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
PENSION PLAN OF GENERAL ATOMICS

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1967

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 ATOMICS

P. O. BOX 85608
SAN DIEGO, CA 92186-5608

2b Employer Identification Number (EIN)
95-3735102

2c Plan Sponsor's telephone number
858-455-3000

2d Business code (see instructions)
541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	LIAM KELLY
	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**	19371
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)**	12456
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	13329
b	Retired or separated participants receiving benefits	**6b**	1722
c	Other retired or separated participants entitled to future benefits	**6c**	3861
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	18912
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	230
f	Total. Add lines **6d** and **6e**.	**6f**	19142
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**	271
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:

1A 1C 1E 3F 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	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) [ ]	General assets of the sponsor	**(4)** [ ]	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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

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

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

A Name of plan
PENSION PLAN OF GENERAL ATOMICS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GENERAL ATOMICS

D Employer Identification Number (EIN)
95-3735102

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1019356429
b Actuarial value	**2b**	1019356429

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1889	95559419	95559419
b For terminated vested participants	5044	155791884	155791884
c For active participants	12456	768543171	776398005
d Total	19389	1019894474	1027749308

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.40 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	88838763
b Expected plan-related expenses	**6b**	4500000
c Target normal cost	**6c**	93338763

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/30/2026
Date

CINDY JARBOE
Type or print name of actuary

26-06444
Most recent enrollment number

MERCER
Firm name

502-561-4471
Telephone number (including area code)

400 WEST MARKET STREET, SUITE 500
LOUISVILLE, KY 40202
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	69240131
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	63832478
9	Amount remaining (line 7 minus line 8)	0	5407653
10	Interest on line 9 using prior year's actual return of 5.00 %	0	270383
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		45412272
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.29 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		2270614
	c Total available at beginning of current plan year to add to prefunding balance		47682886
	d Portion of (c) to be added to prefunding balance		47682886
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	53360922

Part III Funding Percentages

14	Funding target attainment percentage	14	93.99 %
15	Adjusted funding target attainment percentage	15	93.99 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.11 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/10/2025	27440000	0			
01/09/2026	27440000	0			
04/10/2026	32340000	0			
07/10/2026	32340000	0			
			Totals ► 18(b)	119560000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	112454568

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	93338763
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	61753801	6518428
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	99857191

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	47571528	47571528

36 Additional cash requirement (line 34 minus line 35)	**36**	52285663
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	112454568

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	60168905
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	47571528
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	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
PENSION PLAN OF GENERAL ATOMICS

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3735102

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

BLACKROCK ALTERNATIVES MANAGEMENT

82-1529989

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

BLACKROCK FRANCE SAS

83-7505254

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

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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)

BLACKROCK FINANCIAL MANAGEMENT

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?
28 50 51	NONE	2486716	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MILLIMAN USA

91-0675641

(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 12 15 38 50	NONE	1467371	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLINGTON TRUST COMPANY N.A.

04-2767481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	198642	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)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	126176	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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?
19 21 50	NONE	109116	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SAGEVIEW ADVISORY GROUP, LLC

33-0818667

(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 50	NONE	95000	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)

PRUDENTIAL TRUST COMPANY

23-6994310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	77747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PILLSBURY WINTHROP LLP

94-1311126

(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?
29 50	NONE	63049	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ CPAS P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	38413	Yes ☐ No ☒	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)

DELOITTE TAX LLP

86-1065772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	32050	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
PENSION PLAN OF GENERAL ATOMICS

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3735102

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: CF BLACKROCK RUSSELL 1000 INDEX FUN

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

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)
94-6589508-001	C	271257446

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLK MSCI ACWI EQUITY INDEX FND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

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)
27-1709876-001	C	14553473

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK JPM EMBI GLBL DIV IDX

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

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)
83-2484374-001	C	12085502

a Name of MTIA, CCT, PSA, or 103-12 IE: CF WTC NA CIF INTERNATIONAL RESEARC

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

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)
04-2767481-036	C	30991420

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK GLOBAL EX-US ALPHA TIL

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

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)
32-0009970-001	C	78038319

a Name of MTIA, CCT, PSA, or 103-12 IE: MFO ACADIAN COLLECTIVE INVT TR GLOB

b Name of sponsor of entity listed in (a): ACADIAN COLLECTIVE INVESTMENT TRUST

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)
47-3984728-081	C	17323796

a Name of MTIA, CCT, PSA, or 103-12 IE: MFO MFS INTERNATIONAL EQUITY FUND C

b Name of sponsor of entity listed in (a): MFS INVESTMENT MANAGEMENT

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)
57-1187281-013	C	20287079

a Name of MTIA, CCT, PSA, or 103-12 IE: MFO BLACKROCK RUSSELL 2000 ALPHA TI

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 94-3123057-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14626253

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK GLOBAL LISTED INFRASTR

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 99-4397662-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4545198

a Name of MTIA, CCT, PSA, or 103-12 IE: CF PRUDENTIAL EMERGING MARKET DEBT

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO

c EIN-PN 23-6994310-204	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19840127

a Name of MTIA, CCT, PSA, or 103-12 IE: CF CF BLACKROCK HIGH YIELD BOND FUN

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 47-4859555-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31394013

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK TSY US10 YR KEY RATE D

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 47-4226866-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12964405

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK INSTL TR CO N A INVT F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 47-1217136-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 157821418

a Name of MTIA, CCT, PSA, or 103-12 IE: CF LONG DURATION CORPORATE CREDIT S

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 27-4520291-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 192949130

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK TSY U.S. 15 YR KEY RAT

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 45-3856099-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7537428

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK TSY U.S. 25+ YR KEY RA

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 45-3856224-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15180537

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK TSY U.S. 20 YR KEY RAT

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 47-4859555-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2576873

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK TREAS US 5 YR KEY RATE

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 47-4104495-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18812890

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK INTERMEDIATE GOVT BOND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 94-3118548-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76091009

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK EMERGING MARKETS LOCAL

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 46-4236083-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12360025

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK WORLD REAL ESTATE SEC FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 47-4175415-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7038928

a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN&STEERS GLOBAL REALTY-CLASS BR

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 47-1218827-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5542876

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INVT FD

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

c EIN-PN 45-6138589-084	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7281815

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 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
PENSION PLAN OF GENERAL ATOMICS

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3735102

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	-103662	8
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	84170000	92120000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	14721794	8842207
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	12247070	19255816
(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)	876889811	1031099960
(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)	49149470	60180970
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1037074483	1211498961
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	16151893	5064464
1k Total liabilities (add all amounts in lines 1g through1j)	1k	16151893	5064464
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1020922590	1206434497

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)	119560000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		119560000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-1339	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		-1339
(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)	2233385	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2233385
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	478340330	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	421493935	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		56846395
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	79139379	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		79139379

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3360377
(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		721579
d Total income. Add all **income** amounts in column (b) and enter total	2d		261859776
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	69414316	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	121761	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		69536077
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)	1467371	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	38413	
(5) Investment advisory and investment management fees	2i(5)	2858105	
(6) Bank or trust company trustee/custodial fees	2i(6)	109116	
(7) Actuarial fees	2i(7)	126176	
(8) Legal fees	2i(8)	63049	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2149562	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		6811792
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		76347869
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		185511907
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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
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**		X	
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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 590254.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

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
PENSION PLAN OF GENERAL ATOMICS

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3735102

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 1603

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 46.0 % Private Equity: 2.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 43.0 %
High-Yield Debt: 7.0 % Real Assets: _____ % Cash or Cash Equivalents: 1.0 % Other: 1.0 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

CBIZ CPAs

Pension Plan of General Atomics

Financial Statements and Supplemental Schedules December 31, 2025 and 2024

Pension Plan of General Atomics

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not applicable.

CBIZ CPAs P.C.

13500 Evening Creek Drive N., Suite 450
San Diego, CA 92128

P: 858.795.2000

Independent Auditors' Report

To the Plan Administrator and Participants
of **Pension Plan of General Atomics:**

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

We have performed the audits of the financial statements of **Pension Plan of General Atomics** (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 as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, 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 2024 and for the years then ended, 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 accounting principles generally accepted in the United States of America.
- 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 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 within one year after the date that the financial statements are issued or 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 these 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Part IV, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions for the year ended 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 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).

CBIZ CPAs P.C.

