Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN

1b Three-digit plan number (PN) ▶ 590

1c Effective date of plan 01/01/1998

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
GENERAL DYNAMICS CORPORATION

11011 SUNSET HILLS RD
RESTON, VA 20190-5311

2b Employer Identification Number (EIN) 13-1673581

2c Plan Sponsor's telephone number 703-876-3000

2d Business code (see instructions) 334200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2026	JOANNE LARSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	454
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	423
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	423
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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 Characteristic Codes in the instructions:

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

4A 4B 4E

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[X] General assets of the sponsor	**(4)**	[X] General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [X] **G** (Financial Transaction Schedules)

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN

B Three-digit plan number (PN) ▶ 590

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	1375594-H04-018	74	01/01/2025	12/31/2025

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
0	107

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

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

MARSH & MCLENNAN AGENCY LLC
2300 RENAISSANCE BLVD
KING OF PRUSSIA, PA 19406

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	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** [X] 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 [ ] paid in cash, or [ ] 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**	6433
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN

B Three-digit plan number (PN) ▶ 590

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	1375594-H04-067	33	01/01/2025	12/31/2025

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
0	125

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

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

MARSH & MCLENNAN AGENCY LLC
2300 RENAISSANCE BLVD
KING OF PRUSSIA, PA 19406

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

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

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

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

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

(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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	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** [X] 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 [ ] paid in cash, or [ ] 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**	7510
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN

B Three-digit plan number (PN) ▶ 590

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

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).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

NORTHERN TRUST CORPORATION

36-2723087

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

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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)

ANTHEM HEALTH PLANS OF VIRGINIA, IN

54-0357120

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 50 62	THIRD PARTY ADMINISTRATO	106493	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	PLAN AUDITOR	76650	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK FINANCIAL MANAGEMENT, INC

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51	INV. MGMT & ADVISORY	18649	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EY

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	TAX FORM PREPARER	16120	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	FORM 5500 PREP & ACTUARI	16089	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EXPRESS SCRIPTS, INC.

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 38 49 50 64 99	EGWP ADMIN & PHAR BEN MG	11516	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 50 62 72	PLAN TRUSTEE	10082	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

GENERAL DYNAMICS INF TECHNOLOGY INC

54-1194322

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	OBIEE COST ALLOCATION	9142	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50	FINANCIAL STATEMENT PREP	6311	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

WTW

26-0775680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	HRA ADMINISTRATION	5875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN

B Three-digit plan number (PN) ▶ 590

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

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: NT COMMON SHORT TERM INVESTMENT FD

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
36-6452394-001	C	499400

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)

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN

B Three-digit plan number (PN) ▶ 590

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
GENERAL DYNAMICS CORPORATION	PLAN SPONSOR	OVERPAYMENT OF CLAIMS PAID IN 2021-2025 BY THE PLAN. THIS ERROR AND ANY EARNINGS WERE CORRECTED IN 2025.	0

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
915	0	0	784	915	131

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GULFSTREAM AEROSPACE CORPORATION POST RETIREMENT MEDICAL CARE PLAN

B Three-digit plan number (PN) ▶ 590

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2053100	1946135
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	220020	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	857963	499400
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	20795309	19791293

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	23926392	22236828
Liabilities			
1g Benefit claims payable	1g	1766135	1183485
1h Operating payables	1h	8196	18007
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1774331	1201492
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	22152061	21035336

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	1639698	
(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)		1639698
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)	38504	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		38504
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6330619	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6455262	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-124643
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-8978	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-8978

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		29282
(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		918825
d Total income. Add all **income** amounts in column (b) and enter total	2d		2492688
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3295111	
(2) To insurance carriers for the provision of benefits	2e(2)	14366	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3309477
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)	123884	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	76650	
(5) Investment advisory and investment management fees	2i(5)	34769	
(6) Bank or trust company trustee/custodial fees	2i(6)	10082	
(7) Actuarial fees	2i(7)	9819	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	44732	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		299936
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3609413
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1116725
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: KPMG LLP **(2)** EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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.)	4a		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.)	4b		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.)	4c		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.)	4d	X		784
e Was this plan covered by a fidelity bond?	4e	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

GULFSTREAM AEROSPACE CORPORATION
POST RETIREMENT MEDICAL CARE PLAN

Financial Statements

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

GULFSTREAM AEROSPACE CORPORATION
POST RETIREMENT MEDICAL CARE PLAN

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KPMG LLP
811 Main Street
Houston, TX 77002

Independent Auditors' Report

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

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

We have performed audits of the financial statements of Gulfstream Aerospace Corporation Post Retirement Medical Care Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2025 and December 31, 2024, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and December 31, 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical

KPMG LLP, a Delaware limited liability partnership, and its subsidiaries are part of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee.

requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information

to assess whether they are in accordance with the presentation and disclosure requirements of U.S. generally accepted accounting principles.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(i) - Schedule of Assets (Acquired and Disposed of Within Year) for the year ended December 31, 2025, Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025, Schedule G, Part III - Nonexempt Transactions for the year ended December 31, 2025, and Schedule H, line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

KPMG LLP

Houston, Texas
August 13, 2026

GULFSTREAM AEROSPACE CORPORATION
POST RETIREMENT MEDICAL CARE PLAN

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Investments at fair value	$ 20,290,693	$ 21,873,292
Due from provider	91,944	151,292
Prepaid income tax	1,603,168	1,629,000
Accrued interest	251,023	272,808
Total assets	22,236,828	23,926,392
Liabilities:		
Due to General Dynamics Corporation	1,183,485	1,766,135
Accrued liabilities	18,007	8,196
Total liabilities	1,201,492	1,774,331
Net assets available for benefits	$ 21,035,336	$ 22,152,061

See accompanying notes to financial statements.

GULFSTREAM AEROSPACE CORPORATION
POST RETIREMENT MEDICAL CARE PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

Additions to net assets attributed to:		
Interest income	$	950,027
Participant contributions		1,639,698
Total additions		2,589,725
Deductions from net assets attributed to:		
Net depreciation in fair value of investments		97,037
Claims paid		3,295,111
Administrative expenses		299,936
Premiums paid		14,366
Total deductions		3,706,450
Net decrease		(1,116,725)
Net assets available for benefits:		
Beginning of year		22,152,061
End of year	$	21,035,336

See accompanying notes to financial statements.

