stock, 85 Shares	6,600	6,865
	FIFTH THIRD BANCORP	Common stock, 566 Shares	17,036	23,930
	FISERV INC	Common stock, 159 Shares	20,710	32,662
	FORTIVE CORP	Common stock, 54 Shares	4,397	4,050
	FREEPORT-MCMORAN INC	Common stock, 225 Shares	10,235	8,568
	GARMIN LTD	Common stock, 24 Shares	3,499	4,950
	GARTNER INC	Common stock, 12 Shares	5,638	5,814
	GE AEROSPACE	Common stock, 208 Shares	31,917	34,692
	GEN DIGITAL INC	Common stock, 488 Shares	10,325	13,361
	GENERAL DYNAMICS CORP	Common stock, 64 Shares	18,619	16,863
	GENERAL MOTORS CO	Common stock, 270 Shares	10,929	14,383
	GILEAD SCIENCES INC	Common stock, 192 Shares	17,661	17,735
	GLOBAL PAYMENTS INC	Common stock, 110 Shares	12,670	12,327
	GLOBE LIFE INC	Common stock, 154 Shares	14,524	17,174
	GODADDY INC	Common stock, 22 Shares	4,226	4,342
	GOLDMAN SACHS GROUP INC/THE	Common stock, 49 Shares	16,544	28,058
	HERSHEY CO/THE	Common stock, 52 Shares	9,603	8,806
	HESS CORP	Common stock, 130 Shares	18,260	17,291
	HEWLETT PACKARD ENTERPRISE CO	Common stock, 202 Shares	4,015	4,313
	HILTON WORLDWIDE HOLDINGS INC	Common stock, 68 Shares	13,994	16,807
	HOME DEPOT INC/THE	Common stock, 186 Shares	49,447	72,352
	HONEYWELL INTERNATIONAL INC	Common stock, 177 Shares	28,818	39,983

RTX Retiree Health Plan

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	HOWMET AEROSPACE INC	Common stock, 183 Shares	14,013	20,015
	HP INC	Common stock, 154 Shares	4,964	5,025
	HUMANA INC	Common stock, 45 Shares	17,691	11,417
	INGERSOLL RAND INC	Common stock, 63 Shares	3,819	5,699
	INTEL CORP	Common stock, 663 Shares	14,750	13,293
	INTERCONTINENTAL EXCHANGE INC	Common stock, 142 Shares	14,229	21,159
	INTERNATIONAL BUSINESS MACHINE	Common stock, 57 Shares	9,407	12,530
	INTUIT INC	Common stock, 14 Shares	8,541	8,799
	INTUITIVE SURGICAL INC	Common stock, 81 Shares	24,492	42,279
	JOHNSON & JOHNSON	Common stock, 238 Shares	33,632	34,420
	JOHNSON CONTROLS INTERNATIONAL	Common stock, 184 Shares	15,333	14,523
*	JPMORGAN CHASE & CO	Common stock, 359 Shares	40,953	86,056
	KENVUE INC	Common stock, 1134 Shares	24,582	24,211
	KEURIG DR PEPPER INC	Common stock, 175 Shares	5,625	5,621
	KEYSIGHT TECHNOLOGIES INC	Common stock, 27 Shares	4,037	4,337
	KIMCO REALTY CORP	Common stock, 956 Shares	22,572	22,399
	KINDER MORGAN INC	Common stock, 491 Shares	13,883	13,453
	KKR & CO INC	Common stock, 203 Shares	23,464	30,026
	KLA CORP	Common stock, 21 Shares	13,957	13,233
	KROGER CO/THE	Common stock, 102 Shares	6,286	6,237
	L3HARRIS TECHNOLOGIES INC	Common stock, 121 Shares	25,252	25,444
	LAM RESEARCH CORP	Common stock, 199 Shares	12,470	14,374
	LAS VEGAS SANDS CORP	Common stock, 319 Shares	14,273	16,384
	LINDE PLC	Common stock, 107 Shares	33,972	44,798
	LIVE NATION ENTERTAINMENT INC	Common stock, 126 Shares	11,999	16,317
	LOWE'S COS INC	Common stock, 15 Shares	2,997	3,702
	M&T BANK CORP	Common stock, 132 Shares	22,033	24,817
	MARTIN MARIETTA MATERIALS INC	Common stock, 7 Shares	3,903	3,616
	MASTERCARD INC	Common stock, 155 Shares	48,724	81,618

RTX Retiree Health Plan**Supplemental Schedule****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****As of December 31, 2024**

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	MCDONALD'S CORP	Common stock, 44 Shares	9,118	12,755
	MERCK & CO INC	Common stock, 467 Shares	40,763	46,457
	META PLATFORMS INC	Common stock, 307 Shares	67,891	179,752
	METLIFE INC	Common stock, 273 Shares	19,188	22,353
	MICROCHIP TECHNOLOGY INC	Common stock, 81 Shares	6,856	4,645
	MICRON TECHNOLOGY INC	Common stock, 170 Shares	15,241	14,307
	MICROSOFT CORP	Common stock, 1195 Shares	185,838	503,693
	MONDELEZ INTERNATIONAL INC	Common stock, 400 Shares	25,974	23,892
	MONOLITHIC POWER SYSTEMS INC	Common stock, 7 Shares	3,264	4,142
	MOODY'S CORP	Common stock, 38 Shares	18,540	17,988
	MORGAN STANLEY	Common stock, 38 Shares	3,495	4,777
	MOTOROLA SOLUTIONS INC	Common stock, 26 Shares	9,968	12,018
	MSCI INC	Common stock, 23 Shares	14,070	13,800
	NASDAQ INC	Common stock, 250 Shares	16,151	19,328
	NETFLIX INC	Common stock, 45 Shares	21,410	40,109
	NEWMONT CORP	Common stock, 692 Shares	29,291	25,756
	NEXTERA ENERGY INC	Common stock, 594 Shares	37,800	42,584
	NIKE INC	Common stock, 437 Shares	44,990	33,068
	NUCOR CORP	Common stock, 199 Shares	30,452	23,225
	NVIDIA CORP	Common stock, 3772 Shares	92,565	506,542
	NXP SEMICONDUCTORS NV	Common stock, 39 Shares	9,119	8,106
	ON SEMICONDUCTOR CORP	Common stock, 66 Shares	4,848	4,161
	ORACLE CORP	Common stock, 320 Shares	31,549	53,325
	O'REILLY AUTOMOTIVE INC	Common stock, 20 Shares	20,834	23,716
	PACCAR INC	Common stock, 82 Shares	9,121	8,530
	PALANTIR TECHNOLOGIES INC	Common stock, 52 Shares	3,250	3,933
	PALO ALTO NETWORKS INC	Common stock, 164 Shares	21,925	29,841
	PARKER-HANNIFIN CORP	Common stock, 42 Shares	18,314	26,713
	PAYCHEX INC	Common stock, 50 Shares	6,067	7,011

RTX Retiree Health Plan**Supplemental Schedule****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****As of December 31, 2024**

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	PAYPAL HOLDINGS INC	Common stock, 161 Shares	10,429	13,741
	PEPSICO INC	Common stock, 289 Shares	48,344	43,945
	PFIZER INC	Common stock, 151 Shares	4,628	4,006
	PHILIP MORRIS INTERNATIONAL IN	Common stock, 242 Shares	22,080	29,125
	PROCTER & GAMBLE CO/THE	Common stock, 366 Shares	53,763	61,360
	PROGRESSIVE CORP/THE	Common stock, 153 Shares	21,395	36,660
	PROLOGIS INC	Common stock, 144 Shares	17,687	15,221
	PTC INC	Common stock, 117 Shares	16,144	21,513
	QUALCOMM INC	Common stock, 111 Shares	17,138	17,052
	QUANTA SERVICES INC	Common stock, 23 Shares	5,936	7,269
	REGENERON PHARMACEUTICALS INC	Common stock, 27 Shares	20,953	19,233
	ROCKWELL AUTOMATION INC	Common stock, 18 Shares	5,088	5,144
	ROYAL CARIBBEAN CRUISES LTD	Common stock, 37 Shares	4,956	8,536
*	RTX CORP	Common stock, 320 Shares	30,986	37,030
	S&P GLOBAL INC	Common stock, 59 Shares	25,031	29,384
	SALESFORCE INC	Common stock, 185 Shares	41,043	61,851
	SBA COMMUNICATIONS CORP	Common stock, 93 Shares	21,393	18,953
	SERVICENOW INC	Common stock, 43 Shares	24,538	45,585
	SHERWIN-WILLIAMS CO/THE	Common stock, 36 Shares	11,760	12,237
	SMURFIT WESTROCK PLC	Common stock, 464 Shares	21,632	24,991
	STARBUCKS CORP	Common stock, 322 Shares	31,074	29,383
	STRYKER CORP	Common stock, 54 Shares	16,284	19,443
	SYNOPSYS INC	Common stock, 60 Shares	18,683	29,122
	TAKE-TWO INTERACTIVE SOFTWARE	Common stock, 100 Shares	14,299	18,408
	TAPESTRY INC	Common stock, 62 Shares	2,710	4,050
	TARGA RESOURCES CORP	Common stock, 100 Shares	19,070	17,850
	TE CONNECTIVITY PLC	Common stock, 124 Shares	16,068	17,728
	TESLA INC	Common stock, 431 Shares	100,788	174,055
	TEXAS INSTRUMENTS INC	Common stock, 139 Shares	26,318	26,064