San Diego, California
September 24, 2026

Pension Plan of General Atomics

Statements of Net Assets Available for Benefits
(Dollar amounts in thousands)

	December 31, 2025	2024
Assets		
Investments, at fair value:		
Common collective trust of cash equivalents	$ 7,075	$ 17,147
Fixed income collective funds and trusts	547,528	474,749
Equity collective funds and trusts	463,708	332,778
Equity mutual funds	34,096	28,555
Fixed income mutual funds	26,085	20,594
Partnerships	19,256	12,247
Real estate collective funds and trusts	12,582	51,756
Total investments	1,110,330	937,826
Net assets held in 401(h) account	207	357
Receivables:		
Employer contribution	92,120	84,170
Securities sold	8,813	14,641
Interest	29	81
Total receivables	100,962	98,892
Total assets	1,211,499	1,037,075
Liabilities		
Amounts related to obligation of 401(h) account	207	357
Payables:		
Administrative expenses	930	680
Securities purchased	4,135	15,472
Total liabilities	5,272	16,509
Net assets available for benefits	$1,206,227	$1,020,566

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

Pension Plan of General Atomics

Statements of Changes in Net Assets Available for Benefits
(Dollar amounts in thousands)

	Year ended December 31, 2025	2024
Additions to net assets		
Interest and dividends	$ 6,302	$ 6,437
Employer contribution	119,560	84,170
Net appreciation in fair value of investments	135,986	37,337
Total additions	261,848	127,944
Deductions from net assets		
Benefits paid	69,375	37,657
Administrative expenses	6,812	6,002
Total deductions	76,187	43,659
Net increase	185,661	84,285
Net assets available for benefits		
Beginning of year	1,020,566	936,281
End of year	$1,206,227	$1,020,566

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

NOTE 1 – DESCRIPTION OF PLAN

The Pension Plan of General Atomics (Plan) is a defined benefit pension plan established to provide retirement, disability, death, and postretirement medical benefits (Note 5 and Note 6) to all eligible employees of General Atomics (Plan Sponsor) and Sequoyah Fuels Corporation (except with respect to postretirement medical benefits) (collectively referred to as the Company). These financial statements and accompanying footnotes (Financial Statements) include general information about the Plan. The Plan Document contains the complete description of the Plan's provisions and benefits. Unless the context otherwise requires, capitalized terms used in the Financial Statements are defined terms within the Plan Document, which is updated periodically to comply with applicable rules. Copies of this document are available at the Company's intranet and from the General Atomics Human Resources Department.

The Plan is administered by the Benefits Committee of General Atomics (the Plan Administrator) and is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), as amended by the Pension Protection Act of 2006. Investment assets are held by the Northern Trust Company (the Trustee) pursuant to a Trust Agreement.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Financial Statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment Valuation and Income Recognition

Investments are reported at fair value. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

Net Appreciation in Fair Value of Investments

The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation in the fair value of its investments which consists of the realized gains or losses and the change in unrealized appreciation on those investments.

Funding Policy

Each year, the Plan Administrator determines the normal cost of the Plan and the amount of funding required. This determination is based on an actuarial estimate of the amount required to provide benefits ultimately due to Participants of the Plan. The Plan is subject to, and is in compliance with, the minimum funding provisions of ERISA as calculated by the actuary of the Plan. In accordance with these provisions, employer contributions must be equal to at least the target normal cost plus a shortfall amortization charge, if any.

The standard unit credit cost method is the actuarial valuation method utilized in the Plan's contribution determinations.

Benefits Paid

Benefit payments to Participants are recorded upon distribution.

Administrative Expenses

Plan administrative expenses and Trustee fees are paid by the Plan.

Risk and Uncertainties

The Plan's investment securities holdings are exposed to various risks such as interest rate, market, and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in their values in the near term would materially affect Participants' accrued benefits and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

The Plan's investments in the Blackrock Russell 1000 Index Collective Fund, the Blackrock Long Duration Corporate Credit Screened Non-Lendable Collective Fund, and the Blackrock Institutional Trust Company Investment Fund represented 24 percent, 17 percent, and 14 percent of the Plan's investments at December 31, 2025, respectively, and 13 percent, 23 percent, and 10 percent of the Plan's investments at December 31, 2024, respectively.

Plan contributions and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee and retiree demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is possible that changes in these estimates and assumptions would be material to the Financial Statements.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the Financial Statements, the actuarial present value of accumulated plan benefits, and the reported amount of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Subsequent Events

The Plan Administrator reviewed all events or transactions that occurred after December 31, 2025, up through September 24, 2026, the date these Financial Statements were available to be issued.

NOTE 3 – INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Trustee administers the investment assets of the Plan and executes transactions therein. The following is a summary of the Plan's financial information and data certified by the Trustee as complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31, 2025	December 31, 2024
Investments, at fair value:		
Common collective trust of cash equivalents	$ 7,282	$ 17,504
Fixed income collective funds and trusts	547,528	474,749
Equity collective funds and trusts	463,708	332,778
Equity mutual funds	34,096	28,555
Fixed income mutual funds	26,085	20,594
Partnerships	19,256	12,247
Real estate collective funds and trusts	12,582	51,756
Total investments	$ 1,110,537	$ 938,183
Interest income receivable	$ 29	$ 81

	Year ended December 31, 2025	Year ended December 31, 2024
Investment income:		
Interest	$ 6,302	$ 6,437
Net appreciation in fair value of investments	135,986	37,337
Total investment income	$ 142,288	$ 43,774

NOTE 4 – FAIR VALUE MEASUREMENTS

Authoritative guidance on fair value measurements provides a framework for measuring fair value and assumes that an orderly transaction to sell an asset or transfer a liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market for the asset or liability. Fair value measurements are based on an exit price model. The guidance on fair value measurements also establishes a fair value hierarchy that requires an entity to maximize the use of observable inputs, where available. This hierarchy prioritizes the inputs into three broad levels, as follows:

Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2: Observable inputs, other than Level 1 inputs, such as quoted prices for similar assets and liabilities in active markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data through correlation.

Level 3: Unobservable inputs supported by little or no market activity that are significant to the fair value.

A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement.

The estimated fair values of the Plan's Level 1 investments are measured on the basis of unadjusted quoted prices in active markets. None of the Plan's investments are valued using Level 2 inputs. The Plan has an immaterial total of assets in Level 3.

The following describes the valuation methodologies for the Plan's assets that are excluded from classification within the fair value hierarchy because they are valued at net asset value as a practical expedient:

Collective Funds and Trusts: The net asset value for each unit is determined using observable inputs and unobservable inputs to value the underlying assets held by the fund or trust, and then dividing the total of underlying assets by the number of units outstanding. The underlying assets of collective funds and trusts are dependent on the specific investment objective and strategy of each fund or trust. Fixed income collective funds and trusts hold U.S. Treasuries, investment-grade corporate bonds and notes issued in both developed and emerging markets, international government and agency bonds and notes, derivatives, and units of other fixed income collective funds and trusts. Equity collective funds and trusts hold equity securities and units of the other equity collective funds and trusts. Real estate collective funds and trusts hold domestic and international real estate investment trust securities and interests in real estate not in trust. Admissions and withdrawals are recorded at the unit value determined on the valuation date.

Common Collective Trust of Cash Equivalents: The net asset value of each unit is determined using observable inputs and an amortized cost basis to value the underlying assets held by the trust, and then dividing the total of underlying assets by the number of units outstanding. The underlying assets are cash equivalents, primarily certificates of deposit and money market funds. Admissions and withdrawals are recorded at the unit value determined on the valuation date.

The preceding methods described produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator believes the valuation methods are appropriate and consistent with those of other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan's investments at December 31, 2025 are as follows:

	Level 1	*Level 2*	*Level 3*	*Total*
Equity mutual funds	$ 34,096	$ -	$ -	$ 34,096
Fixed income mutual funds	26,085	-	-	26,085
Partnerships	-	-	19,256	19,256
	$ 60,181	$ -	$ 19,256	$ 79,437
Pension plan assets measured at net asset value:				
Fixed income collective funds and trusts				547,528
Equity collective funds and trusts				463,708
Real estate collective funds and trusts				12,582
Common collective trust of cash equivalents				7,282
Total investments at fair value				$1,110,537

The Plan's investments at December 31, 2024 are as follows:

	Level 1	*Level 2*	*Level 3*	*Total*
Equity mutual funds	$ 28,555	$ -	$ -	$ 28,555
Fixed income mutual funds	20,594	-	-	20,594
Partnerships	-	-	12,247	12,247
	$ 49,149	$ -	$ 12,247	$ 61,396
Pension plan assets measured at net asset value:				
Fixed income collective funds and trusts				474,749
Equity collective funds and trusts				332,778
Real estate collective funds and trusts				51,756
Common collective trust of cash equivalents				17,504
Total investments at fair value				$ 938,183

NOTE 5 – ACCUMULATED PLAN BENEFITS, CHANGES IN ACCUMULATED PLAN BENEFITS, AND ACTUARIAL ASSUMPTIONS

Accumulated Plan Benefits

	January 1, 2025
Actuarial present value of accumulated Plan benefits	
Vested benefits:	
Active Participants	$ 732,304
Participants with deferred benefits	147,425
Participants currently receiving payments	93,539
Nonvested benefits	9,487
Total actuarial present value of accumulated Plan benefits	$ 982,755

Changes in Accumulated Plan Benefits

Actuarial present value of accumulated Plan benefits at January 1, 2024	$ 921,108
Increase (decrease) during the year attributable to:	
Benefits accumulated and experience	111,095
Interest accumulation	48,098
Assumption changes	(59,889)
Benefits paid	(37,657)
Net increase	61,647
Actuarial present value of accumulated Plan benefits at January 1, 2025	$ 982,755

Accumulated Plan benefits are the future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of deceased employees, and (3) present employees or their beneficiaries. Benefits payable due to retirement, disability, death, and termination of employment are included to the extent they are deemed attributable to time and service at the valuation date.