GULFSTREAM AEROSPACE CORPORATION
POST RETIREMENT MEDICAL CARE PLAN

Statements of Plan Benefit Obligations

(Rounded)

December 31, 2025 and 2024

	2025	2024
Postretirement benefit obligations:		
Current retirees	$ 6,642,000	$ 7,656,000
Other participants fully eligible for benefits	3,768,000	3,911,000
Participants not yet fully eligible for benefits	618,000	852,000
Total postretirement benefit obligations	$ 11,028,000	$ 12,419,000

See accompanying notes to financial statements.

GULFSTREAM AEROSPACE CORPORATION
POST RETIREMENT MEDICAL CARE PLAN

Statement of Changes in Plan Benefit Obligations

(Rounded)

Year ended December 31, 2025

Postretirement benefit obligations:		
Balance at the beginning of the year	$	12,419,000
Increase (decrease) in postretirement benefits attributed to:		
Benefits earned		23,000
Increase from interest		603,000
Benefits paid (net of participant contributions)		(1,670,000)
Change in assumptions		299,000
Change in other factors including plan experience		(646,000)
Balance at the end of year	$	11,028,000

See accompanying notes to financial statements.

(1) Description of the Plan

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

(a) General

The Plan provides health benefits and life insurance coverage to certain retirees of Gulfstream Aerospace Corporation, a wholly owned subsidiary of General Dynamics Corporation (the Plan Sponsor, the Plan Administrator, the Employer, or the Company), and their dependents through purchased and self-insurance coverage arrangements, as well as through a health savings account (HSA) and through a health reimbursement account (HRA). Both union and nonunion employees participate in the Plan. The Plan's benefits are funded through a Voluntary Employees' Beneficiary Association Trust, The Gulfstream Aerospace Corporation Retiree Benefits Trust (the VEBA Trust). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Northern Trust Company (Trustee) is the Trustee of the Plan. In accordance with the VEBA Trust agreement, the Trustee administers and invests the Plan's assets under direction of the Company and their investment manager, BlackRock Financial Management, Inc., for the benefit of the Plan's participants.

(b) Eligibility

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

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

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

(c) Benefits

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

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

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

(d) Contributions

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

(e) Funding Policy

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

Plan participants share in funding a portion of benefits provided by the Plan in accordance with applicable provisions of the benefit contracts. For the plan year ended December 31, 2025, participant contributions were $1,639,698.

(f) Risks and Uncertainties

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

In addition, the actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care trend rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of investments are recorded on the trade date. Interest income is recorded on an accrual basis. Net depreciation includes the gains or losses on investments bought and sold as well as held during the year.

(c) Payment of Benefits

Benefits are recorded when paid.

(d) Postretirement Benefits

The postretirement benefit obligations represent the actuarial present value of estimated future benefits that are attributed to employee service rendered through the valuation date. Postretirement benefits include payments expected to be made to, or on behalf of, current retirees, participants who have not yet retired, and their beneficiaries.

The present value of the expected benefit obligations is determined actuarially and is the amount that results from applying actuarial assumptions to historical claims cost data. The estimate of future annual incurred claims costs net of participant contributions per participant is further adjusted for estimates of the time value of money (through discounts for interest) and the probability of payment (through decrements, such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment and to reflect the portion of those costs expected to be borne by Medicare, retired participants, and other providers. Included in the Plan's benefit obligations are claims incurred prior to December 31 of the respective year that were not reported as of December 31 of that year.

(e) Administrative Expenses

The Plan Sponsor administers the Plan. Administrative expenses, including professional service fees, may be paid by the Company or the Plan.

(f) Due from Provider

The amounts shown as due from provider at December 31, 2025 and 2024 represent claim rebate amounts due to the Plan from service providers.

(g) Use of Estimates

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

(3) Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments at fair value and accrued interest at December 31, 2025 and 2024, and net depreciation in fair value of investments and interest income for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by The Northern Trust Company (the Trustee of the Plan).

(4) Fair Value Measurements

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

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

  If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

Government Bonds: These securities are valued based on institutional bid evaluations (Level 2).

Units of Common Trust Fund: The fair value of the private investment security is determined using the net asset value as provided by the fund manager (Level 2). The investment is redeemable daily at net asset value, and there are no significant restrictions on redemptions.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

December 31, 2025	Total	Quoted Price In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common Trust Fund	$ 499,400	$ -	$ 499,400	$ -
Municipal and Provincial Bonds	19,791,293	-	19,791,293	-
Total investments, at fair value	$ 20,290,693	$ -	$ 20,290,693	$ -

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

(5) Tax Status

The Plan Sponsor holds the assets of the Plan in the VEBA Trust, which was designed in accordance with Section 501(c)(9) of the Internal Revenue Code (IRC) issued by the Internal Revenue Service (IRS). The IRS has determined and informed the Plan Sponsor in a letter dated October 28, 1999, that the VEBA Trust is exempt from Federal income tax under Section 501(a) of the IRC. Although the Plan and the VEBA Trust has been amended subsequent to the date of the last favorable determination letter from the IRS, the Plan Sponsor and the Plan's legal counsel believe that the Plan and the VEBA Trust continues to be designed and operated in compliance with the IRS regulations.

Certain earnings related to the Plan assets may be subject to income taxes based on the provisions of Section 419(a) and Section 512 of the IRC. The Plan has prepaid income tax of $1,603,168 and $1,629,000 as of December 31, 2025 and 2024, respectively. Tax expense of $23,009 is recorded for the year ended December 31, 2025, which is included in administrative expenses in the Statement of Changes in Net Assets Available for Benefits.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. There are currently no audits in progress for any tax periods. Under the applicable IRS Statute of Limitations, the Plan is no longer open to income tax examinations for years prior to 2022.