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Supplemental Schedule

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As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	THE CAMPBELL'S COMPANY	Common stock, 309 Shares	14,592	12,941
	THERMO FISHER SCIENTIFIC INC	Common stock, 22 Shares	11,056	11,445
	TJX COS INC/THE	Common stock, 334 Shares	28,379	40,351
	T-MOBILE US INC	Common stock, 139 Shares	20,017	30,681
	TRANE TECHNOLOGIES PLC	Common stock, 73 Shares	16,353	26,963
	TYLER TECHNOLOGIES INC	Common stock, 7 Shares	4,095	4,036
	UBER TECHNOLOGIES INC	Common stock, 514 Shares	33,849	31,004
	UNION PACIFIC CORP	Common stock, 142 Shares	21,514	32,382
	UNITED RENTALS INC	Common stock, 10 Shares	3,882	7,044
	UNITEDHEALTH GROUP INC	Common stock, 167 Shares	48,559	84,479
	VALERO ENERGY CORP	Common stock, 195 Shares	24,226	23,905
	VERALTO CORP	Common stock, 182 Shares	17,556	18,537
	VERISK ANALYTICS INC	Common stock, 22 Shares	4,113	6,059
	VERIZON COMMUNICATIONS INC	Common stock, 167 Shares	7,855	6,678
	VICI PROPERTIES INC	Common stock, 824 Shares	25,132	24,069
	VISA INC	Common stock, 195 Shares	34,422	61,628
	VULCAN MATERIALS CO	Common stock, 16 Shares	4,431	4,116
	WALMART INC	Common stock, 812 Shares	38,392	73,364
	WALT DISNEY CO/THE	Common stock, 400 Shares	42,708	44,540
	WARNER BROS DISCOVERY INC	Common stock, 1600 Shares	17,925	16,912
	WELLS FARGO & CO	Common stock, 820 Shares	34,989	57,597
	WEST PHARMACEUTICAL SERVICES I	Common stock, 53 Shares	17,960	17,361
	WESTINGHOUSE AIR BRAKE TECHNOL	Common stock, 28 Shares	3,022	5,309
	WILLIAMS COS INC/THE	Common stock, 283 Shares	16,868	15,316
	WW GRAINGER INC	Common stock, 23 Shares	14,567	24,243
	WYNN RESORTS LTD	Common stock, 167 Shares	15,222	14,389
	XYLEM INC/NY	Common stock, 38 Shares	5,289	4,409
		Subtotal common stock	4,979,049	7,710,538

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As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.250% 11/15/2027 DD 11/15/17	370,248	363,960
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.875% 05/15/2028 DD 05/15/18	29,834	28,652
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.125% 11/15/2028 DD 11/15/18	118,475	110,027
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.250% 03/31/2026 DD 03/31/19	147,037	141,494
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.375% 05/15/2029 DD 05/15/19	73,160	64,515
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.000% 11/15/2026 DD 11/15/16	113,498	115,163
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.625% 08/15/2029 DD 08/15/19	61,108	53,245
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.375% 04/30/2025 DD 04/30/20	30,085	29,619
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.625% 05/15/2030 DD 05/15/20	358,819	295,355
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.250% 10/31/2025 DD 10/31/20	11,908	11,613
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.125% 02/15/2031 DD 02/15/21	52,879	45,384
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.625% 05/15/2031 DD 05/15/21	124,472	101,227
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.750% 05/31/2026 DD 05/31/21	109,334	104,762
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.625% 07/31/2026 DD 07/31/21	103,979	99,225
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.375% 11/15/2031 DD 11/15/21	464,375	400,383
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.500% 03/31/2027 DD 03/31/22	97,895	96,281
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.875% 05/15/2032 DD 05/15/22	144,468	130,223
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.750% 05/15/2025 DD 05/15/22	164,715	169,065
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.625% 07/31/2029 DD 07/31/22	339,877	333,943
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.125% 11/15/2032 DD 11/15/22	569,737	541,319
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 11/30/2027 DD 11/30/22	300,845	296,577
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 12/31/2029 DD 12/31/22	98,816	97,684
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.625% 02/28/2025 DD 02/28/23	24,797	25,007
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.625% 03/31/2028 DD 03/31/23	210,033	205,653
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 04/30/2025 DD 04/30/23	104,053	104,840
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 06/30/2030 DD 06/30/23	197,167	193,454
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.625% 06/30/2025 DD 06/30/23	74,648	75,181
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.500% 07/15/2026 DD 07/15/23	99,770	100,356
	UNITED STATES TREASURY	U S TREASURY NOTE, 5.000% 08/31/2025 DD 08/31/23	74,824	75,362

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	UNITED STATES TREASURY	U S TREASURY NOTE, 4.625% 09/15/2026 DD 09/15/23	124,282	125,738
	UNITED STATES TREASURY	U S TREASURY NOTE, 5.000% 10/31/2025 DD 10/31/23	225,147	226,298
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.500% 11/15/2033 DD 11/15/23	51,422	49,782
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.375% 11/30/2028 DD 11/30/23	76,629	75,020
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.375% 12/15/2026 DD 12/15/23	227,092	225,493
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 12/31/2028 DD 12/31/23	49,617	48,871
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.000% 01/31/2029 DD 01/31/24	74,703	73,963
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.000% 02/15/2034 DD 02/15/24	172,115	167,570
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.250% 02/28/2031 DD 02/29/24	49,697	49,428
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.500% 05/31/2029 DD 05/31/24	217,100	216,000
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 08/15/2034 DD 08/15/24	194,769	184,427
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 08/31/2031 DD 08/31/24	227,716	215,552
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.125% 10/31/2026 DD 10/31/24	224,165	224,474
		Subtotal U.S. government securities	6,585,310	6,292,185
	ABBVIE INC	ABBVIE INC, 4.800% 03/15/2029 DD 02/26/24	39,596	39,984
	ABBVIE INC	ABBVIE INC, 4.950% 03/15/2031 DD 02/26/24	20,016	20,000
	AERCAP IRELAND CAPITAL DAC / A	AERCAP IRELAND CAPITAL DAC / A, 6.100% 01/15/2027 DD 09/25/23	110,362	112,507
	AGREE LP	AGREE LP, 2.000% 06/15/2028 DD 05/14/21	23,765	22,643
	AMCOR GROUP FINANCE PLC	AMCOR GROUP FINANCE PLC, 5.450% 05/23/2029 DD 05/23/24	55,288	55,449
	AMEREN ILLINOIS CO	AMEREN ILLINOIS CO, 4.950% 06/01/2033 DD 05/31/23	39,635	39,268
	AMERICAN TOWER CORP	AMERICAN TOWER CORP, 2.750% 01/15/2027 DD 10/03/19	65,293	62,429
	AMERICREDIT AUTOMOBILE RE 3 A3	AMERICREDIT AUTOMOBILE RE 3 A3, 0.760% 08/18/2026 DD 11/17/21	1,399	1,397
	AMGEN INC	AMGEN INC, 5.150% 03/02/2028 DD 03/02/23	64,836	65,468
	AMGEN INC	AMGEN INC, 5.250% 03/02/2033 DD 03/02/23	20,100	19,861
	AON CORP	AON CORP, 3.750% 05/02/2029 DD 05/02/19	42,522	37,980
	AT&T INC	AT&T INC, 4.350% 03/01/2029 DD 02/19/19	92,133	83,203
	BANK 2017-BNK4 BNK4 A4	BANK 2017-BNK4 BNK4 A4, 3.625% 05/15/2050 DD 04/01/17	71,130	72,582
	BANK 2017-BNK8 BNK8 A4	BANK 2017-BNK8 BNK8 A4, 3.488% 11/15/2050 DD 11/01/17	26,872	28,177