The actuarial present value of accumulated Plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as retirement, disability, death, and termination of employment) between the valuation date and the expected payment date.

The actuarial assumptions are based on a continuation of the Plan. In the event of a Plan termination, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The discount rate used to estimate the present value of accrued plan benefits was 5.80 percent and 5.34 percent at January 1, 2025 and 2024, respectively. Contributions for the Pension Plan were determined based on segment rates of 4.65, 5.28 and 5.63 percent at January 1, 2025 and 4.75, 4.87 and 5.59 percent at January 1, 2024. Assumed retirement rates range from 0.05 to 1.00 for ages 55 to 70 and older at January 1, 2025 and 2024. Mortality is based on the Generational Mortality Table for Annuitants and non-Annuitants.

NOTE 6 – POSTRETIREMENT MEDICAL BENEFITS

A 401(h) account (retiree medical plan) was established in 1988 as part of the Plan and is intended to comply with the requirements of Internal Revenue Code (IRC) Section 401(h) and related regulations. For employees hired prior to January 1, 1988, who meet certain other eligibility requirements, the retiree medical plan makes payments toward the premium costs of coverage under the retiree medical plan, subject to specified limits. A separate account has been established and maintained in the Plan for the net assets related to the medical-benefit component (401(h) account). In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. Any assets transferred to the 401(h) account from the defined benefit pension plan in a qualified transfer of excess pension plan assets (and any income allocable thereto) that are not used must be transferred out of the account to the pension plan. The related obligations for health benefits are not included in this Plan's obligations in the statement of accumulated plan benefits but are obligations of the retiree medical plan. The Plan Participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are at the discretion of the Plan Sponsor. Certain of the Plan's net assets are restricted to fund a portion of postretirement health benefits for retirees and their beneficiaries in accordance with IRC Section 401(h).

NOTE 7 – TERMINATION OF PLAN

While the Company has not expressed any intent to terminate the Plan, the Plan Document provides that the Company reserves the right to terminate the Plan either fully or in part at any time by action of its Board of Directors, subject to the provisions of the IRC and ERISA. If the Plan were to be terminated under IRC Section 411, the Company would determine the date of the termination, and the Participants affected. The Accrued Benefits of all Participants affected who were Employees on the date shall be fully vested to the extent then funded. The Company may fully vest the Accrued Benefits of a group of Participants because they are affected by a business divestiture, layoff or other similar transaction, in which case the partial termination rules shall apply. Upon complete termination, the assets of the Trust Fund shall be liquidated to provide for payment of benefits in accordance with the priority categories specified in ERISA Section 4044 and the regulations. The amounts allocated shall be applied for the benefit of each person by the purchase of annuity contracts or by such other methods permitted by law. The surplus assets of the Trust Fund shall be paid as a reversion to the Company.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) in the event the Plan terminates. Vested benefits under the Plan are guaranteed by PBGC at the level in effect on the date of the Plan's termination subject to statutory ceilings.

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

NOTE 8 – FEDERAL INCOME TAX STATUS

The Plan obtained a favorable determination letter from the Internal Revenue Service (IRS) dated August 24, 2021, indicating that the Plan documentation satisfied the requirements for tax qualification under Section 401(a) of the IRC and, therefore, the trust established as part of the Plan is exempt from federal income tax under the provisions of Section 501(a) of the IRC. The Plan Administrator believes that the Plan continues to be designed, documented, and operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability 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, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the Financial Statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 9 – PARTY-IN-INTEREST TRANSACTIONS

During 2025, the Plan invested in the Northern Trust Common Collective Short Term Investment Fund (the NT CCSTIF), a common collective trust of cash equivalents managed by Northern Trust, the Trustee of the Plan as of December 31, 2025. Therefore, the Plan's transactions in the NT CCSTIF qualify as party-in-interest transactions as defined by ERISA. For the year ended December 31, 2025, the Plan made purchases and sales of the NT CCSTIF amounting to $173,158 and $183,484, respectively.

During 2025, the Plan invested in collective funds managed by Blackrock, the full discretion investment manager of the Plan as of December 31, 2025. Therefore, the Plan's transactions in Blackrock-managed collective funds qualify as party-in-interest transactions as defined by ERISA. For the year ended December 31, 2025, the Plan made purchases and sales of Blackrock collective funds amounting to $541,233 and $367,179, respectively.

Members of the Plan Sponsor's Benefits Committee also participate in the Plan.

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO 5500

The following is a reconciliation of net assets available for benefits per the Financial Statements at December 31, 2025 and 2024 to Form 5500.

	2025	2024
Net assets available for benefits per the Financial Statements	$1,206,227	$1,020,566
Net assets held in 401(h) account included as assets in Form 5500	207	357
Net assets available for benefits per the Form 5500	$1,206,434	$1,020,923

As detailed in Note 6, the net assets of the 401(h) account included in the Form 5500 are not available to pay pension benefits but can be used only to pay retiree health benefits.

The following is a reconciliation of the changes in net assets per the Financial Statements to the Form 5500.

	For the year ended December 31, 2025		
	Amounts per Financial Statements	401(h) Account	Amounts per Form 5500
Interest and dividends	$ 6,302	$ 12	$ 6,314
Benefits paid	69,375	161	69,536

	For the year ended December 31, 2024		
	Amounts per Financial Statements	401(h) Account	Amounts per Form 5500
Interest and dividends	$ 6,437	$ 22	$ 6,459
Benefits paid	37,657	168	37,825

Supplemental Schedule

Pension Plan of General Atomics
EIN: 95-3735102, Plan No. 001
Schedule H, Part IV, line 4i - Schedule of Assets (Held At End of Year)*
December 31, 2025
(Dollar amounts in thousands)

	(a)	(b)	(c)	(d)	(e)
	Shares, Units or Principal Amount	**Identity of issue, borrower, lessor, or similar party**	**Description of investment including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Fair Value**
	1,110	USD	MFO HARTFORD MUTUAL FUNDS II INC SCHRODERS EMERGING MKTS EQUITY FD CL SDR	$ 21,049	$ 25,512
	472	USD	MFO LAZARD FDS INC GLOBAL LISTED INFRASTRUCTURE PORT	8,477	8,584
			Equity Mutual Funds	**29,526**	**34,096**
	1,454	USD	MFO CREDIT SUISSE FLOATING RATE HIGH INCOME FUND INSTITUTIONAL SHARES	9,057	8,914
	2,254	USD	MFO MAINSTAY MACKAY HIGH YIELD CORPORATE BOND FUND	11,869	11,719
	619	USD	MFO ROWE T PRICE INTERNATIONAL FUNDS GBL HIGH INC I	5,651	5,452
			Fixed Income Mutual Funds	**26,577**	**26,085**
**	5,307	USD	BLACKROCK PRIVATE OPPORTUNITIES FUND V LP	5,307	6,786
	9,664	USD	Global Credit Opportunities II Fund LP	9,664	8,733
**	180	USD	BLACKROCK PRIVATE EQUITY PRIMARIES	180	155
**	2,625	USD	BLACKROCK SECONDARIES & LIQUIDITY SOLUTIONS II LUX	2,625	3,582
			Partnerships	**17,776**	**19,256**
**	470	USD	CF BLACKROCK RUSSELL 1000 INDEX FUND	227,828	271,257
**	311	USD	CF BLK MSCI ACWI EQUITY INDEX FND	9,870	14,554
**	1,063	USD	CF BLACKROCK JPM EMBI GLBL DIV IDX FD C FUND/OPEN_END	10,344	12,086
	1,756	USD	CF WTC NA CIF INTERNATIONAL RESEARCH EQUITY PORTFOLIO	22,312	30,991
**	1,212	USD	CF BLACKROCK GLOBAL EX-US ALPHA TILTS FUND	69,698	78,038
	854	USD	MFO ACADIAN COLLECTIVE INVT TR GLOBAL SM-CAP EQUITY CIT CL B	16,214	17,324
	870	USD	MFO MFS INTERNATIONAL EQUITY FUND CIT CLASS 7A	16,899	20,287
**	28	USD	MFO BLACKROCK RUSSELL 2000 ALPHA TILTS AFUND	12,788	14,626
**	414	USD	CF BLACKROCK GLOBAL LISTED INFRASTRUCTURE CL1	4,348	4,545
			Equity Collective Funds and Trusts	**390,301**	**463,708**
	136	USD	CF PRUDENTIAL EMERGING MARKET DEBT BLEND FUND	19,381	19,840
**	1,980	USD	CF CF BLACKROCK HIGH YIELD BOND FUND	26,209	31,394
**	2,252	USD	CF BLACKROCK TSY US10 YR KEY RATE DUR NL FD A	20,103	12,964
**	12,839	USD	CF BLACKROCK INSTL TR CO N A INVT FDS FOR EMPLOYEE BENEFIT TRS	146,730	157,821
	9,831	USD	CF LONG DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND	192,660	192,949
**	1,876	USD	CF BLACKROCK TSY U.S. 15 YR KEY RATE DUR NL FD	13,873	7,538
**	4,029	USD	CF BLACKROCK TSY U.S. 25+ YR KEY RATE DUR NL FD	36,427	15,181
**	700	USD	CF BLACKROCK TSY U.S. 20 YR KEY RATE DUR NL FD	4,312	2,577
**	2,310	USD	CF BLACKROCK TREAS US 5 YR KEY RATE DUR NL FD A	18,309	18,813
**	1,530	USD	CF BLACKROCK INTERMEDIATE GOVT BOND INDEX FUND/OPEN_END	72,130	76,091
**	1,009	USD	CF BLACKROCK EMERGING MARKETS LOCAL CURRE CL 1 FUND/OPEN_END	10,419	12,360
			Fixed Income Collective Funds and Trusts	**560,553**	**547,528**
**	430	USD	CF BLACKROCK WORLD REAL ESTATE SEC FD	6,464	7,039
	317	USD	CF COHEN & STEERS GLOBAL REALTY - CLASS BR	5,141	5,543
			Real Estate Collective Funds and Trusts	**11,605**	**12,582**
**	7,282	USD	NT COLLECTIVE SHORT TERM INVT FD	7,282	7,282
			Cash and Cash Equivalents	**7,282**	**7,282**
				$ 1,043,620	**$ 1,110,537**