(6) Plan Termination

The Plan was established by the Company with the intention that it shall be operated indefinitely and that contributions to the Plan shall continue for an indefinite period. Although it has not expressed any intention to do so, the Plan Sponsor reserves the right at any time to terminate the Plan in whole or in part subject to the provisions of ERISA. In the event of such termination, contributions shall cease as of the date of termination and the assets then remaining in the Plan shall continue to be used and applied for the payment of reasonable and necessary expenses incurred in connection with such termination, or the purchase of contracts issued by insurance companies for insurance or other benefits coverage, or as otherwise permitted by the Plan, the VEBA Trust, and applicable law.

(7) Benefit Obligations

The benefit obligations at December 31, 2025 and 2024 are comprised of postretirement health and life insurance benefits.

At December 31, 2025, the health care cost trend rates applied to claims were as follows:

Year	Pre-65 Claims	Post-65 Claims	EGWP Subsidy
2025	8.00%	8.25%	9.00%
2026	8.00	8.25	8.75
2027	7.75	8.00	8.50
2028	7.75	8.00	8.50
2029	7.50	7.75	8.25
2030	7.25	7.50	7.75
2031	7.00	7.25	7.50
2032	6.75	7.00	7.25
2033	6.50	6.75	7.00
2034	6.00	6.25	6.25
2035	5.50	5.50	5.50
2036+	5.00	5.00	5.00

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

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

If the assumed health care cost trend rate increased by 1.00% each year, the postretirement benefit obligations as of December 31, 2025 and 2024 would increase by $26,000 and $31,000, respectively.

The following other significant actuarial assumptions were used in the actuarial valuations of both postretirement healthcare and life insurance benefit obligations prepared for each year:

- Mortality - RP-2014 total employee and healthy annuitant mortality tables with generational projection from the base year 2014 using Aon U.S. Adjusted Mortality Improvement Scale (2025) for December 31, 2025 and RP-2014 total employee and healthy annuitant mortality tables with generational projection from the base year 2014 using Aon U.S. Adjusted Mortality Improvement Scale (2024) for December 31, 2024;

- Retirement – Beginning at the age of 50 with 2.5% and at the age of 55 with 3% to 100% of employees expected to retire by the age of 70 for December 31, 2025 and 2024;
- Weighted Average Discount Rate – 4.76% and 5.33% at December 31, 2025 and 2024, respectively;
- Retiree participation rate – 30% for December 31, 2025 and 2024.

The change in the postretirement benefit obligations for the year ended December 31, 2025, exclusive of benefits paid, was a result of various factors including a change in the discount rate, mortality scale and health care trend rate. Other factors impacting the calculation of the expected benefit obligation include updated census data reflecting actual experience during 2024 and anticipated experience during 2025, plus any other changes to the underlying data elements or coverage elections and updated net claims data applicable to 2025.

The foregoing assumptions presume that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations. The Plan Sponsor currently has no intention to terminate the Plan.

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

The Plan invests in the units of a common trust fund managed by Northern Trust Investments, Inc., an affiliate of the Plan's Trustee, in the amounts of $499,400 and $857,963 as of December 31, 2025 and 2024, respectively. These transactions qualify as related party transactions. Fees paid by the Plan to the Trustee also qualify as related party transactions.

There is a payable due to the Company of $1,183,485 and $1,766,135 at December 31, 2025 and 2024, respectively. The payable is comprised of payments made by the Plan Sponsor on behalf of the Plan for claims, premiums and plan expenses net of premium refunds related to 2025 and 2024. As the Company is the Plan's Sponsor, these are exempt party-in-interest transactions. Fees paid to other service providers also qualified as exempt party-in-interest transactions.

(9) Subsequent Events

The Plan evaluated all subsequent events and transactions that occurred after December 31, 2025 through August 13, 2026, which is the date the financial statements were available to be issued. No events were deemed relevant for disclosure.

GULFSTREAM AEROSPACE CORPORATION
POST RETIREMENT MEDICAL CARE PLAN
Schedule H, Line 4j – Schedule of Reportable Transactions
For the year ended December 31, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transactions	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i)								
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	$ 1,870,269	$ —	$ —	$ —	$ 1,870,269	$ 1,870,269	$ —
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	$ —	$ 1,870,269	$ —	$ —	$ 1,870,269	$ 1,870,269	$ —
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	$ —	$ 1,766,135	$ —	$ —	$ 1,766,135	$ 1,766,135	$ —
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	$ —	$ 1,120,053	$ —	$ —	$ 1,120,053	$ 1,120,053	$ —
Category (iii)								
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	$ 11,702,291	$ —	$ —	$ —	$ 11,702,291	$ 11,702,291	$ —
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	$ —	$ 12,060,854	$ —	$ —	$ 12,060,854	$ 12,060,854	$ —

* Represents a party-in-interest.

Note: Reportable transactions are defined as either:

1. Any single transaction in excess of 5% of the current value of the Plan's assets as of the beginning of the Plan year or
2. A series of transactions involving securities of the same issue which, in the aggregate, amounts to more than 5% of the current value of the Plan's assets as of the beginning of the Plan year.

See accompanying independent auditors' report.

GULFSTREAM AEROSPACE CORPORATION
POST RETIREMENT MEDICAL CARE PLAN
Schedule G, Part III - Nonexempt Transactions
For the Year Ended December 31, 2025

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction (including interest rate, maturity, collateral, par or maturity value)	(d) Purchase price	(e) Selling price	(f) Lease Rental	(g) Expense incurred with transaction	(h) Cost of asset	(i) Current value of asset	(j) Net gain or (loss)
Part III									
General Dynamics	Plan Sponsor	See * below	$ -	$ 915	$ -	$ -	$ 784	$ 915	$ 131

* This amount represents an overpayment of claims paid in 2021 through 2025 by the Plan. This error and any earnings thereon were corrected in 2025.

See accompanying independent auditors' report.