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	BANK OF AMERICA CORP	BANK OF AMERICA CORP, VAR RT 07/23/2031 DD 07/23/20	16,270	16,821
	BANK OF AMERICA CORP	BANK OF AMERICA CORP, VAR RT 04/25/2029 DD 04/25/23	227,811	231,066
	BANK OF AMERICA CORP	BANK OF AMERICA CORP, VAR RT 01/23/2035 DD 01/23/24	65,057	65,088
	BANK OF AMERICA CORP	BANK OF AMERICA CORP, VAR RT 10/25/2035 DD 10/25/24	15,000	14,644
	BENCHMARK 2019-B14 MORT B14 A5	BENCHMARK 2019-B14 MORT B14 A5, 3.049% 12/15/2062 DD 11/01/19	111,441	108,404
	BOEING CO/THE	BOEING CO/THE, 3.250% 02/01/2028 DD 11/02/20	77,978	79,975
	BRIXMOR OPERATING PARTNERSHIP	BRIXMOR OPERATING PARTNERSHIP, 2.250% 04/01/2028 DD 03/05/21	30,095	32,002
	CARVANA AUTO RECEIVABLES N2 B	CARVANA AUTO RECEIVABLES N2 B, 0.750% 03/10/2028 DD 06/03/21	6,540	6,278
	CARVANA AUTO RECEIVABLES P3 A3	CARVANA AUTO RECEIVABLES P3 A3, 4.610% 11/10/2027 DD 09/08/22	66,535	66,542
	CHARTER COMMUNICATIONS OPERATI	CHARTER COMMUNICATIONS OPERATI, 2.250% 01/15/2029 DD 10/12/21	16,594	17,636
	CHENIERE ENERGY PARTNERS LP	CHENIERE ENERGY PARTNERS LP, 4.500% 10/01/2029 DD 04/01/20	14,559	14,523
	CITIBANK NA	CITIBANK NA, 5.570% 04/30/2034 DD 04/30/24	45,108	45,513
	CITIGROUP COMMERCIAL M GC43 A4	CITIGROUP COMMERCIAL M GC43 A4, 3.038% 11/10/2052 DD 11/01/19	26,881	22,294
	CNH EQUIPMENT TRUST 2021- C A3	CNH EQUIPMENT TRUST 2021- C A3, 0.810% 12/15/2026 DD 10/27/21	22,275	21,963
	COMCAST CORP	COMCAST CORP, 2.650% 02/01/2030 DD 11/05/19	38,456	35,826
	COMM 2015-PC1 MORTGAGE PC1 A5	COMM 2015-PC1 MORTGAGE PC1 A5, 3.902% 07/10/2050 DD 07/01/15	35,205	34,065
	CONSTELLATION BRANDS INC	CONSTELLATION BRANDS INC, 2.875% 05/01/2030 DD 04/27/20	41,552	35,741
	CONSTELLATION BRANDS INC	CONSTELLATION BRANDS INC, 2.250% 08/01/2031 DD 07/26/21	32,332	33,291
	CSAIL 2015-C1 COMMERCIAL C1 A4	CSAIL 2015-C1 COMMERCIAL C1 A4, 3.505% 04/15/2050 DD 03/01/15	24,264	25,343
	CVS HEALTH CORP	CVS HEALTH CORP, 1.300% 08/21/2027 DD 08/21/20	61,173	63,435
	DBGS 2018-C1 MORTGAGE TR C1 A4	DBGS 2018-C1 MORTGAGE TR C1 A4, 4.466% 10/15/2051 DD 10/01/18	65,502	57,328
	DEUTSCHE BANK AG/NEW YORK NY	DEUTSCHE BANK AG/NEW YORK NY, VAR RT 07/14/2026 DD 07/14/22	85,266	85,554
	DISCOVERY COMMUNICATIONS LLC	DISCOVERY COMMUNICATIONS LLC, 4.125% 05/15/2029 DD 05/21/19	28,679	27,949
	DTE ELECTRIC CO	DTE ELECTRIC CO, 4.850% 12/01/2026 DD 02/29/24	35,029	35,277
	DUKE ENERGY CAROLINAS LLC	DUKE ENERGY CAROLINAS LLC, 2.550% 04/15/2031 DD 04/01/21	50,789	47,667
	ENBRIDGE INC	ENBRIDGE INC, 6.000% 11/15/2028 DD 11/09/23	40,717	41,415
	ENERGY TRANSFER LP	ENERGY TRANSFER LP, 3.750% 05/15/2030 DD 01/22/20	64,580	65,315
	ESSENTIAL PROPERTIES LP	ESSENTIAL PROPERTIES LP, 2.950% 07/15/2031 DD 06/28/21	19,248	17,030
	ESSEX PORTFOLIO LP	ESSEX PORTFOLIO LP, 5.500% 04/01/2034 DD 03/14/24	25,492	25,017

RTX Retiree Health Plan

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	FLORIDA POWER & LIGHT CO	FLORIDA POWER & LIGHT CO, 5.050% 04/01/2028 DD 03/03/23	45,234	45,437
	FLORIDA POWER & LIGHT CO	FLORIDA POWER & LIGHT CO, 4.800% 05/15/2033 DD 05/18/23	49,523	48,652
	FORD CREDIT AUTO OWNER TR D A3	FORD CREDIT AUTO OWNER TR D A3, 4.610% 08/15/2029 DD 11/22/24	99,997	100,060
	FORD MOTOR CO	FORD MOTOR CO, 6.100% 08/19/2032 DD 08/19/22	14,992	14,937
	GENERAL MOTORS FINANCIAL CO IN	GENERAL MOTORS FINANCIAL CO IN, 4.900% 10/06/2029 DD 09/06/24	79,952	78,811
	GEORGIA POWER CO	GEORGIA POWER CO, 2.650% 09/15/2029 DD 09/10/19	21,831	22,673
	GM FINANCIAL CONSUMER AUT 4 A3	GM FINANCIAL CONSUMER AUT 4 A3, 0.680% 09/16/2026 DD 10/21/21	14,059	13,928
	GOLDMAN SACHS GROUP INC/THE	GOLDMAN SACHS GROUP INC/THE, VAR RT 10/23/2030 DD 10/23/24	60,000	58,756
	GS MORTGAGE SECURI ARDN A 144A	GS MORTGAGE SECURI ARDN A 144A, VAR RT 11/15/2036 DD 11/10/21	97,375	99,368
	HARTFORD INSURANCE GROUP INC/T	HARTFORD INSURANCE GROUP INC/T, 2.800% 08/19/2029 DD 08/19/19	20,852	22,766
	HCA INC	HCA INC, 5.625% 09/01/2028 DD 08/23/18	45,421	45,596
	HEALTHCARE REALTY HOLDINGS LP	HEALTHCARE REALTY HOLDINGS LP, 3.625% 01/15/2028 DD 07/15/22	25,265	23,740
	HIGHWOODS REALTY LP	HIGHWOODS REALTY LP, 3.050% 02/15/2030 DD 09/13/19	25,045	22,034
	HOME DEPOT INC/THE	HOME DEPOT INC/THE, 4.750% 06/25/2029 DD 06/25/24	34,868	35,074
	HONDA AUTO RECEIVABLES 20 2 A2	HONDA AUTO RECEIVABLES 20 2 A2, 5.410% 04/15/2026 DD 05/30/23	27,242	27,281
	HONEYWELL INTERNATIONAL INC	HONEYWELL INTERNATIONAL INC, 4.500% 01/15/2034 DD 05/17/23	19,017	19,088
	HSBC HOLDINGS PLC	HSBC HOLDINGS PLC, VAR RT 06/04/2026 DD 06/04/20	29,910	29,648
	ING GROEP NV	ING GROEP NV, 3.950% 03/29/2027 DD 03/29/17	42,720	39,299
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO, VAR RT 10/22/2030 DD 10/22/24	209,656	206,189
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO, VAR RT 10/22/2035 DD 10/22/24	99,583	96,332
*	JPMORGAN CHASE & CO	JPMCC COMMERCIAL MORTG JP6 ASB, 3.283% 07/15/2050 DD 06/01/17	22,205	23,634
	L3HARRIS TECHNOLOGIES INC	L3HARRIS TECHNOLOGIES INC, 5.400% 01/15/2027 DD 07/31/23	35,101	35,428
	MORGAN STANLEY	MORGAN STANLEY, VAR RT 10/18/2030 DD 10/18/24	194,910	190,813
	MORGAN STANLEY CAPITAL UBS9 A4	MORGAN STANLEY CAPITAL UBS9 A4, 3.594% 03/15/2049 DD 03/01/16	41,991	44,240
	MPLX LP	MPLX LP, 2.650% 08/15/2030 DD 08/18/20	36,636	35,002
	MVW 2024-1 LLC 1A A 144A	MVW 2024-1 LLC 1A A 144A, 5.320% 02/20/2043 DD 03/14/24	81,795	82,101
	ORACLE CORP	ORACLE CORP, 2.875% 03/25/2031 DD 03/24/21	33,028	30,804
	O'REILLY AUTOMOTIVE INC	O'REILLY AUTOMOTIVE INC, 4.200% 04/01/2030 DD 03/27/20	90,829	91,318
	PFIZER INVESTMENT ENTERPRISES	PFIZER INVESTMENT ENTERPRISES, 4.450% 05/19/2028 DD 05/19/23	49,236	49,556