* Information in this schedule was derived from data certified complete and accurate by the Trustee.
** Represents a party-in-interest.

Pension Plan of General Atomics
EIN: 95-3735102, Plan No. 001
Schedule H, Part IV, line 4j - Schedule of Reportable Transactions*
For the Year Ended December 31, 2025
(Dollar amounts in thousands)

(a)	(b)		(c)	(d)	(g)	(h)	(i)
Party Involved	Description of asset	Shares, units or principal amount	Purchase price	Selling price	Cost of asset	Current value on transaction date	Net gain or (loss)
REPORTABLE SINGLE TRANSACTION							
**	CF BLACKROCK GLOBAL EX-US ALPHA TILTS FUND	885	$ 50,414	$ -	$ 50,414	$ 50,414	$ -
	CF BLACKROCK RUSSELL 1000 INDEX FUND	192	$ 100,000	$ -	$ 100,000	$ 100,000	$ -
	CF BLACKROCK RUSSELL 3000 INDEX FUND FUN D/OPEN_END	1,256	$ -	$ 96,639	$ 74,423	$ 96,639	$ 22,216
REPORTABLE SERIES OF TRANSACTIONS IN THE SAME SECURITY							
**	CF BLACKROCK GLOBAL EX-US ALPHA TILTS FUND	74,497	$ 74,497	$ -	$ 74,497	$ 74,497	$ -
**	CF BLACKROCK GLOBAL EX-US ALPHA TILTS FUND	4,799	$ -	$ 5,274	$ 4,799	$ 5,274	$ 475
**	CF BLACKROCK INSTL TR CO N A INVT FDS FOR EMPLOYEE BENEFITS TR	57,116	$ 57,116	$ -	$ 57,116	$ 57,116	$ -
**	CF BLACKROCK INSTL TR CO N A INVT FDS FOR EMPLOYEE BENEFITS TR	4,106	$ -	$ 4,330	$ 4,106	$ 4,330	$ 224
**	CF BLACKROCK INTERMEDIATE GOVT BOND INDEX FUND/OPEN_END	74,053	$ 74,053	$ -	$ 74,053	$ 74,053	$ -
**	CF BLACKROCK INTERMEDIATE GOVT BOND INDEX FUND/OPEN_END	68,417	$ -	$ 70,757	$ 68,417	$ 70,757	$ 2,340
**	CF BLACKROCK INTL ALPHA TILTS FD FUND/OPEN_END	6,917	$ 6,917	$ -	$ 6,917	$ 6,917	$ -
**	CF BLACKROCK INTL ALPHA TILTS FD FUND/OPEN_END	37,272	$ -	$ 49,041	$ 37,272	$ 49,041	$ 11,769
**	CF BLACKROCK RUSSELL 1000 INDEX FUND	156,941	$ 156,941	$ -	$ 156,941	$ 156,941	$ -
**	CF BLACKROCK RUSSELL 1000 INDEX FUND	36,133	$ -	$ 43,915	$ 36,133	$ 43,915	$ 7,782
**	CF BLACKROCK RUSSELL 3000 INDEX FUND FUN D/OPEN_END	21,295	$ 21,295	$ -	$ 21,295	$ 21,295	$ -
**	CF BLACKROCK RUSSELL 3000 INDEX FUND FUN D/OPEN_END	74,896	$ -	$ 97,223	$ 74,896	$ 97,223	$ 22,327
**	NT COLLECTIVE SHORT-TERM INVT FD	173,158	$ 173,158	$ -	$ 173,158	$ 173,158	$ -
**	NT COLLECTIVE SHORT-TERM INVT FD	183,484	$ -	$ 183,484	$ 183,484	$ 183,484	$ -

* Information in this schedule was derived from data certified complete and accurate by the Trustee.
** Represents a party-in-interest.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25	156	296	3								455
		6,846									
	21,496	79,308									
25–29	120	722	257	3							1,102
	664	2,907	12,945								
	29,199	93,548	113,938								
30–34	107	594	634	95							1,430
	13	4,599	19,125	48,080							
	31,127	106,051	120,840	144,805							
35–39	81	458	707	327	106						1,679
		6,372	22,609	60,010	81,543						
	36,133	120,557	124,510	161,867	148,840						
40–44	76	351	542	389	261	45					1,664
	1,917	6,798	25,427	60,389	94,706	130,697					
	37,861	125,879	133,447	155,822	167,577	195,481					
45–49	38	238	478	246	211	88	10	1			1,310
		7,471	24,812	64,133	96,764	142,346					
	43,019	140,797	136,821	155,098	155,942	179,869					
50–54	37	196	462	287	229	100	26	1			1,338
		5,516	25,581	64,644	96,182	146,276	184,650				
	40,491	138,618	132,204	145,202	142,242	178,593	196,270				
55–59	30	162	457	269	274	97	46	15	5		1,355
		5,341	26,393	68,700	97,109	134,109	171,770				
	41,919	136,919	135,582	154,921	139,375	158,832	181,053				
60–64	23	139	372	283	272	121	50	27	10	3	1,300
	0	7,203	26,461	67,171	103,404	151,957	183,332	282,422			
	40,174	143,397	135,450	146,303	140,170	164,762	162,218	233,429			
65–69	4	51	163	181	111	53	20	14	9	16	622
		8,511	29,032	70,757	103,244	157,934	178,267				
		148,242	135,014	152,977	139,596	159,006	179,848				
70 & up		9	36	45	47	18	8	11	6	21	201
			33,167	70,523	89,060					377,889	
			148,395	146,030	129,948					200,207	
Total	672	3,216	4,111	2,125	1,511	522	160	69	30	40	12,456
											58,577
											129,296

In each cell, the top number is the count of active participants for each age/service combination, the middle number is the average cash balance and the bottom number is average actual pay for 2024 limited to $345,000. Average cash balance and pay are not shown for cells with fewer than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions for January 1, 2025

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment rates		
• Look-back months	4		
	Stabilized	**Nonstabilized**	**PBGC**
• First 5 years	5.07%	5.07%	4.65%
• Next 15 years	5.31%	5.33%	5.28%
• Over 20 years	5.50%	5.36%	5.63%
Mortality sponsor elections			
• Healthy and disabled participants	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale, in accordance with the IRS regulation 1.430(h)(3)-1.		
417(e) lump sums	If the minimum benefit applies, liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and 417(e) unisex generational mortality.		
Cash balance plans			
• Interest accumulation rate	Actual interest crediting rate for current valuation year grading to 4.00% the third year following the valuation year and remaining constant thereafter. For 2025 the rates are 2025 4.19% 2026 4.13% 2027 4.06% 2028+ 4.00%		
• Whipsaw calculations	No		
• Annuity conversion			
– Interest rate basis	Shifted funding segment rates		
– Mortality table	IRC Section 417(e) generational unisex mortality.		
Other economic assumptions			
• Asset returns for Unit Value change purpose	Assumed to be the same as the discount rate.		
• Salary increases	See table of sample rates.		
• Social Security wage base	3.25% per year		
• Inflation	2.20% per year		
• Expenses	Expected expenses for the upcoming year ($4,000,000 for 2024 and $4,500,000 for 2025) added to current year normal cost.		
Demographic assumptions			
• Withdrawal	See table of sample rates.		
• Disability incidence	None.		

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- Retirement age

Sequoyah Fuels actives are assumed to retire immediately.

Attained age	General Atomics and Sorrento West
55	7.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	10.00%
65	24.00%
66	24.00%
67	24.00%
68	24.00%
69	24.00%
70	24.00%
71	24.00%
72 and above	100.00%

General Atomics and Sorrento West actives over the age of 70 on the valuation date have a retirement rate of 24% for two years, then 100%.