GULFSTREAM AEROSPACE CORPORATION
POST RETIREMENT MEDICAL CARE PLAN

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

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investments	(d) Cost	(e) Current value
Municipal/Provincial Bonds:				
02765URB2	AMERICAN MUN PWR OHIO INC REV 5% 02-15-2032	Municipal/Provincial Bonds	$ 45,377	$ 44,317
040664NP5	ARIZONA ST UNIV REVS SYS-SER A 5.0% 07-01-2039	Municipal/Provincial Bonds	43,178	45,627
07133AKG6	BATTERY PK CITY AUTH N Y REV 5% 11-01-20240	Municipal/Provincial Bonds	45,410	45,891
09182TDL8	BLACK BELT ENERGY GAS DIST ALA GAS FLTG RT 05-01-2055	Municipal/Provincial Bonds	31,779	32,582
09182NBR0	BLACK BELT ENERGY GAS DIST ALA GAS SUPPLY REV 4% 06-01-2051	Municipal/Provincial Bonds	86,754	92,062
09182TCR6	BLACK BELT ENERGY GAS DIST ALA GAS PROJ REV 5.5% 06-01-2049	Municipal/Provincial Bonds	52,378	52,752
09182TDB0	BLACK BELT ENERGY GAS DIST ALA GAS SER C5.5% 10-01-2054	Municipal/Provincial Bonds	118,550	126,375
097067ML3	BOERNE TEX INDPT SCH DIST 5% 02-01-2029	Municipal/Provincial Bonds	249,138	230,918
108152GS2	BRIDGEPORT CONN 5% 08-15-2027	Municipal/Provincial Bonds	248,812	238,446
121342QL6	BURKE CNTY GA DEV AUTH POLLUTN CTL REV 3.375% 11-01-2053	Municipal/Provincial Bonds	105,000	105,441
13013JEA0	CA CMNTY CHOICE FING AUTH CLEAN SER B-GREEN BDS 5% 01-01-2055	Municipal/Provincial Bonds	101,277	99,013
13013JDR4	CALIFORNIA CMNTY CHOICE FING AUTH CLEAN ENERGY PROJ REV 5% 05-01-2054	Municipal/Provincial Bonds	148,177	150,041
130178X76	CALIFORNIA EDL FACS AUTH REV 5% 06-01-2043	Municipal/Provincial Bonds	207,288	207,034
13032UU22	CALIFORNIA HEALTH FACS FING AUTH REV 5% 12-01-2039	Municipal/Provincial Bonds	192,672	189,329
13063DLF3	CALIFORNIA ST FIXED 5.0% DUE 04-01-2030	Municipal/Provincial Bonds	110,669	102,959
13068XLC1	CALIFORNIA ST PUB WKS BRD LEASE REV 5% 04-01-2043	Municipal/Provincial Bonds	44,515	43,673
13063DKD9	CALIFORNIA ST VARIOUS PURP 5.0% DUE 10-01-2030	Municipal/Provincial Bonds	108,908	101,753
13063ELK0	CALIFORNIA ST 5% 03-01-2044	Municipal/Provincial Bonds	103,263	103,994
160069M31	CHARLESTON CNTY S C 5% 11-01-2041	Municipal/Provincial Bonds	151,328	150,436
160429D86	CHARLESTON S C WTRWKS & SWR REV 5% 01-01-2042	Municipal/Provincial Bonds	53,565	55,290
161036TR9	CHARLOTTE N C ARPT REV 4% 07-01-2047	Municipal/Provincial Bonds	190,856	186,773
161045TE9	CHARLOTTE N C WTR & SWR SYS REV 5.0% 07-01-2054	Municipal/Provincial Bonds	96,920	94,982
1675936N7	CHICAGO ILL O HARE INTL ARPT REV 5% 01-01-2032	Municipal/Provincial Bonds	134,224	134,754
181000QY9	CLARK CNTY NEV HWY IMPT REV 5% 07-01-2029	Municipal/Provincial Bonds	233,076	216,840
181006GT8	CLARK CNTY NEV PASSENGER FAC CHARGE REV 5% 07-01-2029	Municipal/Provincial Bonds	44,889	41,428
19648FJY1	COLORADO HEALTH FACS AUTH REV 4% 08-01-2038	Municipal/Provincial Bonds	242,134	244,811
19648FXT6	COLORADO HEALTH FACS AUTH REV 5% 12-01-2039	Municipal/Provincial Bonds	28,491	27,105
1966324Z3	COLORADO SPRINGS COLO UTILS REV 5.25% 11-15-2053	Municipal/Provincial Bonds	82,064	79,362
1966327X5	COLORADO SPRINGS COLO UTILS REV 5% 11-15-2042	Municipal/Provincial Bonds	105,479	110,635
199546CR1	COLUMBUS OHIO REGL ARPT AUTH REV 5% 01-01-2035	Municipal/Provincial Bonds	77,629	78,758
1994927J2	COLUMBUS OHIO 5% 08-15-2039	Municipal/Provincial Bonds	74,859	73,688
207758C50	CONNECTICUT ST SPL TAX OBLIG REV 5% 05-01-2033	Municipal/Provincial Bonds	42,835	44,617
20772KVJ5	CONNECTICUT ST 5% 01-15-2035	Municipal/Provincial Bonds	91,145	86,918
20772KGD5	CONNECTICUT ST 5% 04-15-2035	Municipal/Provincial Bonds	257,668	251,065
20772KC56	CONNECTICUT ST 5% 12-01-2032	Municipal/Provincial Bonds	67,349	68,930
213248FW2	COOK CNTY ILL SALES TAX REV 5% 11-15-2049	Municipal/Provincial Bonds	123,833	123,639
23503CBM8	DALLAS FORT WORTH TEX INTL ARPT REV 4% 11-01-2045	Municipal/Provincial Bonds	39,299	37,823
235308T29	DALLAS TEX INDPT SCH DIST 5% 02-15-2043	Municipal/Provincial Bonds	60,237	58,937