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As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	PHILIP MORRIS INTERNATIONAL IN	PHILIP MORRIS INTERNATIONAL IN, 4.750% 11/01/2031 DD 11/01/24	14,771	14,665
	PHILLIPS 66 CO	PHILLIPS 66 CO, 5.300% 06/30/2033 DD 03/29/23	10,088	9,906
	REGENCY CENTERS LP	REGENCY CENTERS LP, 2.950% 09/15/2029 DD 08/20/19	55,328	54,981
*	RTX CORP	RTX CORP, 2.250% 07/01/2030 DD 05/18/20	9,688	8,698
	SABINE PASS LIQUEFACTION LLC	SABINE PASS LIQUEFACTION LLC, 5.000% 03/15/2027 DD 03/15/17	34,623	35,072
	SBA TOWER TRUST 144A	SBA TOWER TRUST 144A, 1.631% 05/15/2051 DD 05/14/21	65,000	60,925
	SCCU AUTO RECEIVABL 1A A3 144A	SCCU AUTO RECEIVABL 1A A3 144A, 5.110% 06/15/2029 DD 07/24/24	54,997	55,152
	SCE RECOVERY FUNDING LLC	SCE RECOVERY FUNDING LLC, 0.861% 11/15/2033 DD 02/24/21	80,652	70,430
	SOUTH BOW USA INFRASTRUCT 144A	SOUTH BOW USA INFRASTRUCT 144A, 4.911% 09/01/2027 DD 08/28/24	20,000	19,931
	SYSCO CORP	SYSCO CORP, 2.450% 12/14/2031 DD 12/14/21	8,262	8,398
	TAPESTRY INC	TAPESTRY INC, 5.100% 03/11/2030 DD 12/11/24	9,988	9,886
	TARGET CORP	TARGET CORP, 4.500% 09/15/2034 DD 09/06/24	9,943	9,514
	TEXAS INSTRUMENTS INC	TEXAS INSTRUMENTS INC, 4.900% 03/14/2033 DD 03/14/23	19,717	19,866
	THE CAMPBELL'S COMPANY	THE CAMPBELL'S COMPANY, 5.200% 03/21/2029 DD 03/21/24	15,003	15,138
	T-MOBILE USA INC	T-MOBILE USA INC, 4.800% 07/15/2028 DD 05/11/23	94,594	94,473
	TMUST 2024-1A A 144A	TMUST 2024-1A A 144A, 5.050% 09/20/2029 DD 02/14/24	99,987	100,689
	UBS AG/LONDON	UBS AG/LONDON, 5.650% 09/11/2028 DD 09/11/23	35,775	35,806
	UNITEDHEALTH GROUP INC	UNITEDHEALTH GROUP INC, 4.000% 05/15/2029 DD 05/20/22	38,475	38,677
	VERIZON COMMUNICATIONS INC	VERIZON COMMUNICATIONS INC, 1.750% 01/20/2031 DD 11/20/20	51,880	45,333
	VIRGINIA POWER FUEL SECURITIZA	VIRGINIA POWER FUEL SECURITIZA, 5.088% 05/01/2029 DD 02/14/24	42,582	42,742
	VOLKSWAGEN AUTO LOAN ENHA 1 A3	VOLKSWAGEN AUTO LOAN ENHA 1 A3, 1.020% 06/22/2026 DD 12/13/21	12,299	12,235
	WELLS FARGO & CO	WELLS FARGO & CO, VAR RT 07/25/2029 DD 07/25/23	70,518	71,080
	WELLS FARGO COMMERCIAL NXS1 A5	WELLS FARGO COMMERCIAL NXS1 A5, 3.148% 05/15/2048 DD 04/01/15	69,388	64,724
	WEPCO ENVIRONMENTAL TRUST 1 A	WEPCO ENVIRONMENTAL TRUST 1 A, 1.578% 12/15/2035 DD 05/12/21	81,481	69,742
	WILLIAMS COS INC/THE	WILLIAMS COS INC/THE, 5.300% 08/15/2028 DD 08/10/23	84,731	85,805
	WISCONSIN POWER AND LIGHT CO	WISCONSIN POWER AND LIGHT CO, 5.375% 03/30/2034 DD 03/07/24	20,074	19,917
	WORLD OMNI AUTO RECEIVABL D A3	WORLD OMNI AUTO RECEIVABL D A3, 0.810% 10/15/2026 DD 11/03/21	20,120	19,970
		Subtotal corporate debt	4,841,612	4,760,270

RTX Retiree Health Plan

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	ALABAMA ECON SETTLEMENT AUTH B	ALABAMA ECON SETTLEMENT AUTH B, 3.163% 09/15/2025 DD 12/15/16	4,943	4,945
		Subtotal other - fixed income	4,943	4,945
		Total assets (held at end of year)	16,891,157	19,248,181

*Denotes a party-in-interest to the Plan

RTX Retiree Health Plan
Supplemental Schedule
Schedule H, Line 4j - Schedule of Reportable Transactions
For the year ended December 31, 2024

A series of transactions in excess of 5% of beginning of year plan assets:

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
JPM*	JP Morgan US Treasury Variable Rate Money Market Fund	\$ 3,644,583	\$ —	\$ —	\$ —	\$ 3,644,583	\$ 3,644,583	\$ —
JPM*	JP Morgan US Treasury Variable Rate Money Market Fund	—	4,271,462	—	—	4,271,462	4,271,462	—

*Denotes a party-in-interest to the Plan

RTX Retiree Health Plan
Supplemental Schedule
Schedule H, Line 4j - Schedule of Reportable Transactions
For the year ended December 31, 2024

A series of transactions in excess of 5% of beginning of year plan assets:

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
JPM*	JP Morgan US Treasury Variable Rate Money Market Fund	\$ 3,644,583	\$ —	\$ —	\$ —	\$ 3,644,583	\$ 3,644,583	\$ —
JPM*	JP Morgan US Treasury Variable Rate Money Market Fund	—	4,271,462	—	—	4,271,462	4,271,462	—

*Denotes a party-in-interest to the Plan

RTX Retiree Health Plan
Supplemental Schedule
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	JP Morgan US Treasury Variable Rate Money Market Fund	Money Market Funds	480,243	480,243
		Subtotal money market funds	480,243	480,243
	ABBOTT LABORATORIES	Common stock, 391 Shares	44,110	44,226
	ABBVIE INC	Common stock, 353 Shares	46,838	62,728
	ACCENTURE PLC	Common stock, 42 Shares	12,679	14,775
	ADOBE INC	Common stock, 69 Shares	33,171	30,683
	ADVANCED MICRO DEVICES INC	Common stock, 246 Shares	37,026	29,714
	AIRBNB INC	Common stock, 68 Shares	8,041	8,936
	ALIGN TECHNOLOGY INC	Common stock, 44 Shares	9,218	9,174
	ALLIANT ENERGY CORP	Common stock, 374 Shares	19,846	22,118
	ALLSTATE CORP/THE	Common stock, 118 Shares	18,604	22,749
	ALPHABET INC	Common stock, 745 Shares	54,395	141,878
	ALPHABET INC	Common stock, 807 Shares	63,431	152,765
	AMAZON.COM INC	Common stock, 1554 Shares	148,591	340,932
	AMERICAN ELECTRIC POWER CO INC	Common stock, 227 Shares	19,063	20,936
	AMERICAN EXPRESS CO	Common stock, 134 Shares	22,668	39,770
	AMERICAN INTERNATIONAL GROUP I	Common stock, 307 Shares	16,892	22,350
	AMERICAN TOWER CORP	Common stock, 76 Shares	14,359	13,939
	AMERIPRISE FINANCIAL INC	Common stock, 42 Shares	12,270	22,362
	AMGEN INC	Common stock, 84 Shares	25,324	21,894
	AMPHENOL CORP	Common stock, 189 Shares	13,211	13,126
	ANALOG DEVICES INC	Common stock, 75 Shares	16,917	15,935
	ANSYS INC	Common stock, 14 Shares	4,517	4,723
	AON PLC	Common stock, 75 Shares	23,949	26,937
	APPLE INC	Common stock, 2445 Shares	180,807	612,275
	APPLIED MATERIALS INC	Common stock, 23 Shares	3,751	3,740
	ARCH CAPITAL GROUP LTD	Common stock, 295 Shares	21,461	27,243