- Benefit commencement age for

  – Future vested deferred (General Atomics and Sorrento West only)

Cash balance:
25% Immediate lump sum
10% Lump sum two years after termination
55% Lump sum at age 65
10% Annuity at age 65

Variable annuity:
100% at age 65

  – Current vested deferred

Cash balance participants terminated in the past two years:
10% Immediate lump sum
80% Lump sum at age 65
10% Annuity at age 65

Cash balance participants terminated more than two years ago:
90% Lump sum at age 65
10% Annuity at age 65

Non-cash balance participants and Variable annuities:
100% at age 65

• Spouse assumptions	Male participants	Female participants
– Percentage married	85%	75%
– Spouse age difference	2 years younger	0 years older

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Form of payment	Lump sum	Single life	50% J&S	100% J&S
• Active retirements				
– Cash Balance	65%	15%	0%	20%
– Variable Annuity	0%	43%	0%	57%
– Sequoyah Fuels	0%	100%	0%	0%
• Future vested deferred				
– Cash Balance	90%	4.3%	0%	5.7%
– Variable Annuity	0%	43%	0%	57%
– Sequoyah Fuels	N/A	N/A	N/A	N/A
• Future disabilities	N/A	N/A	N/A	N/A
• Future deaths				
– Cash Balance	100%	0%	0%	0%
– Variable Annuity	0%	0%	100%	0%
– Sequoyah Fuels	0%	0%	0%	100%
• Current vested deferred				
– Cash Balance	90%	4.3%	0%	5.7%
– Variable Annuity	0%	43%	0%	57%
– Sequoyah Fuels	0%	50%	0%	50%
Unpredictable contingent event assumptions	Not applicable			

Table of sample rates

Salary scale	
Age	**Rates**
21	9.3%
25	9.3
30	7.4
35	6.8
40	6.2
45	5.6
50	5.0
55	4.4
60	3.8
65	3.2

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

	Withdrawal		
	Years of vesting service		
Attained age	Under 3	3 – 9	10 & Up
20	18.88%	16.38%	12.50%
25	16.08	12.71	8.78
30	13.60	9.45	7.00
35	12.64	8.30	6.21
40	11.84	7.77	5.63
45	11.04	7.25	2.92
50	10.24	6.72	2.20
55	0.00	0.00	0.00

Rationale for economic assumptions

- Inflation – This assumption is based on the inflation assumption periodically published by Mercer Investment Consulting in their Capital Markets Outlook.
- Cash Balance Interest Crediting Rate – This assumption is based on the actual crediting rate being used by the plan for the current plan year. The rates for the following two years are graded so that the rate in the third year equals the ultimate rate. The ultimate rate is based on a long-term view of returns for short-term government bonds as periodically published by Mercer Investment Consulting in their Capital Markets Outlook.
- Salary Scale – This assumption is based on an experience study undertaken in 2025 using data from 2020 through 2024 and management's expectations regarding future salary increases.
- Expenses – Expenses are determined based on an expectation of payments to be made from the trust in the upcoming year, including expected PBGC premiums, in consultation with General Atomics.

Rationale for demographic assumptions

- Withdrawal – Termination rates are based on an experience study undertaken in 2025 using data from 2020 through 2024 and management's expectations regarding future turnover.
- Retirement age – The retirement rates for General Atomics and Sorrento West are based on an experience study undertaken in 2025 using data from 2020 through 2024 The expectation is that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied. Retirement rates for Sequoyah Fuels are based on General Atomics' expectations for this group of employees.
- Benefit commencement age – This assumption is based on an experience study undertaken in 2025 using data from 2020 through 2024, and the expectation that future benefit commencement patterns will not differ significantly from the period studied.
- Spouse assumptions – This assumption is based on an experience study undertaken in 2025 using data from 2020 through 2024.
- Form of payment – The optional forms of benefit payment elections is based on an experience study conducted in 2025 using data from 2020 through 2024.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial methods for funding

Asset methods

We used financial data submitted by the trustee as of the valuation date without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Valuation procedures

- **Benefits not included:** The disability benefit is valued implicitly. No explicit disability incidence rate is included in the actuarial assumptions.

Pension Plan of General Atomics
EIN: 95-3735102, Plan No. 001
Schedule H, Part IV, line 4j - Schedule of Reportable Transactions*
For the Year Ended December 31, 2025
(Dollar amounts in thousands)

(a)	(b)		(c)	(d)	(g)	(h)	(i)
Party Involved	Description of asset	Shares, units or principal amount	Purchase price	Selling price	Cost of asset	Current value on transaction date	Net gain or (loss)
REPORTABLE SINGLE TRANSACTION							
**	CF BLACKROCK GLOBAL EX-US ALPHA TILTS FUND	885	$ 50,414	$ -	$ 50,414	$ 50,414	$ -
	CF BLACKROCK RUSSELL 1000 INDEX FUND	192	$ 100,000	$ -	$ 100,000	$ 100,000	$ -
	CF BLACKROCK RUSSELL 3000 INDEX FUND FUN D/OPEN_END	1,256	$ -	$ 96,639	$ 74,423	$ 96,639	$ 22,216
REPORTABLE SERIES OF TRANSACTIONS IN THE SAME SECURITY							
**	CF BLACKROCK GLOBAL EX-US ALPHA TILTS FUND	74,497	$ 74,497	$ -	$ 74,497	$ 74,497	$ -
**	CF BLACKROCK GLOBAL EX-US ALPHA TILTS FUND	4,799	$ -	$ 5,274	$ 4,799	$ 5,274	$ 475
**	CF BLACKROCK INSTL TR CO N A INVT FDS FOR EMPLOYEE BENEFITS TR	57,116	$ 57,116	$ -	$ 57,116	$ 57,116	$ -
**	CF BLACKROCK INSTL TR CO N A INVT FDS FOR EMPLOYEE BENEFITS TR	4,106	$ -	$ 4,330	$ 4,106	$ 4,330	$ 224
**	CF BLACKROCK INTERMEDIATE GOVT BOND INDEX FUND/OPEN_END	74,053	$ 74,053	$ -	$ 74,053	$ 74,053	$ -
**	CF BLACKROCK INTERMEDIATE GOVT BOND INDEX FUND/OPEN_END	68,417	$ -	$ 70,757	$ 68,417	$ 70,757	$ 2,340
**	CF BLACKROCK INTL ALPHA TILTS FD FUND/OPEN_END	6,917	$ 6,917	$ -	$ 6,917	$ 6,917	$ -
**	CF BLACKROCK INTL ALPHA TILTS FD FUND/OPEN_END	37,272	$ -	$ 49,041	$ 37,272	$ 49,041	$ 11,769
**	CF BLACKROCK RUSSELL 1000 INDEX FUND	156,941	$ 156,941	$ -	$ 156,941	$ 156,941	$ -
**	CF BLACKROCK RUSSELL 1000 INDEX FUND	36,133	$ -	$ 43,915	$ 36,133	$ 43,915	$ 7,782
**	CF BLACKROCK RUSSELL 3000 INDEX FUND FUN D/OPEN_END	21,295	$ 21,295	$ -	$ 21,295	$ 21,295	$ -
**	CF BLACKROCK RUSSELL 3000 INDEX FUND FUN D/OPEN_END	74,896	$ -	$ 97,223	$ 74,896	$ 97,223	$ 22,327
**	NT COLLECTIVE SHORT-TERM INVT FD	173,158	$ 173,158	$ -	$ 173,158	$ 173,158	$ -
**	NT COLLECTIVE SHORT-TERM INVT FD	183,484	$ -	$ 183,484	$ 183,484	$ 183,484	$ -

* Information in this schedule was derived from data certified complete and accurate by the Trustee.
** Represents a party-in-interest.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

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

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

A Name of plan
PENSION PLAN OF GENERAL ATOMICS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GENERAL ATOMICS

D Employer Identification Number (EIN)
95-3735102

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1,019,356,429
b Actuarial value	**2b**	1,019,356,429

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,889	95,559,419	95,559,419
b For terminated vested participants	5,044	155,791,884	155,791,884
c For active participants	12,456	768,543,171	776,398,005
d Total	19,389	1,019,894,474	1,027,749,308

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.40%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	88,838,763
b Expected plan-related expenses	**6b**	4,500,000
c Target normal cost	**6c**	93,338,763

Statement by Enrolled Actuary

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

SIGN HERE

Cindy Jarboe | CFA
Signature of actuary

9/30/26
Date

CINDY JARBOE
Type or print name of actuary

2606444
Most recent enrollment number

MERCER
Firm name

502-561-4471
Telephone number (including area code)

400 WEST MARKET STREET, SUITE 500
LOUISVILLE KY 40202
Address of the firm

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

Schedule SB, line 22 — Description of Weighted Average Retirement Age

General Atomics / Sorrento West Under Age 70[1]

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below.