246388UF7	DELAWARE ST HEALTH FACS AUTH REV 5% 10-01-2038	Municipal/Provincial Bonds	211,534	205,990
246381SM0	DELAWARE ST 5% 05-01-2034	Municipal/Provincial Bonds	77,703	81,158
249182QS8	DENVER COLO CITY & CNTY ARPT REV 4% 11-15-2041	Municipal/Provincial Bonds	180,109	178,801
249182QV1	DENVER COLO CITY & CNTY ARPT REV 5% 11-15-2047	Municipal/Provincial Bonds	72,934	71,370
249174YP2	DENVER COLO CITY & CNTY SCH DIST NO 1 5% 12-01-2045	Municipal/Provincial Bonds	170,869	168,889
25477GRY3	DISTRICT COLUMBIA INCOME TAX REV 4% 03-01-2045	Municipal/Provincial Bonds	361,312	340,601
25477GSK2	DISTRICT COLUMBIA INCOME TAX REV 5% 10-01-2031	Municipal/Provincial Bonds	80,441	67,876
25476FA57	DISTRICT COLUMBIA 5.25% 01-01-2048	Municipal/Provincial Bonds	61,076	57,946
29270C5V3	ENERGY NORTHWEST WASH ELEC REV 5% 07-01-2040	Municipal/Provincial Bonds	112,131	111,526
29270C6V2	ENERGY NORTHWEST WASH ELEC REV 5% 07-01-2043	Municipal/Provincial Bonds	53,139	54,628
292723BN2	ENERGY SOUTHEAST ALA COOP DIST ENERGY SUPPLY REV 5.25% 07-01-2054	Municipal/Provincial Bonds	52,519	54,404
3042438E1	FAIRFIELD CONN 4% 07-01-2037	Municipal/Provincial Bonds	179,816	182,342
342816H81	FLORIDA ST MUN PWR AGY REV REF-ALL-REQUIREMENTS PWR 5% 10-01-2026	Municipal/Provincial Bonds	119,324	101,670
345748E78	FOREST HILLS MICH PUB SCHS 5% 05-01-2041	Municipal/Provincial Bonds	127,992	126,776
346817EQ8	FORT BEND CNTY TEX TOLL RD REV 5% 03-01-2042	Municipal/Provincial Bonds	136,060	133,688
36005FNB7	FULTON CNTY GA DEV AUTH REV 5% 06-15-2050	Municipal/Provincial Bonds	70,084	67,503
362762PG5	GAINESVILLE & HALL CNTY GA HOSP AUTH REVANTIC CTFS 5% 02-15-2031	Municipal/Provincial Bonds	126,721	108,912
373046YC9	GEORGETOWN TEX INDPT SCH DIST 5% 08-15-2031	Municipal/Provincial Bonds	181,623	157,498
386442WL7	GRAND RIVER DAM AUTH OKLA REV 5% 06-01-2026	Municipal/Provincial Bonds	56,075	50,459
407288F95	HAMILTON CNTY OHIO SWR SYS REV 5% 12-01-2039	Municipal/Provincial Bonds	143,300	139,805
41423PAX5	HARRIS CNTY TEX TOLL RD REV 4% 08-15-2048	Municipal/Provincial Bonds	184,075	167,720
416498DS9	HARTFORD CNTY CONN MET DIST CLEAN WTR PROJ REV 5% 02-01-2028	Municipal/Provincial Bonds	117,099	110,515
421111AV7	HAYS TEX CONS INDPT SCH DIST 5.25% 02-15-2045	Municipal/Provincial Bonds	68,268	70,199
42605XAB4	HENRICO CNTY VA ECONOMIC DEV AUTH HEALTH FACS REV 5% 11-01-2048	Municipal/Provincial Bonds	40,096	41,329
438687UG8	HONOLULU HAWAII CITY & CNTY 5% 11-01-2027	Municipal/Provincial Bonds	229,715	224,925
44244CU54	HOUSTON TEX UTIL SYS REV 5.25% 11-15-2049	Municipal/Provincial Bonds	164,424	160,178
44244CCJ4	HOUSTON TEX UTIL SYS REV 5% 11-15-2028	Municipal/Provincial Bonds	163,104	150,191
445047HY2	HUMBLE TEX INDPT SCH DIST 5% 02-15-2029	Municipal/Provincial Bonds	77,070	75,159
447819KL6	HURST EULESS BEDFORD TEX INDPT SCH DIST 4% 08-15-2050	Municipal/Provincial Bonds	82,276	79,442
448474ZL3	HUTTO TEX 5% 08-01-2040	Municipal/Provincial Bonds	61,221	60,066
452153GH6	ILLINOIS ST 5% 07-01-2032	Municipal/Provincial Bonds	99,681	100,266
4521523C3	ILLINOIS ST 5% 10-01-2030	Municipal/Provincial Bonds	315,149	310,663
45505TWP2	INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV 2.6% 07-01-2042	Municipal/Provincial Bonds	182,441	181,663
485106N46	KANSAS CITY MO SPL OBLIG 5% 04-01-2040	Municipal/Provincial Bonds	64,888	66,354
48542RX41	KANSAS ST DEV FIN AUTH REV 5% 05-01-2037	Municipal/Provincial Bonds	81,725	83,049
486063S43	KATY TEX INDPT SCH DIST 5% 02-15-2048	Municipal/Provincial Bonds	66,014	62,245
74440DFC3	KENTUCKY INC KY PUB ENERGY AUTH GAS SUPPLY REV 5% 01-01-2055	Municipal/Provincial Bonds	74,052	75,302
74440DEL4	KENTUCKY INC KY PUB ENERGY AUTH GAS SUPPLY REV 5% 05-01-2055	Municipal/Provincial Bonds	51,926	52,551
49474GAT5	KING CNTY WASH 5% 12-01-2041	Municipal/Provincial Bonds	111,799	112,248
510768KT0	LAKE SHORE MICH PUB SCHS MACOMB CNTY 5% 11-01-2041	Municipal/Provincial Bonds	99,551	98,273