RTX Retiree Health Plan

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	ARISTA NETWORKS INC	Common stock, 279 Shares	17,665	30,838
	ARTHUR J GALLAGHER & CO	Common stock, 28 Shares	7,139	7,948
	AT&T INC	Common stock, 1738 Shares	32,068	39,574
	AUTOMATIC DATA PROCESSING INC	Common stock, 91 Shares	21,733	26,638
	AVALONBAY COMMUNITIES INC	Common stock, 112 Shares	23,427	24,637
	AXON ENTERPRISE INC	Common stock, 11 Shares	4,028	6,538
	BAKER HUGHES CO	Common stock, 471 Shares	15,921	19,320
	BANK OF AMERICA CORP	Common stock, 603 Shares	18,213	26,502
*	BANK OF NEW YORK MELLON CORP/T	Common stock, 378 Shares	18,920	29,042
	BECTON DICKINSON & CO	Common stock, 106 Shares	25,299	24,048
	BERKSHIRE HATHAWAY INC	Common stock, 239 Shares	56,499	108,334
	BLACKROCK INC	Common stock, 4 Shares	3,458	4,100
	BLACKSTONE INC	Common stock, 22 Shares	4,169	3,793
	BOEING CO/THE	Common stock, 223 Shares	38,644	39,471
	BOOKING HOLDINGS INC	Common stock, 5 Shares	19,120	24,842
	BORGWARNER INC	Common stock, 386 Shares	13,007	12,271
	BOSTON SCIENTIFIC CORP	Common stock, 386 Shares	18,953	34,478
	BRISTOL-MYERS SQUIBB CO	Common stock, 557 Shares	27,535	31,504
	BROADCOM INC	Common stock, 836 Shares	60,012	193,818
	BROADRIDGE FINANCIAL SOLUTIONS	Common stock, 18 Shares	3,521	4,070
	CAMDEN PROPERTY TRUST	Common stock, 153 Shares	18,590	17,754
	CARDINAL HEALTH INC	Common stock, 34 Shares	3,576	4,021
	CARNIVAL CORP	Common stock, 701 Shares	14,039	17,469
	CARRIER GLOBAL CORP	Common stock, 131 Shares	5,701	8,942
	CATERPILLAR INC	Common stock, 32 Shares	8,637	11,608
	CENTENE CORP	Common stock, 79 Shares	5,208	4,786
	CHARLES SCHWAB CORP/THE	Common stock, 190 Shares	11,292	14,062
	CHARTER COMMUNICATIONS INC	Common stock, 15 Shares	4,344	5,142
	CHEVRON CORP	Common stock, 131 Shares	16,034	18,974
	CHIPOTLE MEXICAN GRILL INC	Common stock, 424 Shares	18,333	25,567

RTX Retiree Health Plan

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	CHURCH & DWIGHT CO INC	Common stock, 148 Shares	15,061	15,497
*	CIGNA GROUP/THE	Common stock, 91 Shares	24,349	25,129
	CISCO SYSTEMS INC	Common stock, 286 Shares	14,550	16,931
	CITIGROUP INC	Common stock, 493 Shares	28,018	34,702
	COCA-COLA CO/THE	Common stock, 288 Shares	14,882	17,931
	COGNIZANT TECHNOLOGY SOLUTIONS	Common stock, 77 Shares	6,058	5,921
	COMCAST CORP	Common stock, 103 Shares	4,289	3,866
	CONOCOPHILLIPS	Common stock, 40 Shares	3,559	3,967
	CONTRA ABIOMED INC	Common stock, 10 Shares	—	10
	CORNING INC	Common stock, 119 Shares	3,534	5,655
	CORPAY INC	Common stock, 34 Shares	11,846	11,506
	CORTEVA INC	Common stock, 458 Shares	23,353	26,088
	COSTCO WHOLESALE CORP	Common stock, 83 Shares	32,873	76,050
	CROWN CASTLE INC	Common stock, 232 Shares	27,242	21,056
	CUMMINS INC	Common stock, 21 Shares	6,952	7,321
	DANAHER CORP	Common stock, 131 Shares	31,131	30,071
	DEERE & CO	Common stock, 40 Shares	17,353	16,948
	DELL TECHNOLOGIES INC	Common stock, 45 Shares	5,353	5,186
	DELTA AIR LINES INC	Common stock, 448 Shares	20,229	27,104
	DEXCOM INC	Common stock, 245 Shares	25,958	19,054
	DIAMONDBACK ENERGY INC	Common stock, 102 Shares	16,843	16,711
	DOVER CORP	Common stock, 21 Shares	2,884	3,940
	DUKE ENERGY CORP	Common stock, 305 Shares	35,895	32,861
	DUPONT DE NEMOURS INC	Common stock, 282 Shares	19,936	21,503
	EATON CORP PLC	Common stock, 62 Shares	17,895	20,576
	EDWARDS LIFESCIENCES CORP	Common stock, 284 Shares	22,577	21,025
*	ELEVANCE HEALTH INC	Common stock, 73 Shares	32,421	26,930
	ELI LILLY & CO	Common stock, 141 Shares	54,308	108,852
	EMERSON ELECTRIC CO	Common stock, 228 Shares	26,021	28,256
	EPAM SYSTEMS INC	Common stock, 83 Shares	19,704	19,407

RTX Retiree Health Plan**Supplemental Schedule****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****As of December 31, 2024**

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	EQUIFAX INC	Common stock, 44 Shares	11,404	11,213
	EQUINIX INC	Common stock, 35 Shares	24,094	33,001
	EVEREST GROUP LTD	Common stock, 48 Shares	16,191	17,398
	EVERGY INC	Common stock, 358 Shares	22,066	22,035
	EVERSOURCE ENERGY	Common stock, 402 Shares	24,593	23,087
	EXPEDIA GROUP INC	Common stock, 22 Shares	3,786	4,099
	EXXON MOBIL CORP	Common stock, 682 Shares	56,257	73,363
	FAIR ISAAC CORP	Common stock, 7 Shares	12,757	13,937
	FIDELITY NATIONAL INFORMATION	Common stock, 85 Shares	6,600	6,865
	FIFTH THIRD BANCORP	Common stock, 566 Shares	17,036	23,930
	FISERV INC	Common stock, 159 Shares	20,710	32,662
	FORTIVE CORP	Common stock, 54 Shares	4,397	4,050
	FREEPORT-MCMORAN INC	Common stock, 225 Shares	10,235	8,568
	GARMIN LTD	Common stock, 24 Shares	3,499	4,950
	GARTNER INC	Common stock, 12 Shares	5,638	5,814
	GE AEROSPACE	Common stock, 208 Shares	31,917	34,692
	GEN DIGITAL INC	Common stock, 488 Shares	10,325	13,361
	GENERAL DYNAMICS CORP	Common stock, 64 Shares	18,619	16,863
	GENERAL MOTORS CO	Common stock, 270 Shares	10,929	14,383
	GILEAD SCIENCES INC	Common stock, 192 Shares	17,661	17,735
	GLOBAL PAYMENTS INC	Common stock, 110 Shares	12,670	12,327
	GLOBE LIFE INC	Common stock, 154 Shares	14,524	17,174
	GODADDY INC	Common stock, 22 Shares	4,226	4,342
	GOLDMAN SACHS GROUP INC/THE	Common stock, 49 Shares	16,544	28,058
	HERSHEY CO/THE	Common stock, 52 Shares	9,603	8,806
	HESS CORP	Common stock, 130 Shares	18,260	17,291
	HEWLETT PACKARD ENTERPRISE CO	Common stock, 202 Shares	4,015	4,313
	HILTON WORLDWIDE HOLDINGS INC	Common stock, 68 Shares	13,994	16,807
	HOME DEPOT INC/THE	Common stock, 186 Shares	49,447	72,352
	HONEYWELL INTERNATIONAL INC	Common stock, 177 Shares	28,818	39,983

RTX Retiree Health Plan

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	HOWMET AEROSPACE INC	Common stock, 183 Shares	14,013	20,015
	HP INC	Common stock, 154 Shares	4,964	5,025
	HUMANA INC	Common stock, 45 Shares	17,691	11,417
	INGERSOLL RAND INC	Common stock, 63 Shares	3,819	5,699
	INTEL CORP	Common stock, 663 Shares	14,750	13,293
	INTERCONTINENTAL EXCHANGE INC	Common stock, 142 Shares	14,229	21,159
	INTERNATIONAL BUSINESS MACHINE	Common stock, 57 Shares	9,407	12,530
	INTUIT INC	Common stock, 14 Shares	8,541	8,799
	INTUITIVE SURGICAL INC	Common stock, 81 Shares	24,492	42,279
	JOHNSON & JOHNSON	Common stock, 238 Shares	33,632	34,420
	JOHNSON CONTROLS INTERNATIONAL	Common stock, 184 Shares	15,333	14,523
*	JPMORGAN CHASE & CO	Common stock, 359 Shares	40,953	86,056
	KENVUE INC	Common stock, 1134 Shares	24,582	24,211
	KEURIG DR PEPPER INC	Common stock, 175 Shares	5,625	5,621
	KEYSIGHT TECHNOLOGIES INC	Common stock, 27 Shares	4,037	4,337
	KIMCO REALTY CORP	Common stock, 956 Shares	22,572	22,399
	KINDER MORGAN INC	Common stock, 491 Shares	13,883	13,453
	KKR & CO INC	Common stock, 203 Shares	23,464	30,026
	KLA CORP	Common stock, 21 Shares	13,957	13,233
	KROGER CO/THE	Common stock, 102 Shares	6,286	6,237
	L3HARRIS TECHNOLOGIES INC	Common stock, 121 Shares	25,252	25,444
	LAM RESEARCH CORP	Common stock, 199 Shares	12,470	14,374
	LAS VEGAS SANDS CORP	Common stock, 319 Shares	14,273	16,384
	LINDE PLC	Common stock, 107 Shares	33,972	44,798
	LIVE NATION ENTERTAINMENT INC	Common stock, 126 Shares	11,999	16,317
	LOWE'S COS INC	Common stock, 15 Shares	2,997	3,702
	M&T BANK CORP	Common stock, 132 Shares	22,033	24,817
	MARTIN MARIETTA MATERIALS INC	Common stock, 7 Shares	3,903	3,616
	MASTERCARD INC	Common stock, 155 Shares	48,724	81,618