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement percent	Lx	Number of employees expected to retire (B) X (C)	(A) X (D)
55	7.00%	10,000	700	38,500
56	7.00%	9,300	651	36,456
57	7.00%	8,649	605	34,485
58	7.00%	8,044	563	32,654
59	7.00%	7,481	524	30,916
60	10.00%	6,957	696	41,760
61	10.00%	6,261	626	38,186
62	10.00%	5,635	564	34,968
63	10.00%	5,071	507	31,941
64	10.00%	4,564	456	29,184
65	24.00%	4,108	986	64,090
66	24.00%	3,122	749	49,434
67	24.00%	2,373	570	38,190
68	24.00%	1,803	433	29,444
69	24.00%	1,370	329	22,701
70	24.00%	1,041	250	17,500
71	24.00%	791	190	13,490
72	100.00%	601	601	43,272
Total			10,000	627,171
Average				62.72

[1] Age at valuation date

Schedule SB, line 22 — Description of Weighted Average Retirement Age

General Atomics / Sorrento West Age 70[2] and Over

Years until commencement	Retirement percent	Lx	Number of employees expected to retire (B) X (C)	(A) X (D)
0	24.00%	10,000	2,400	0
1	24.00%	7,600	1,824	1,824
2	100.00%	5,776	5,776	13,552
Total			10,000	13,376
Average				1.34

Employees over the age of 70 on the valuation date are assumed to retire according to the table above.

Current average age[2] = 73.66, average retirement age = 75.00.

Sequoyah Fuels

Each employee is assumed to retire immediately.

Current average age[2] = 74.79, average retirement age = 74.79.

The overall average retirement age of 63 is calculated as follows:

	Average retirement age (1)	Number of actives on Jan. 1, 2025 (2)	Total (1) * (2)
General Atomics / Sorrento West under age 70[2]	62.72	12,255	768,633.60
General Atomics / Sorrento West age 70[2] and over	75.00	199	14,924.52
Sequoyah Fuels	74.79	2	149.58
Total		12,456	783,707.70
Average			62.92

[2] Age at valuation date

Plan: Pension Plan of General Atomics
EIN/PN: 95-3735102/001
Valuation Date: 01/01/2025

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	25,985,695	10,902,344	9,268,141	46,156,180
2026	29,177,677	6,182,450	8,462,021	43,822,148
2027	38,229,687	6,237,442	8,288,832	52,755,961
2028	34,052,337	7,024,048	8,103,565	49,179,950
2029	35,512,529	6,635,649	7,904,380	50,052,558
2030	35,370,591	6,010,960	7,714,042	49,095,593
2031	36,957,582	6,356,940	7,507,565	50,822,087
2032	38,575,288	4,567,832	7,287,680	50,430,800
2033	39,936,351	6,046,180	7,059,469	53,042,000
2034	41,007,304	6,725,759	6,825,825	54,558,888
2035	41,562,188	6,703,611	6,576,020	54,841,819
2036	42,740,914	6,587,987	6,318,229	55,647,130
2037	43,906,187	5,994,674	6,046,890	55,947,751
2038	45,191,811	6,883,117	5,766,146	57,841,074
2039	46,248,505	7,482,844	5,481,743	59,213,092
2040	47,603,476	7,992,222	5,184,555	60,780,253
2041	48,458,494	8,080,472	4,882,319	61,421,285
2042	49,616,274	9,339,216	4,572,989	63,528,479
2043	50,804,445	9,208,379	4,259,730	64,272,554
2044	52,471,909	12,214,265	3,944,350	68,630,524
2045	54,285,474	11,598,670	3,662,968	69,547,112
2046	55,756,414	12,867,646	3,350,936	71,974,996
2047	57,579,502	14,283,484	3,041,882	74,904,868
2048	57,576,202	14,801,865	2,741,745	75,119,812
2049	58,880,023	13,998,027	2,450,128	75,328,178
2050	59,082,730	14,733,931	2,171,417	75,988,078
2051	59,201,075	17,342,187	1,908,162	78,451,424
2052	59,153,049	15,802,572	1,666,251	76,621,872
2053	59,305,936	16,231,984	1,439,964	76,977,884
2054	57,400,054	15,556,195	1,236,071	74,192,320
2055	55,800,734	13,596,385	1,051,813	70,448,932
2056	54,453,094	14,606,786	887,726	69,947,606
2057	52,896,305	11,954,726	745,581	65,596,612
2058	51,378,237	12,593,702	621,040	64,592,979
2059	50,014,453	13,036,678	514,416	63,565,547
2060	49,511,415	11,038,746	425,370	60,975,531
2061	47,504,014	9,601,593	349,723	57,455,330
2062	44,713,476	8,291,330	286,935	53,291,741
2063	43,285,249	7,495,889	236,493	51,017,631
2064	41,844,005	6,824,809	194,308	48,863,122
2065	40,433,440	6,591,279	160,081	47,184,800
2066	39,117,633	6,333,639	132,459	45,583,731
2067	37,672,246	6,108,395	110,252	43,890,893
2068	36,173,498	5,878,419	92,439	42,144,356
2069	34,648,823	5,643,419	78,148	40,370,390
2070	33,140,159	5,474,519	66,654	38,681,332
2071	31,613,681	5,158,441	57,356	36,829,478
2072	30,071,663	4,931,781	49,767	35,053,211
2073	28,515,570	4,654,037	43,499	33,213,106
2074	26,944,390	4,396,187	38,245	31,378,822

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions (General Atomics and Sorrento West)

Effective date and plan year	Effective date: November 1, 1967 Restated plan: December 9, 2020 Plan year: January 1 through December 31
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None
Definitions	
Participation	All U.S. employees except temporary, leased or bargaining. Participation begins on date of hire.
Employee contributions	None
Vesting service	One year of vesting service is credited when an employee works 1,000 hours in a plan year. Prior to April 1, 1997, an employee was credited with 45 hours for each week of employment. After April 1, 1997, an employee is credited with actual hours.
Eligible compensation	Gross salary including bonuses, overtime, commissions, differential pay, and salary deferrals, but excluding director fees, car allowances, relocation expenses, reimbursement for expenses, severance pay, company contributions to other company benefit plans, and amounts paid more than 2 ½ months after the employee's termination.

Schedule SB, Part V — Summary of Plan Provisions

Cash Balance Account

A cash balance account is established for each participant and credited with amounts (a), (b), and (c).

a) For active employees on December 31, 1986, a cash balance account was established equal to the lump sum actuarial equivalent of the member's accrued benefit as of that date. For this purpose only, actuarial equivalence was based on the PBGC mortality and interest factors in effect for plans terminating on January 1, 1987.

b) For each month after 1986, the cash balance account shall be credited with 7% of eligible compensation for that month. Miltec, Surrey, and Syntronic employees receive 7% of compensation from date of acquisition. Effective March 1, 2021, compensation credits cease.

c) Interest shall be credited at the end of each calendar year using the average yield rate of the average of the September, October, and November one-year U.S. Treasury Constant Maturities (based on the rate as of the last business day preceding the beginning of the plan year prior to January 1, 2017), unless another rate applies per the plan document. The applicable rates for the most recent 20-year period are listed below.

Plan year	Current interest rate	Plan year	Current interest rate
2025	4.19%	2015	0.25%
2024	5.38%	2014	0.13%
2023	4.35%	2013	0.16%
2022	0.12%	2012	0.12%
2021	0.13%	2011	0.29%
2020	1.66%	2010	0.47%
2019	2.64%	2009	0.37%
2018	1.41%	2008	3.34%
2017	0.66%	2007	4.69%
2016	0.65%	2006	4.38%

Schedule SB, Part V — Summary of Plan Provisions

Variable Annuity Benefit

As of March 1, 2021, a variable annuity benefit was established. Participants accumulate units, taking into account the Nominal Benefit Accrual for each plan year, which are then multiplied by the Unit Value.

a) The Nominal Benefit Accrual is equal to 0.8% of the participant's compensation for the plan year. For the plan year ending December 31, 2021, the compensation was based on the period from March 1, 2021 through December 31, 2021.

b) Units are credited at the end of each plan year (or at termination, if earlier) equal to the Nominal Benefit Accrual divided by the Unit Value as of the beginning of the plan year (for 2021, as of March 1, 2021).

c) The initial Unit Value at March 1, 2021 is $1.00. At the end of each plan year beginning with December 31, 2021, the Unit Value is adjusted by the rate of return on assets held in the Variable Annuity Benefit Sub-Account, subject to

   1. A hurdle rate of 4.0%,
   2. A maximum adjustment of 3.85%,
   3. A maximum stabilization charge of 5% of plan liability, and
   4. A maximum stabilization credit of 25% of plan liability

The rate of return is based on the average asset value of the Variable Annuity Benefit Sub-Account, taking into consideration inflows and outflows during the plan year. For 2021, the rate of return was determined from March 1, 2021 through December 31, 2021.

Items 2, 3 and 4 above serve as guardrails around the Unit Value to minimize the volatility. If the variable sub-account asset return during a plan year is less than 4.0%, then the Unit Value "borrows" against a stabilization reserve (to the extent the reserve is well-funded enough). Specifically, as defined in Appendix E of the plan document, the reserve (a component of the plan's liability) is an amount between approximately -5% and +25% of the variable liability. A negative reserve will be repaid with future asset returns in excess of the hurdle rate. The Unit Value will decrease only to the extent that asset returns below the hurdle rate cannot be absorbed by the reserve.

The historical Unit Values, rates of return, and stabilization reserves are listed below.