GULFSTREAM AEROSPACE CORPORATION
POST RETIREMENT MEDICAL CARE PLAN

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

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investments	(d) Cost	(e) Current value
544445NF2	LOS ANGELES CALIF DEPT ARPTS ARPT REV 5% 05-15-2028	Municipal/Provincial Bonds	$ 42,293	$ 41,974
546410CX7	LOUISIANA STAD & EXPOSITION DIST REV 5% 07-01-2048	Municipal/Provincial Bonds	121,300	117,992
54811BR78	LOWER COLO RIV AUTH TEX TRANSMISSION CONTRCT REV 5% 05-15-2050	Municipal/Provincial Bonds	88,076	87,464
56035DFC1	MAIN STR NAT GAS INC GA GAS SUPPLY REV 5% 07-01-2053	Municipal/Provincial Bonds	55,828	58,045
57421CLH5	MARYLAND ST HEALTH & HIGHER EDL FACS AUTH REV 5% 05-15-2032	Municipal/Provincial Bonds	33,751	33,899
574294CV4	MARYLAND ST STAD AUTH BUILT LEARN REV 5.0% 06-01-2054	Municipal/Provincial Bonds	75,468	72,431
57584Y3R8	MASSACHUSETTS ST DEV FIN AGY REV 5% 10-01-2039	Municipal/Provincial Bonds	206,830	204,572
576000G72	MASSACHUSETTS ST SCH BLDG AUTH SALES TAX 5.0% 02-15-2038	Municipal/Provincial Bonds	38,685	41,771
57582RH74	MASSACHUSETTS ST 4% 11-01-2041	Municipal/Provincial Bonds	123,895	130,602
57582TBZ4	MASSACHUSETTS ST 5% 12-01-2049	Municipal/Provincial Bonds	113,063	110,040
58178CAK3	MC KINNEY TEX 5% 08-15-2029	Municipal/Provincial Bonds	103,284	90,358
58400CCD7	MECKLENBURG CNTY N C LTD OBLIG 4% 02-01-2043	Municipal/Provincial Bonds	178,894	179,394
5905453N7	MESA ARIZ UTIL SYS REV 4.5% 07-01-2049	Municipal/Provincial Bonds	86,093	90,009
5920983N5	METROPOLITAN GOVT NASHVILLE & DAVIDSON CNTY TENN WTR & SWR REV 4 07-01-2044	Municipal/Provincial Bonds	52,061	53,773
59261AH83	METROPOLITAN TRANSN AUTH N Y REV 4% 11-15-2049	Municipal/Provincial Bonds	211,810	210,750
592647NP2	METROPOLITAN WASH D C ARPTS AUTH ARPT SYS REV 5% 10-01-2032	Municipal/Provincial Bonds	74,940	78,226
59333P7M4	MIAMI-DADE CNTY FLA AVIATION REV 5% 10-01-2035	Municipal/Provincial Bonds	120,166	122,210
59333N5H2	MIAMI-DADE CNTY FLA SPL OBLIG 5% 04-01-2047	Municipal/Provincial Bonds	172,302	167,141
594615NK8	MICHIGAN ST BLDG AUTH REV 5% 04-15-2037	Municipal/Provincial Bonds	110,009	116,193
594712WF4	MICHIGAN ST UNIV REVS 4% 02-15-2038	Municipal/Provincial Bonds	126,789	132,216
60412AN41	MINNESOTA ST 5% 08-01-2043	Municipal/Provincial Bonds	128,011	125,722
63165T2P9	NASSAU CNTY N Y 4% 04-01-2040	Municipal/Provincial Bonds	242,834	249,606
59261AH83	NEW JERSEY HEALTH CARE FACS FING AUTH REV 5% 07-01-2027	Municipal/Provincial Bonds	39,437	36,161
646140ET6	NEW JERSEY ST TPK AUTH TPK REV 4.5% 01-01-2048	Municipal/Provincial Bonds	69,513	70,771
646140JD6	NEW JERSEY ST TPK AUTH TPK REV 5.25% 01-01-2050	Municipal/Provincial Bonds	83,166	85,956
64613CEN4	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2036	Municipal/Provincial Bonds	84,531	86,042
64613CCT3	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2038	Municipal/Provincial Bonds	67,094	66,475
64613CEG9	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2046	Municipal/Provincial Bonds	71,833	72,871
646039YL5	NEW JERSEY ST 5% 06-01-2027	Municipal/Provincial Bonds	129,875	119,004
646039YN1	NEW JERSEY ST 5% 06-01-2029	Municipal/Provincial Bonds	127,901	124,458
6473104C2	NEW MEXICO ST SEVERANCE TAX 5% 07-01-2029	Municipal/Provincial Bonds	77,441	75,821
64966WGT8	NEW YORK N Y CITY HSG DEV CORP REV 2.875% 08-01-2042	Municipal/Provincial Bonds	240,599	246,593
64972GG32	NEW YORK N Y CITY MUN WTR FIN AUTH WTR & SWR SYS REV 5.25% 06-15-2054	Municipal/Provincial Bonds	55,466	52,492
64972JNN4	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.25% 05-01-2048	Municipal/Provincial Bonds	54,380	52,773
64972JLZ9	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 05-01-2040	Municipal/Provincial Bonds	74,051	71,633
64971XB72	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 11-01-2028	Municipal/Provincial Bonds	90,941	90,814
64972JPF9	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 11-01-2038	Municipal/Provincial Bonds	141,464	140,737
64966SMF0	NEW YORK N Y 5.25% 02-01-2053	Municipal/Provincial Bonds	56,667	57,742
64966SKN5	NEW YORK N Y 5% 08-01-2036	Municipal/Provincial Bonds	154,672	154,672