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	MCDONALD'S CORP	Common stock, 44 Shares	9,118	12,755
	MERCK & CO INC	Common stock, 467 Shares	40,763	46,457
	META PLATFORMS INC	Common stock, 307 Shares	67,891	179,752
	METLIFE INC	Common stock, 273 Shares	19,188	22,353
	MICROCHIP TECHNOLOGY INC	Common stock, 81 Shares	6,856	4,645
	MICRON TECHNOLOGY INC	Common stock, 170 Shares	15,241	14,307
	MICROSOFT CORP	Common stock, 1195 Shares	185,838	503,693
	MONDELEZ INTERNATIONAL INC	Common stock, 400 Shares	25,974	23,892
	MONOLITHIC POWER SYSTEMS INC	Common stock, 7 Shares	3,264	4,142
	MOODY'S CORP	Common stock, 38 Shares	18,540	17,988
	MORGAN STANLEY	Common stock, 38 Shares	3,495	4,777
	MOTOROLA SOLUTIONS INC	Common stock, 26 Shares	9,968	12,018
	MSCI INC	Common stock, 23 Shares	14,070	13,800
	NASDAQ INC	Common stock, 250 Shares	16,151	19,328
	NETFLIX INC	Common stock, 45 Shares	21,410	40,109
	NEWMONT CORP	Common stock, 692 Shares	29,291	25,756
	NEXTERA ENERGY INC	Common stock, 594 Shares	37,800	42,584
	NIKE INC	Common stock, 437 Shares	44,990	33,068
	NUCOR CORP	Common stock, 199 Shares	30,452	23,225
	NVIDIA CORP	Common stock, 3772 Shares	92,565	506,542
	NXP SEMICONDUCTORS NV	Common stock, 39 Shares	9,119	8,106
	ON SEMICONDUCTOR CORP	Common stock, 66 Shares	4,848	4,161
	ORACLE CORP	Common stock, 320 Shares	31,549	53,325
	O'REILLY AUTOMOTIVE INC	Common stock, 20 Shares	20,834	23,716
	PACCAR INC	Common stock, 82 Shares	9,121	8,530
	PALANTIR TECHNOLOGIES INC	Common stock, 52 Shares	3,250	3,933
	PALO ALTO NETWORKS INC	Common stock, 164 Shares	21,925	29,841
	PARKER-HANNIFIN CORP	Common stock, 42 Shares	18,314	26,713
	PAYCHEX INC	Common stock, 50 Shares	6,067	7,011

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	PAYPAL HOLDINGS INC	Common stock, 161 Shares	10,429	13,741
	PEPSICO INC	Common stock, 289 Shares	48,344	43,945
	PFIZER INC	Common stock, 151 Shares	4,628	4,006
	PHILIP MORRIS INTERNATIONAL IN	Common stock, 242 Shares	22,080	29,125
	PROCTER & GAMBLE CO/THE	Common stock, 366 Shares	53,763	61,360
	PROGRESSIVE CORP/THE	Common stock, 153 Shares	21,395	36,660
	PROLOGIS INC	Common stock, 144 Shares	17,687	15,221
	PTC INC	Common stock, 117 Shares	16,144	21,513
	QUALCOMM INC	Common stock, 111 Shares	17,138	17,052
	QUANTA SERVICES INC	Common stock, 23 Shares	5,936	7,269
	REGENERON PHARMACEUTICALS INC	Common stock, 27 Shares	20,953	19,233
	ROCKWELL AUTOMATION INC	Common stock, 18 Shares	5,088	5,144
	ROYAL CARIBBEAN CRUISES LTD	Common stock, 37 Shares	4,956	8,536
*	RTX CORP	Common stock, 320 Shares	30,986	37,030
	S&P GLOBAL INC	Common stock, 59 Shares	25,031	29,384
	SALESFORCE INC	Common stock, 185 Shares	41,043	61,851
	SBA COMMUNICATIONS CORP	Common stock, 93 Shares	21,393	18,953
	SERVICENOW INC	Common stock, 43 Shares	24,538	45,585
	SHERWIN-WILLIAMS CO/THE	Common stock, 36 Shares	11,760	12,237
	SMURFIT WESTROCK PLC	Common stock, 464 Shares	21,632	24,991
	STARBUCKS CORP	Common stock, 322 Shares	31,074	29,383
	STRYKER CORP	Common stock, 54 Shares	16,284	19,443
	SYNOPSIS INC	Common stock, 60 Shares	18,683	29,122
	TAKE-TWO INTERACTIVE SOFTWARE	Common stock, 100 Shares	14,299	18,408
	TAPESTRY INC	Common stock, 62 Shares	2,710	4,050
	TARGA RESOURCES CORP	Common stock, 100 Shares	19,070	17,850
	TE CONNECTIVITY PLC	Common stock, 124 Shares	16,068	17,728
	TESLA INC	Common stock, 431 Shares	100,788	174,055
	TEXAS INSTRUMENTS INC	Common stock, 139 Shares	26,318	26,064

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	THE CAMPBELL'S COMPANY	Common stock, 309 Shares	14,592	12,941
	THERMO FISHER SCIENTIFIC INC	Common stock, 22 Shares	11,056	11,445
	TJX COS INC/THE	Common stock, 334 Shares	28,379	40,351
	T-MOBILE US INC	Common stock, 139 Shares	20,017	30,681
	TRANE TECHNOLOGIES PLC	Common stock, 73 Shares	16,353	26,963
	TYLER TECHNOLOGIES INC	Common stock, 7 Shares	4,095	4,036
	UBER TECHNOLOGIES INC	Common stock, 514 Shares	33,849	31,004
	UNION PACIFIC CORP	Common stock, 142 Shares	21,514	32,382
	UNITED RENTALS INC	Common stock, 10 Shares	3,882	7,044
	UNITEDHEALTH GROUP INC	Common stock, 167 Shares	48,559	84,479
	VALERO ENERGY CORP	Common stock, 195 Shares	24,226	23,905
	VERALTO CORP	Common stock, 182 Shares	17,556	18,537
	VERISK ANALYTICS INC	Common stock, 22 Shares	4,113	6,059
	VERIZON COMMUNICATIONS INC	Common stock, 167 Shares	7,855	6,678
	VICI PROPERTIES INC	Common stock, 824 Shares	25,132	24,069
	VISA INC	Common stock, 195 Shares	34,422	61,628
	VULCAN MATERIALS CO	Common stock, 16 Shares	4,431	4,116
	WALMART INC	Common stock, 812 Shares	38,392	73,364
	WALT DISNEY CO/THE	Common stock, 400 Shares	42,708	44,540
	WARNER BROS DISCOVERY INC	Common stock, 1600 Shares	17,925	16,912
	WELLS FARGO & CO	Common stock, 820 Shares	34,989	57,597
	WEST PHARMACEUTICAL SERVICES I	Common stock, 53 Shares	17,960	17,361
	WESTINGHOUSE AIR BRAKE TECHNOL	Common stock, 28 Shares	3,022	5,309
	WILLIAMS COS INC/THE	Common stock, 283 Shares	16,868	15,316
	WW GRAINGER INC	Common stock, 23 Shares	14,567	24,243
	WYNN RESORTS LTD	Common stock, 167 Shares	15,222	14,389
	XYLEM INC/NY	Common stock, 38 Shares	5,289	4,409
		Subtotal common stock	4,979,049	7,710,538

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.250% 11/15/2027 DD 11/15/17	370,248	363,960
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.875% 05/15/2028 DD 05/15/18	29,834	28,652
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.125% 11/15/2028 DD 11/15/18	118,475	110,027
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.250% 03/31/2026 DD 03/31/19	147,037	141,494
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.375% 05/15/2029 DD 05/15/19	73,160	64,515
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.000% 11/15/2026 DD 11/15/16	113,498	115,163
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.625% 08/15/2029 DD 08/15/19	61,108	53,245
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.375% 04/30/2025 DD 04/30/20	30,085	29,619
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.625% 05/15/2030 DD 05/15/20	358,819	295,355
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.250% 10/31/2025 DD 10/31/20	11,908	11,613
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.125% 02/15/2031 DD 02/15/21	52,879	45,384
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.625% 05/15/2031 DD 05/15/21	124,472	101,227
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.750% 05/31/2026 DD 05/31/21	109,334	104,762
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.625% 07/31/2026 DD 07/31/21	103,979	99,225
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.375% 11/15/2031 DD 11/15/21	464,375	400,383
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.500% 03/31/2027 DD 03/31/22	97,895	96,281
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.875% 05/15/2032 DD 05/15/22	144,468	130,223
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.750% 05/15/2025 DD 05/15/22	164,715	169,065
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.625% 07/31/2029 DD 07/31/22	339,877	333,943
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.125% 11/15/2032 DD 11/15/22	569,737	541,319
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 11/30/2027 DD 11/30/22	300,845	296,577
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 12/31/2029 DD 12/31/22	98,816	97,684
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.625% 02/28/2025 DD 02/28/23	24,797	25,007
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.625% 03/31/2028 DD 03/31/23	210,033	205,653
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 04/30/2025 DD 04/30/23	104,053	104,840
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 06/30/2030 DD 06/30/23	197,167	193,454
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.625% 06/30/2025 DD 06/30/23	74,648	75,181
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.500% 07/15/2026 DD 07/15/23	99,770	100,356
	UNITED STATES TREASURY	U S TREASURY NOTE, 5.000% 08/31/2025 DD 08/31/23	74,824	75,362