As of date	Prior year rate of return	Unit Value	Stabilization Reserve
January 1, 2025	8.69%	$0.9712	$5,915,687
January 1, 2024	14.73%	$0.9352	$3,368,250
January 1, 2023	-13.81%	$0.9005	$(9,478,884)
January 1, 2022	6.57%	$1.0247	$0
March 1, 2021	N/A	$1.0000	$0

During 2024, the variable assets returned 8.69%. As a result, the Unit Value increased from $0.9352 on January 1, 2024 to $0.9712 as of January 1, 2025. The increase reflects the maximum adjustment rate of 3.85% with the remaining return being used to increase the Stabilization Reserve.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement	
Eligibility	Age 65 and 5 years of service.
Benefit	The retirement benefit equal to the sum of the cash balance account and variable annuity benefit determined as follows: Cash balance account: A lump sum equal to the cash balance account or an actuarially equivalent monthly annuity. In no event may the benefit be less than the member's benefit accrued as of December 31, 1986 under the plan provisions (including the early retirement factors) in effect at that time, nor less than the member's benefit accrued as of any December 31 prior to January 1, 2011. Variable annuity benefit: The variable annuity benefit earned at normal retirement.
Regular retirement	
Eligibility	Earlier of normal retirement date and Rule of 75 (age + vesting service) for the cash balance benefit. Age 55 for the variable annuity benefit.
Benefit	The retirement benefit equal to the sum of the cash balance account and variable annuity benefit determined as follows: Cash balance account: A lump sum equal to cash balance account or an actuarially equivalent monthly annuity. In no event may the annuity be less than the member's annuity benefit accrued as of December 31, 1986 under the plan provisions (including the early retirement factors) in effect at that time, nor less than the member's annuity benefit accrued as of any December 31 prior to January 1, 2011. Variable annuity benefit: The actuarially reduced variable annuity benefit earned at regular retirement.
Late retirement	
Eligibility	Retirement after normal retirement date.
Benefit	The late retirement benefit equal to the sum of the cash balance account and variable annuity benefit determined as follows: Cash balance account: A lump sum equal to the cash balance account or the normal retirement cash balance benefit converted to an annuity at normal retirement and then actuarially increased to the late retirement date. In no event may the annuity be less than the member's annuity benefit accrued as of December 31, 1986 under the plan provisions (including actuarial increases for late retirement) in effect at that time, nor less than the member's annuity benefit accrued as of any December 31 prior to January 1, 2011 actuarially increased for late retirement. Variable annuity benefit: The greater of the variable annuity benefit at normal retirement actuarially increased to the late retirement date, or the variable annuity benefit with continued accruals to the late retirement date.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested

Eligibility

Three years of vesting service. If an active employee was hired prior to January 1, 2008, the better of the two vesting schedules will apply.

Benefit

The benefit is equal to (a) multiplied by the vested percentage in (b).

1) The sum of the cash balance account and variable annuity benefit determined as follows:

   Cash balance account:

   A lump sum equal to the cash balance account or an actuarially equivalent monthly annuity. In no event may the annuity be less than the member's annuity benefit accrued as of December 31, 1986 under the plan provisions (including the early retirement factors) in effect at that time, nor less than the member's annuity benefit accrued as of any December 31 prior to January 1, 2011.

   Variable annuity benefit:

   The variable annuity benefit earned at termination.

2) For a participant who is not credited with any hours of service prior to January 1, 2008, such participant shall vest in his or her accrued benefit in accordance with the schedule set forth immediately below:

Vesting service (in completed years)	Vested percentage
Less than 3	0%
3 or more	100%

For a participant who has been credited with at least one hour of service prior to January 1, 2008, but is not credited with any hours of service after December 31, 2007, such participant shall vest in his or her accrued benefit in accordance with the schedule set forth immediately below:

Vesting service (in completed years)	Vested percentage
Less than 2	0%
2	25%
3	50%
4	75%
5 or more	100%

Any participant who had less than three years of vesting service as of December 31, 2007 and is credited with at least one hour of service on or after January 1, 2008, shall have such vested percentage in his or her accrued benefit as may be determined under the vesting schedule set forth immediately above, and if such Participant subsequently is credited with three years of vesting service, then he or she shall be 100% vested at that time.

Schedule SB, Part V — Summary of Plan Provisions

Disability	
Eligibility	Five years of service for disability incurred prior to January 1, 1995. For disabilities incurred between January 1, 1995 and February 28, 2021, the member receives the termination benefit. Effective March 1, 2021, eligibility for disability payments under Social Security while the member is an employee.
Benefit	For disability prior to January 1, 1995, the cash balance account shall continue to be credited with 7% of compensation (based on compensation prior to disability) until the later of age 65, benefit commencement, or earlier if death occurs. Interest shall be credited at the current interest rate until benefit commencement. At benefit commencement, the benefit is a lump sum equal to the greater of the cash balance account at that date or the present value of an actuarially equivalent annuity as of the benefit commencement date. In no event may the annuity be less than the member's annuity benefit accrued as of December 31, 1986 under the plan provisions (including the early retirement factors) in effect at that time, nor less than the member's annuity benefit accrued as of any December 31 prior to January 1, 2011. When the disabled participant elects to commence benefits, he can receive either a lump sum equal to the cash balance account or an actuarially equivalent monthly annuity. Effective March 1, 2021, a disabled member will receive the cash balance account plus variable annuity benefit earned as of the date of disability. At benefit commencement, the cash balance account is determined in the same fashion as for termination. Optional forms of payment may be elected if the member is age 50 or older. The variable annuity benefit is actuarially reduced to the benefit commencement date. Optional forms of payment, except for lump sum, may be elected.
In-Service Benefits	
Eligibility	Normal Retirement eligibility
Benefit	Effective January 1, 2010, an eligible participant can elect to commence their retirement benefit while actively employed, beginning at normal retirement date (or election date, if later). The amount of the benefit is determined as if the participant terminated under the normal retirement provisions (or late retirement provisions, if applicable). Optional forms of payment are available when the in-service benefit is elected. Upon actual retirement, the participant's benefit is recomputed, taking into account any additional accruals and is paid in the form of payment previously elected. Death benefits are paid as per the payment option elected.

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
Eligibility	Immediate
Benefit	The death benefit equal to the sum of the cash balance account and variable annuity benefit determined as follows: Cash balance account: A lump sum equal to the cash balance account or an actuarially equivalent monthly annuity. In no event may the benefit be less than the member's annuity benefit accrued as of December 31, 1986, under the plan provisions in effect at that time, nor less than the member's benefit accrued as of any December 31 prior to January 1, 2011. The cash balance account is paid regardless of marital status at death. Variable annuity benefit: The death benefit payable to the surviving spouse is 50% of the qualified joint and 50% survivor annuity payable on the first of the month coincident or immediately following death, assuming the member had retired immediately before his date of death and commenced the variable annuity benefit earned as of the date of death. If the member was not retirement eligible, the benefit is paid on the first of the month the member would have been eligible to begin receiving benefits. For a terminated member, the variable annuity death benefit is multiplied by the vested percentage. No variable annuity benefit is paid if the member is not married at death.
Form of benefits	
Automatic form for unmarried participants	Life annuity
Automatic form for married participants	50% joint and survivor annuity
Optional forms of payment	• 50% joint and survivor annuity • 66-2/3% joint and survivor annuity • 75% joint and survivor annuity • 5-year certain and life annuity • Lump sum — Cash balance: Cash balance account or, if greater, member's annuity benefit accrued as of December 31, 1986, under the plan provisions in effect at that time, nor less than the member's benefit accrued as of any December 31 prior to January 1, 2011. — Variable benefit: Only available up to $25,000. The cash balance account may be paid in the annuity options listed above on or after a member reaches age 50. The variable annuity benefit may be paid in the options listed above on or after a member reaches age 55, or earlier if eligible under the disability provision.

Schedule SB, Part V — Summary of Plan Provisions

Optional form conversion factors	Interest rate: for plan years beginning in and after 2008, the applicable segment rate determined by Code Section 417(e)(3) for the November prior to each plan year. Prior to 2008, the yield of the 30-year Treasury bond maturing in February 2031, as described in IRS Notice 2002-26. Mortality table: For plan years beginning in and after 2008, as described in the Appendix to Revenue Ruling 2007-67. Prior to 2008, as described in Revenue Ruling 2001-62.
Miscellaneous	
Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Summary of major plan provisions (Sequoyah Fuels)

Effective date and plan year	Original plan: January 1, 1987 Restated plan: December 9, 2020 Plan year: January 1 through December 31
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None
Definitions	
Eligibility	All Sequoyah Fuels employees except collectively bargained employees, unless their agreement specifically provides for participation.
Participation	Latest of first day of the month coincident with or next following one year of service, or eligibility.
Employee contributions	None
Service	Elapsed time of service from date of hire with a participating company to date of termination.
Credited service	Elapsed time of service from date of hire with a participating company to date of termination, excluding periods without compensation except authorized military leave.
Final average monthly compensation	The participant’s average monthly rate of compensation for the highest 36 consecutive months out of the 120 months immediately preceding the date on which his service terminates.
Compensation considered	The monthly base rate of compensation including regularly scheduled overtime pay, monthly draw, truck driver revenue bonuses, and awards under the company’s incentive compensation plan, but exclusive of other bonuses, other overtime pay, shift differential commissions, expense allowances and all other forms of additional compensation.
Covered compensation	The monthly average of 35 years of Social Security taxable wage bases (rounded to the nearest multiple of $50) ending with the year in which the member attains Social Security retirement age.