65000BS74	NEW YORK ST DORM AUTH REVS NON ST SUPPORTED DEBT 5% 07-01-2037	Municipal/Provincial Bonds	95,782	93,079
64990KFX6	NEW YORK ST DORM AUTH ST PERS INC UNREFUNDED BALANCE GEN 5.25% 03-15-2052	Municipal/Provincial Bonds	22,093	21,019
64990KHN6	NEW YORK ST DORM AUTH ST PERS INCOME TAX REV 5% 03-15-2034	Municipal/Provincial Bonds	28,131	29,151
64990F6P4	NEW YORK ST DORM AUTH ST PERS INCOME TAX REV 5% 03-15-2044	Municipal/Provincial Bonds	167,964	158,810
64986DKQ7	NEW YORK ST ENVIRONMENTAL F.C.ST CL 4.0% 06-15-2049	Municipal/Provincial Bonds	94,848	90,193
64986DFE0	NEW YORK ST ENVIRONMENTAL FACS CORP ST C 5.0% 06-15-2027	Municipal/Provincial Bonds	57,135	51,914
64989KLF1	NEW YORK ST PWR AUTH REV 4% 11-15-2055	Municipal/Provincial Bonds	66,675	63,272
650116GX8	NEW YORK TRANSN DEV CORP SPL FAC REV 5% 06-30-2049	Municipal/Provincial Bonds	69,519	70,254
65829QFY5	NORTH CAROLINA ST LTD OBLIG 5% 05-01-2039	Municipal/Provincial Bonds	103,574	108,365
66604PAR6	NORTHERN VA TRANSN COMMN TRANSN DIST SPL OBLIG REV 5% 06-01-2038	Municipal/Provincial Bonds	89,417	88,195
67756DN85	OHIO ST HIGHER EDL FAC COMMN REV 5% 11-01-2034	Municipal/Provincial Bonds	46,809	45,697
67760HNK3	OHIO ST TPK COMMN TPK REV 5% 02-15-2051	Municipal/Provincial Bonds	187,131	190,788
677632R29	OHIO ST UNIV GEN RCPTS 4.25% 12-01-2056	Municipal/Provincial Bonds	105,072	104,780
677523EV0	OHIO ST 5% 09-01-2028	Municipal/Provincial Bonds	60,099	58,685
684517SQ9	ORANGE CNTY FLA SCH BRD CTFS PARTN 5% 08-01-2032	Municipal/Provincial Bonds	59,984	62,622
686507JG0	ORLANDO FLA UTILS COMMN UTIL SYS REV 5% 10-01-2028	Municipal/Provincial Bonds	116,478	106,718
686513AX0	ORLANDO FLA WTR RECLAMATION SYS REV 5% 10-01-2054	Municipal/Provincial Bonds	92,773	89,316
70879QRA3	PENNSYLVANIA HSG FIN AGY SINGLE FAMILY MTG REV 2.9% 10-01-2037	Municipal/Provincial Bonds	87,123	91,783
70879QRB1	PENNSYLVANIA HSG FIN AGY SINGLE FAMILY MTG REV 3% 04-01-2042	Municipal/Provincial Bonds	71,813	72,654
70917TTU5	PENNSYLVANIA ST HIGHER EDL FACS AUTH REV 5.5% 08-15-2055	Municipal/Provincial Bonds	120,231	124,760
709222DW0	PENNSYLVANIA ST TPK COMMN REGISTRATION FEE REV 5% 07-15-2033	Municipal/Provincial Bonds	51,498	51,569
70914P2K7	PENNSYLVANIA ST 5% 09-01-2036	Municipal/Provincial Bonds	120,910	124,866
71883PMB0	PHOENIX ARIZ CIVIC IMPT CORP WASTEWATER	Municipal/Provincial Bonds	43,940	46,378
725304YA1	PITTSBURGH PA WTR & SWR AUTH WTR & SWR SYS REV 5% 09-01-2048	Municipal/Provincial Bonds	54,139	51,824
73358W5F7	PORT AUTH N Y & N J 5% 07-15-2030	Municipal/Provincial Bonds	277,580	265,968
79574CFQ1	SALT RIV PROJ AGRIC IMPT & PWR DIST ARIZELEC SYS REV 5% 01-01-2048	Municipal/Provincial Bonds	36,523	36,752
79574CHH9	SALT RIV PROJ AGRIC IMPT & PWR DIST ARIZELEC SYS REV 5% 01-01-2051	Municipal/Provincial Bonds	105,369	105,068
79739GNW2	SAN DIEGO CNTY CALIF REGL ARPT AUTH ARPT REV 4% 07-01-2051	Municipal/Provincial Bonds	245,905	231,105
812631TR0	SEATTLE WASH DRAIN & WASTEWATER REV 5.25% 05-01-2050	Municipal/Provincial Bonds	57,413	58,941
812643XN9	SEATTLE WASH MUN LT & PWR REV 5% 07-01-2038	Municipal/Provincial Bonds	164,733	160,418
812643YC2	SEATTLE WASH MUN LT & PWR REV 5% 07-01-2052	Municipal/Provincial Bonds	188,764	180,639
837032CB5	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5.5% 11-01-2048	Municipal/Provincial Bonds	54,566	53,421
837032BR1	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5% 11-01-2038	Municipal/Provincial Bonds	60,383	60,616
8371515K1	SOUTH CAROLINA ST PUB SVC AUTH REV 5% 12-01-2040	Municipal/Provincial Bonds	133,170	132,110
8371514X4	SOUTH CAROLINA ST PUB SVC AUTH REV 5% 12-01-2049	Municipal/Provincial Bonds	74,895	73,095
83755VU28	SOUTH DAKOTA ST HEALTH & EDL FACS AUTH REV 4% 07-01-2044	Municipal/Provincial Bonds	72,704	69,817
83755VW75	SOUTH DAKOTA ST HEALTH & EDL FACS AUTH REV 5% 11-01-2052	Municipal/Provincial Bonds	53,912	53,579
84131TBT8	SOUTHEAST ALA GAS SUPPLY DIST GAS SUPPLYREV 5% 06-01-2049	Municipal/Provincial Bonds	78,470	80,472
84136FBT3	SOUTHEAST ENERGY AUTH COMMODITY SUPPLY REV ALA 5.25% 01-01-2054	Municipal/Provincial Bonds	95,458	100,099
84136HCT8	SOUTHEAST ENERGY AUTHORITY A COOPERATIVE SER E 5.0% 10-01-2030	Municipal/Provincial Bonds	139,396	139,665