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.625% 09/15/2026 DD 09/15/23	124,282	125,738
	UNITED STATES TREASURY	U S TREASURY NOTE, 5.000% 10/31/2025 DD 10/31/23	225,147	226,298
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.500% 11/15/2033 DD 11/15/23	51,422	49,782
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.375% 11/30/2028 DD 11/30/23	76,629	75,020
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.375% 12/15/2026 DD 12/15/23	227,092	225,493
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 12/31/2028 DD 12/31/23	49,617	48,871
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.000% 01/31/2029 DD 01/31/24	74,703	73,963
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.000% 02/15/2034 DD 02/15/24	172,115	167,570
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.250% 02/28/2031 DD 02/29/24	49,697	49,428
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.500% 05/31/2029 DD 05/31/24	217,100	216,000
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 08/15/2034 DD 08/15/24	194,769	184,427
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 08/31/2031 DD 08/31/24	227,716	215,552
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.125% 10/31/2026 DD 10/31/24	224,165	224,474
		Subtotal U.S. government securities	6,585,310	6,292,185
	ABBVIE INC	ABBVIE INC, 4.800% 03/15/2029 DD 02/26/24	39,596	39,984
	ABBVIE INC	ABBVIE INC, 4.950% 03/15/2031 DD 02/26/24	20,016	20,000
	AERCAP IRELAND CAPITAL DAC / A	AERCAP IRELAND CAPITAL DAC / A, 6.100% 01/15/2027 DD 09/25/23	110,362	112,507
	AGREE LP	AGREE LP, 2.000% 06/15/2028 DD 05/14/21	23,765	22,643
	AMCOR GROUP FINANCE PLC	AMCOR GROUP FINANCE PLC, 5.450% 05/23/2029 DD 05/23/24	55,288	55,449
	AMEREN ILLINOIS CO	AMEREN ILLINOIS CO, 4.950% 06/01/2033 DD 05/31/23	39,635	39,268
	AMERICAN TOWER CORP	AMERICAN TOWER CORP, 2.750% 01/15/2027 DD 10/03/19	65,293	62,429
	AMERICREDIT AUTOMOBILE RE 3 A3	AMERICREDIT AUTOMOBILE RE 3 A3, 0.760% 08/18/2026 DD 11/17/21	1,399	1,397
	AMGEN INC	AMGEN INC, 5.150% 03/02/2028 DD 03/02/23	64,836	65,468
	AMGEN INC	AMGEN INC, 5.250% 03/02/2033 DD 03/02/23	20,100	19,861
	AON CORP	AON CORP, 3.750% 05/02/2029 DD 05/02/19	42,522	37,980
	AT&T INC	AT&T INC, 4.350% 03/01/2029 DD 02/19/19	92,133	83,203
	BANK 2017-BNK4 BNK4 A4	BANK 2017-BNK4 BNK4 A4, 3.625% 05/15/2050 DD 04/01/17	71,130	72,582
	BANK 2017-BNK8 BNK8 A4	BANK 2017-BNK8 BNK8 A4, 3.488% 11/15/2050 DD 11/01/17	26,872	28,177

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	BANK OF AMERICA CORP	BANK OF AMERICA CORP, VAR RT 07/23/2031 DD 07/23/20	16,270	16,821
	BANK OF AMERICA CORP	BANK OF AMERICA CORP, VAR RT 04/25/2029 DD 04/25/23	227,811	231,066
	BANK OF AMERICA CORP	BANK OF AMERICA CORP, VAR RT 01/23/2035 DD 01/23/24	65,057	65,088
	BANK OF AMERICA CORP	BANK OF AMERICA CORP, VAR RT 10/25/2035 DD 10/25/24	15,000	14,644
	BENCHMARK 2019-B14 MORT B14 A5	BENCHMARK 2019-B14 MORT B14 A5, 3.049% 12/15/2062 DD 11/01/19	111,441	108,404
	BOEING CO/THE	BOEING CO/THE, 3.250% 02/01/2028 DD 11/02/20	77,978	79,975
	BRIXMOR OPERATING PARTNERSHIP	BRIXMOR OPERATING PARTNERSHIP, 2.250% 04/01/2028 DD 03/05/21	30,095	32,002
	CARVANA AUTO RECEIVABLES N2 B	CARVANA AUTO RECEIVABLES N2 B, 0.750% 03/10/2028 DD 06/03/21	6,540	6,278
	CARVANA AUTO RECEIVABLES P3 A3	CARVANA AUTO RECEIVABLES P3 A3, 4.610% 11/10/2027 DD 09/08/22	66,535	66,542
	CHARTER COMMUNICATIONS OPERATI	CHARTER COMMUNICATIONS OPERATI, 2.250% 01/15/2029 DD 10/12/21	16,594	17,636
	CHENIERE ENERGY PARTNERS LP	CHENIERE ENERGY PARTNERS LP, 4.500% 10/01/2029 DD 04/01/20	14,559	14,523
	CITIBANK NA	CITIBANK NA, 5.570% 04/30/2034 DD 04/30/24	45,108	45,513
	CITIGROUP COMMERCIAL M GC43 A4	CITIGROUP COMMERCIAL M GC43 A4, 3.038% 11/10/2052 DD 11/01/19	26,881	22,294
	CNH EQUIPMENT TRUST 2021- C A3	CNH EQUIPMENT TRUST 2021- C A3, 0.810% 12/15/2026 DD 10/27/21	22,275	21,963
	COMCAST CORP	COMCAST CORP, 2.650% 02/01/2030 DD 11/05/19	38,456	35,826
	COMM 2015-PC1 MORTGAGE PC1 A5	COMM 2015-PC1 MORTGAGE PC1 A5, 3.902% 07/10/2050 DD 07/01/15	35,205	34,065
	CONSTELLATION BRANDS INC	CONSTELLATION BRANDS INC, 2.875% 05/01/2030 DD 04/27/20	41,552	35,741
	CONSTELLATION BRANDS INC	CONSTELLATION BRANDS INC, 2.250% 08/01/2031 DD 07/26/21	32,332	33,291
	CSAIL 2015-C1 COMMERCIAL C1 A4	CSAIL 2015-C1 COMMERCIAL C1 A4, 3.505% 04/15/2050 DD 03/01/15	24,264	25,343
	CVS HEALTH CORP	CVS HEALTH CORP, 1.300% 08/21/2027 DD 08/21/20	61,173	63,435
	DBGS 2018-C1 MORTGAGE TR C1 A4	DBGS 2018-C1 MORTGAGE TR C1 A4, 4.466% 10/15/2051 DD 10/01/18	65,502	57,328
	DEUTSCHE BANK AG/NEW YORK NY	DEUTSCHE BANK AG/NEW YORK NY, VAR RT 07/14/2026 DD 07/14/22	85,266	85,554
	DISCOVERY COMMUNICATIONS LLC	DISCOVERY COMMUNICATIONS LLC, 4.125% 05/15/2029 DD 05/21/19	28,679	27,949
	DTE ELECTRIC CO	DTE ELECTRIC CO, 4.850% 12/01/2026 DD 02/29/24	35,029	35,277
	DUKE ENERGY CAROLINAS LLC	DUKE ENERGY CAROLINAS LLC, 2.550% 04/15/2031 DD 04/01/21	50,789	47,667
	ENBRIDGE INC	ENBRIDGE INC, 6.000% 11/15/2028 DD 11/09/23	40,717	41,415
	ENERGY TRANSFER LP	ENERGY TRANSFER LP, 3.750% 05/15/2030 DD 01/22/20	64,580	65,315
	ESSENTIAL PROPERTIES LP	ESSENTIAL PROPERTIES LP, 2.950% 07/15/2031 DD 06/28/21	19,248	17,030
	ESSEX PORTFOLIO LP	ESSEX PORTFOLIO LP, 5.500% 04/01/2034 DD 03/14/24	25,492	25,017