Schedule SB, Part V — Summary of Plan Provisions

Accrued benefit	A monthly annuity equal to the larger of (a) or (b), where: a) 1.0% of final average monthly compensation up to covered compensation times credited service plus 1.5% of final average compensation in excess of covered compensation times credited service. b) The excess of 1.5% of final average compensation as of July 27, 1992, over 1.25% of the anticipated monthly primary insurance amount as of July 27, 1992, times credited service (in completed months) as of July 27, 1992.
Normal retirement	
Eligibility	Age 65
Benefit	Accrued benefit
Early retirement	
Eligibility	Age 55 and 5 years of service.
Benefit	The accrued benefit reduced 5/12 of 1% for each month that early retirement precedes age 62.
Late retirement	
Eligibility	Retirement after normal retirement date.
Benefit	Accrued benefit as of the late retirement date.
Deferred vested	
Eligibility	Immediate if employed on November 30, 1992. Earlier of 65 or five years of service if hired after November 30, 1992.
Benefit	The actuarial equivalent of the accrued benefit deferred to age 65.
Disability	
Eligibility	Either age 50 and 20 years of service or age 55 and 5 years of service.
Benefit	The accrued benefit reduced by 5/12 of 1% for each month that early retirement precedes age 62.
Pre-retirement death	
Eligibility	Immediate if employed on November 30, 1992. Earlier of 65 or five years of service if hired after November 30, 1992.
Benefit	The actuarial equivalent of the accrued benefit deferred to age 65.
Form of benefits	
Automatic form for unmarried participants	Life annuity
Automatic form for married participants	50% joint and survivor annuity
Optional forms	• 50% joint and survivor annuity • 66-2/3% joint and survivor annuity • 50% contingent annuity • 66-2/3% contingent annuity • 75% contingent annuity • 5-year certain and life annuity • 10-year certain and life annuity • 15-year certain and life annuity • 20-year certain and life annuity

Schedule SB, Part V — Summary of Plan Provisions

Optional form conversion factors	Interest rate: for plan years beginning in and after 2008, the applicable segment rate determined by Code Section 417(e)(3) for the November prior to each plan year. Prior to 2008, the yield of the 30-year Treasury bond maturing in February 2031, as described in IRS Notice 2002-26. Mortality table: For plan years beginning in and after 2008, as described in the Appendix to Revenue Ruling 2007-67. Prior to 2008, as described in Revenue Ruling 2001-62.
Miscellaneous	
Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated effective August 31, 2020 and adopted December 9, 2020, are included in this valuation:

- **Most recent plan amendments included:** Amendment signed November 13, 2024.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued with late retirement actuarial increases.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.

Schedule SB, Part V — Summary of Plan Provisions

  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2024 to 2025.
- The plan has been amended to allow lump sum distributions of the variable annuity benefit with an actuarial equivalent present value of $25,000 or less effective January 1, 2025.
- The plan's Required Beginning Date has been amended to follow SECURE 2.0 effective January 1, 2025.

Supplemental Schedule

Pension Plan of General Atomics
EIN: 95-3735102, Plan No. 001
Schedule H, Part IV, line 4i - Schedule of Assets (Held At End of Year)*
December 31, 2025
(Dollar amounts in thousands)

(a)		(b)	(c)	(d)	(e)
	Shares, Units or Principal Amount	**Identity of issue, borrower, lessor, or similar party**	**Description of investment including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Fair Value**
	1,110	USD	MFO HARTFORD MUTUAL FUNDS II INC SCHRODERS EMERGING MKTS EQUITY FD CL SDR	$ 21,049	$ 25,512
	472	USD	MFO LAZARD FDS INC GLOBAL LISTED INFRASTRUCTURE PORT	8,477	8,584
			Equity Mutual Funds	**29,526**	**34,096**
	1,454	USD	MFO CREDIT SUISSE FLOATING RATE HIGH INCOME FUND INSTITUTIONAL SHARES	9,057	8,914
	2,254	USD	MFO MAINSTAY MACKAY HIGH YIELD CORPORATE BOND FUND	11,869	11,719
	619	USD	MFO ROWE T PRICE INTERNATIONAL FUNDS GBL HIGH INC I	5,651	5,452
			Fixed Income Mutual Funds	**26,577**	**26,085**
**	5,307	USD	BLACKROCK PRIVATE OPPORTUNITIES FUND V LP	5,307	6,786
	9,664	USD	Global Credit Opportunities II Fund LP	9,664	8,733
**	180	USD	BLACKROCK PRIVATE EQUITY PRIMARIES	180	155
**	2,625	USD	BLACKROCK SECONDARIES & LIQUIDITY SOLUTIONS II LUX	2,625	3,582
			Partnerships	**17,776**	**19,256**
**	470	USD	CF BLACKROCK RUSSELL 1000 INDEX FUND	227,828	271,257
**	311	USD	CF BLK MSCI ACWI EQUITY INDEX FND	9,870	14,554
**	1,063	USD	CF BLACKROCK JPM EMBI GLBL DIV IDX FD C FUND/OPEN_END	10,344	12,086
	1,756	USD	CF WTC NA CIF INTERNATIONAL RESEARCH EQUITY PORTFOLIO	22,312	30,991
**	1,212	USD	CF BLACKROCK GLOBAL EX-US ALPHA TILTS FUND	69,698	78,038
	854	USD	MFO ACADIAN COLLECTIVE INVT TR GLOBAL SM-CAP EQUITY CIT CL B	16,214	17,324
	870	USD	MFO MFS INTERNATIONAL EQUITY FUND CIT CLASS 7A	16,899	20,287
**	28	USD	MFO BLACKROCK RUSSELL 2000 ALPHA TILTS AFUND	12,788	14,626
**	414	USD	CF BLACKROCK GLOBAL LISTED INFRASTRUCTURE CL1	4,348	4,545
			Equity Collective Funds and Trusts	**390,301**	**463,708**
	136	USD	CF PRUDENTIAL EMERGING MARKET DEBT BLEND FUND	19,381	19,840
**	1,980	USD	CF CF BLACKROCK HIGH YIELD BOND FUND	26,209	31,394
**	2,252	USD	CF BLACKROCK TSY US10 YR KEY RATE DUR NL FD A	20,103	12,964
**	12,839	USD	CF BLACKROCK INSTL TR CO N A INVT FDS FOR EMPLOYEE BENEFIT TRS	146,730	157,821
	9,831	USD	CF LONG DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND	192,660	192,949
**	1,876	USD	CF BLACKROCK TSY U.S. 15 YR KEY RATE DUR NL FD	13,873	7,538
**	4,029	USD	CF BLACKROCK TSY U.S. 25+ YR KEY RATE DUR NL FD	36,427	15,181
**	700	USD	CF BLACKROCK TSY U.S. 20 YR KEY RATE DUR NL FD	4,312	2,577
**	2,310	USD	CF BLACKROCK TREAS US 5 YR KEY RATE DUR NL FD A	18,309	18,813
**	1,530	USD	CF BLACKROCK INTERMEDIATE GOVT BOND INDEX FUND/OPEN_END	72,130	76,091
**	1,009	USD	CF BLACKROCK EMERGING MARKETS LOCAL CURRE CL 1 FUND/OPEN_END	10,419	12,360
			Fixed Income Collective Funds and Trusts	**560,553**	**547,528**
**	430	USD	CF BLACKROCK WORLD REAL ESTATE SEC FD	6,464	7,039
	317	USD	CF COHEN & STEERS GLOBAL REALTY - CLASS BR	5,141	5,543
			Real Estate Collective Funds and Trusts	**11,605**	**12,582**
**	7,282	USD	NT COLLECTIVE SHORT TERM INVT FD	7,282	7,282
			Cash and Cash Equivalents	**7,282**	**7,282**
				$ 1,043,620	**$ 1,110,537**

* Information in this schedule was derived from data certified complete and accurate by the Trustee.
** Represents a party-in-interest.

Schedule SB, line 32 — Schedule of Amortization Bases

Shortfall amortization charge

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established		Outstanding balance	Years remaining		2025 installment
2023	$	89,271,345	13	$	9,174,931
2024		(20,565,379)	14		(2,008,279)
2025		(6,952,165)	15		(648,224)
Total	$	61,753,801		$	6,518,428

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- The expense load has increased from $4,000,000 for 2024 to $4,500,000 for 2025.
- The annuity conversion interest rates for cash balance benefits were updated to the shifted funding segment rates.
- Retirement rates, withdrawal rates, salary increases, spousal assumptions, assumed form of payment, and timing of payment for General Atomics and Sorrento West employees have been updated to reflect an experience study undertaken in 2025.