GULFSTREAM AEROSPACE CORPORATION
POST RETIREMENT MEDICAL CARE PLAN

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

December 31, 2025

(a)		(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investments	(d) Cost	(e) Current value
	845040ML5	SOUTHWEST HIGHER ED AUTH INC TEX REV 5% 10-01-2036	Municipal/Provincial Bonds	$ 96,694	$ 101,903
	850001CB2	SPRING TEX INDPT SCH DIST 5% 08-15-2040	Municipal/Provincial Bonds	106,900	112,252
	850269GA3	SPRINGDALE ARK SALES & USE TAX REV 4.125% 08-01-2047	Municipal/Provincial Bonds	98,244	97,117
	87638THF3	TARRANT CNTY TEX CULTURAL ED FACS FIN CORP REV 5% 07-01-2032	Municipal/Provincial Bonds	127,239	126,739
	876450BF3	TARRANT REGL WTR DIST TEX 4% 09-01-2055	Municipal/Provincial Bonds	57,956	54,991
	88256PAE0	TEXAS MUN GAS ACQUISITION & SUPPLY CORP IV GAS SUPPLY REV 5.25% 01-01-2029	Municipal/Provincial Bonds	71,817	73,951
	88278PJ39	TEXAS ST UNIV SYS FING REV 5% 03-15-2040	Municipal/Provincial Bonds	66,911	66,260
	88283KBH0	TEXAS TRANSN COMMN CENT TEX TPK SYS REV 5% 08-15-2039	Municipal/Provincial Bonds	204,666	196,757
	88285AHM3	TEXAS WTR DEV BRD REV 5% 08-01-2041	Municipal/Provincial Bonds	90,470	94,241
	88285AFA1	TEXAS WTR DEV BRD REV 5% 10-15-2031	Municipal/Provincial Bonds	191,369	192,232
	887440DJ1	TIMPANOGOS SPL SVC DIST UTAH SWR REV 5% 06-01-2047	Municipal/Provincial Bonds	67,127	63,150
	89602HHH3	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5.25% 05-15-2054	Municipal/Provincial Bonds	59,776	57,819
	896035CA8	TRIBOROUGH BRDG & TUNL AUTH N Y SALES TAX REV 4.125% 05-15-2053	Municipal/Provincial Bonds	53,923	51,220
	9142332T7	UNIVERSITY CONN 5% 05-01-2027	Municipal/Provincial Bonds	281,750	258,112
	914455TL4	UNIVERSITY MICH UNIV REVS GEN-SER A 5% DUE 04-01-2027	Municipal/Provincial Bonds	181,892	154,614
	917393CU2	UTAH CNTY UTAH HOSP REV 4% 05-15-2041	Municipal/Provincial Bonds	231,924	232,723
	917567HL6	UTAH TRAN AUTH SALES TAX REV 5% 06-15-2037	Municipal/Provincial Bonds	86,564	85,717
	938395TF7	WASHINGTON & CLACKAMAS CNTYS ORE SCH DIST NO 23 J TIGARD 5% 06-15-2039	Municipal/Provincial Bonds	70,069	74,455
	93878YBD0	WASHINGTON D C MET AREA TRAN AUTH DEDICATED REV 5% 07-15-2030	Municipal/Provincial Bonds	151,221	143,384
	93978HUT0	WASHINGTON ST HEALTH CARE FACS AUTH REV 5% 10-01-2028	Municipal/Provincial Bonds	56,142	52,841
	93974EMJ2	WASHINGTON ST 5% 06-01-2030	Municipal/Provincial Bonds	61,338	60,834
	93974FBW2	WASHINGTON ST 5% 08-01-2043	Municipal/Provincial Bonds	93,360	98,087
	97712JMC4	WI ST HLTH & EDL FACS AUTH REV PREREFUNDED-ASCENSION SR CR 4 11-15-2046	Municipal/Provincial Bonds	180,496	135,711
	97712JMV2	WI ST HLTH & EDL FACS AUTH REV PRERFUNDED-2025-ASCENSION 4% 11-15-2046	Municipal/Provincial Bonds	43,598	5,026
	97712JMW0	WI ST HLTH & EDL FACS AUTH REV UNREFUNDED BALANCE 2025 4% 11-15-2046	Municipal/Provincial Bonds	42,557	123,938
	9771234G0	WISCONSIN ST TRANSN REV 5% 07-01-2041	Municipal/Provincial Bonds	88,216	87,798
	97705MD93	WISCONSIN ST 5% 05-01-2035	Municipal/Provincial Bonds	90,626	90,210
	97705MU78	WISCONSIN ST 5% 05-01-2036	Municipal/Provincial Bonds	55,882	58,173
		Total Municipal/Provincial Bonds		20,136,880	19,791,293
Interests in Common Trust:					
*	66586U437	NORTHERN TRUST INVESTMENTS, INC.	NT Common Short Term Investment Fund	$ 499,400	$ 499,400
		Total Interests in Common Trust		499,400	499,400
		Total Investments		$ 20,636,280	$ 20,290,693

* Represents a party-in-interest

See accompanying independent auditors' report.

GULFSTREAM AEROSPACE CORPORATION
POST RETIREMENT MEDICAL CARE PLAN
Schedule H, Line (4)i – Schedule of Assets (Acquired and Disposed of Within Year)
Year ended December 31, 2025

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collatreal, Par, or Maturity Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Auburn University, Alabama	Auburn Univ Ala Gen Fee Rev 5% 06-01-2041	$ 45,080	$ 42,782
Great Lakes Water Authority (MI)	Great Lakes Water Auth Mich Sew Disp Sys Rev 5.25% 07-01-2048	272,060	255,115
Jacksonville Electric Authority (FL)	JEA Fla Wtr & Swr Sys Rev 5.25% 10-01-2055	163,679	162,195
Ohio Water Development Authority	Ohio St Wtr Dev Auth Rev 5% 12-01-2037	171,890	168,828
Oklahoma Turnpike Authority	Oklahoma St Tpk Auth Tpk Rev 5% 01-01-2043	27,241	25,879
State of Wisconsin	Wisconsin St 5% 05-01-2038	224,199	219,549
		$ 904,149	$ 874,348

See accompanying independent auditors' report.