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	FLORIDA POWER & LIGHT CO	FLORIDA POWER & LIGHT CO, 5.050% 04/01/2028 DD 03/03/23	45,234	45,437
	FLORIDA POWER & LIGHT CO	FLORIDA POWER & LIGHT CO, 4.800% 05/15/2033 DD 05/18/23	49,523	48,652
	FORD CREDIT AUTO OWNER TR D A3	FORD CREDIT AUTO OWNER TR D A3, 4.610% 08/15/2029 DD 11/22/24	99,997	100,060
	FORD MOTOR CO	FORD MOTOR CO, 6.100% 08/19/2032 DD 08/19/22	14,992	14,937
	GENERAL MOTORS FINANCIAL CO IN	GENERAL MOTORS FINANCIAL CO IN, 4.900% 10/06/2029 DD 09/06/24	79,952	78,811
	GEORGIA POWER CO	GEORGIA POWER CO, 2.650% 09/15/2029 DD 09/10/19	21,831	22,673
	GM FINANCIAL CONSUMER AUT 4 A3	GM FINANCIAL CONSUMER AUT 4 A3, 0.680% 09/16/2026 DD 10/21/21	14,059	13,928
	GOLDMAN SACHS GROUP INC/THE	GOLDMAN SACHS GROUP INC/THE, VAR RT 10/23/2030 DD 10/23/24	60,000	58,756
	GS MORTGAGE SECURI ARDN A 144A	GS MORTGAGE SECURI ARDN A 144A, VAR RT 11/15/2036 DD 11/10/21	97,375	99,368
	HARTFORD INSURANCE GROUP INC/T	HARTFORD INSURANCE GROUP INC/T, 2.800% 08/19/2029 DD 08/19/19	20,852	22,766
	HCA INC	HCA INC, 5.625% 09/01/2028 DD 08/23/18	45,421	45,596
	HEALTHCARE REALTY HOLDINGS LP	HEALTHCARE REALTY HOLDINGS LP, 3.625% 01/15/2028 DD 07/15/22	25,265	23,740
	HIGHWOODS REALTY LP	HIGHWOODS REALTY LP, 3.050% 02/15/2030 DD 09/13/19	25,045	22,034
	HOME DEPOT INC/THE	HOME DEPOT INC/THE, 4.750% 06/25/2029 DD 06/25/24	34,868	35,074
	HONDA AUTO RECEIVABLES 20 2 A2	HONDA AUTO RECEIVABLES 20 2 A2, 5.410% 04/15/2026 DD 05/30/23	27,242	27,281
	HONEYWELL INTERNATIONAL INC	HONEYWELL INTERNATIONAL INC, 4.500% 01/15/2034 DD 05/17/23	19,017	19,088
	HSBC HOLDINGS PLC	HSBC HOLDINGS PLC, VAR RT 06/04/2026 DD 06/04/20	29,910	29,648
	ING GROEP NV	ING GROEP NV, 3.950% 03/29/2027 DD 03/29/17	42,720	39,299
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO, VAR RT 10/22/2030 DD 10/22/24	209,656	206,189
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO, VAR RT 10/22/2035 DD 10/22/24	99,583	96,332
*	JPMORGAN CHASE & CO	JPMCC COMMERCIAL MORTG JP6 ASB, 3.283% 07/15/2050 DD 06/01/17	22,205	23,634
	L3HARRIS TECHNOLOGIES INC	L3HARRIS TECHNOLOGIES INC, 5.400% 01/15/2027 DD 07/31/23	35,101	35,428
	MORGAN STANLEY	MORGAN STANLEY, VAR RT 10/18/2030 DD 10/18/24	194,910	190,813
	MORGAN STANLEY CAPITAL UBS9 A4	MORGAN STANLEY CAPITAL UBS9 A4, 3.594% 03/15/2049 DD 03/01/16	41,991	44,240
	MPLX LP	MPLX LP, 2.650% 08/15/2030 DD 08/18/20	36,636	35,002
	MVW 2024-1 LLC 1A A 144A	MVW 2024-1 LLC 1A A 144A, 5.320% 02/20/2043 DD 03/14/24	81,795	82,101
	ORACLE CORP	ORACLE CORP, 2.875% 03/25/2031 DD 03/24/21	33,028	30,804
	O'REILLY AUTOMOTIVE INC	O'REILLY AUTOMOTIVE INC, 4.200% 04/01/2030 DD 03/27/20	90,829	91,318
	PFIZER INVESTMENT ENTERPRISES	PFIZER INVESTMENT ENTERPRISES, 4.450% 05/19/2028 DD 05/19/23	49,236	49,556

RTX Retiree Health Plan

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	PHILIP MORRIS INTERNATIONAL IN	PHILIP MORRIS INTERNATIONAL IN, 4.750% 11/01/2031 DD 11/01/24	14,771	14,665
	PHILLIPS 66 CO	PHILLIPS 66 CO, 5.300% 06/30/2033 DD 03/29/23	10,088	9,906
	REGENCY CENTERS LP	REGENCY CENTERS LP, 2.950% 09/15/2029 DD 08/20/19	55,328	54,981
*	RTX CORP	RTX CORP, 2.250% 07/01/2030 DD 05/18/20	9,688	8,698
	SABINE PASS LIQUEFACTION LLC	SABINE PASS LIQUEFACTION LLC, 5.000% 03/15/2027 DD 03/15/17	34,623	35,072
	SBA TOWER TRUST 144A	SBA TOWER TRUST 144A, 1.631% 05/15/2051 DD 05/14/21	65,000	60,925
	SCCU AUTO RECEIVABL 1A A3 144A	SCCU AUTO RECEIVABL 1A A3 144A, 5.110% 06/15/2029 DD 07/24/24	54,997	55,152
	SCE RECOVERY FUNDING LLC	SCE RECOVERY FUNDING LLC, 0.861% 11/15/2033 DD 02/24/21	80,652	70,430
	SOUTH BOW USA INFRASTRUCT 144A	SOUTH BOW USA INFRASTRUCT 144A, 4.911% 09/01/2027 DD 08/28/24	20,000	19,931
	SYSCO CORP	SYSCO CORP, 2.450% 12/14/2031 DD 12/14/21	8,262	8,398
	TAPESTRY INC	TAPESTRY INC, 5.100% 03/11/2030 DD 12/11/24	9,988	9,886
	TARGET CORP	TARGET CORP, 4.500% 09/15/2034 DD 09/06/24	9,943	9,514
	TEXAS INSTRUMENTS INC	TEXAS INSTRUMENTS INC, 4.900% 03/14/2033 DD 03/14/23	19,717	19,866
	THE CAMPBELL'S COMPANY	THE CAMPBELL'S COMPANY, 5.200% 03/21/2029 DD 03/21/24	15,003	15,138
	T-MOBILE USA INC	T-MOBILE USA INC, 4.800% 07/15/2028 DD 05/11/23	94,594	94,473
	TMUST 2024-1A A 144A	TMUST 2024-1A A 144A, 5.050% 09/20/2029 DD 02/14/24	99,987	100,689
	UBS AG/LONDON	UBS AG/LONDON, 5.650% 09/11/2028 DD 09/11/23	35,775	35,806
	UNITEDHEALTH GROUP INC	UNITEDHEALTH GROUP INC, 4.000% 05/15/2029 DD 05/20/22	38,475	38,677
	VERIZON COMMUNICATIONS INC	VERIZON COMMUNICATIONS INC, 1.750% 01/20/2031 DD 11/20/20	51,880	45,333
	VIRGINIA POWER FUEL SECURITIZA	VIRGINIA POWER FUEL SECURITIZA, 5.088% 05/01/2029 DD 02/14/24	42,582	42,742
	VOLKSWAGEN AUTO LOAN ENHA 1 A3	VOLKSWAGEN AUTO LOAN ENHA 1 A3, 1.020% 06/22/2026 DD 12/13/21	12,299	12,235
	WELLS FARGO & CO	WELLS FARGO & CO, VAR RT 07/25/2029 DD 07/25/23	70,518	71,080
	WELLS FARGO COMMERCIAL NXS1 A5	WELLS FARGO COMMERCIAL NXS1 A5, 3.148% 05/15/2048 DD 04/01/15	69,388	64,724
	WEPCO ENVIRONMENTAL TRUST 1 A	WEPCO ENVIRONMENTAL TRUST 1 A, 1.578% 12/15/2035 DD 05/12/21	81,481	69,742
	WILLIAMS COS INC/THE	WILLIAMS COS INC/THE, 5.300% 08/15/2028 DD 08/10/23	84,731	85,805
	WISCONSIN POWER AND LIGHT CO	WISCONSIN POWER AND LIGHT CO, 5.375% 03/30/2034 DD 03/07/24	20,074	19,917
	WORLD OMNI AUTO RECEIVABL D A3	WORLD OMNI AUTO RECEIVABL D A3, 0.810% 10/15/2026 DD 11/03/21	20,120	19,970
		Subtotal corporate debt	4,841,612	4,760,270

RTX Retiree Health Plan

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	ALABAMA ECON SETTLEMENT AUTH B	ALABAMA ECON SETTLEMENT AUTH B, 3.163% 09/15/2025 DD 12/15/16	4,943	4,945
		Subtotal other - fixed income	4,943	4,945
		Total assets (held at end of year)	16,891,157	19,248,181

*Denotes a party-in-interest to the Plan