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. . . . . ▶ [X]

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
HII INGALLS SHIPBUILDING, INC. HOURLY EMPLOYEES' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 305

1c Effective date of plan 08/01/1963

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)
HUNTINGTON INGALLS INDUSTRIES, INC.

4101 WASHINGTON AVENUE
BUILDING 909-6
NEWPORT NEWS, VA 23607

2b Employer Identification Number (EIN) 90-0607005

2c Plan Sponsor's telephone number 757-380-2000

2d Business code (see instructions) 336610

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.	10/10/2026	KAREN VELKEY
	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 ☐ Same as Plan Sponsor

HII ADMINISTRATIVE COMMITTEE

4101 WASHINGTON AVENUE
BUILDING 909-6
NEWPORT NEWS, VA 23607

3b Administrator's EIN: 90-0607005

3c Administrator's telephone number: 757-380-2000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	14872
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)**	7374
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	7363
b	Retired or separated participants receiving benefits	**6b**	2063
c	Other retired or separated participants entitled to future benefits	**6c**	5403
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	14829
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	454
f	Total. Add lines **6d** and **6e**.	**6f**	15283
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**	514
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 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)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **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
HII INGALLS SHIPBUILDING, INC. HOURLY EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 305

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HUNTINGTON INGALLS INDUSTRIES, INC.

D Employer Identification Number (EIN)
90-0607005

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**	623751528
b Actuarial value	**2b**	590867213

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	2205	301042579	301042579
b For terminated vested participants	5310	46327121	46327121
c For active participants	7374	161603968	177025451
d Total	14889	508973668	524395151

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	21940282
b Expected plan-related expenses	**6b**	3413752
c Target normal cost	**6c**	25354034

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

09/20/2026
Date

DOUGLAS J. SHORT
Type or print name of actuary

26-05838
Most recent enrollment number

ERNST & YOUNG LLP
Firm name

214-969-0611
Telephone number (including area code)

2323 VICTORY AVENUE
SUITE 2000
DALLAS, TX 75219
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	69165021
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	69165021
10	Interest on line 9 using prior year's actual return of 10.11 %	0	6992584
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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	76157605

Part III Funding Percentages

14	Funding target attainment percentage	14	98.15 %
15	Adjusted funding target attainment percentage	15	111.64 %
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	105.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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

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**	61

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**	25354034
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9685543	903084
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**	26257118

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		26257118	26257118

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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
HII INGALLS SHIPBUILDING, INC. HOURLY EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 305

C Plan sponsor's name as shown on line 2a of Form 5500
HUNTINGTON INGALLS INDUSTRIES, INC.

D Employer Identification Number (EIN)
90-0607005

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

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

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

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

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

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 99	NONE	1505909	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 11 17 50	NONE	130775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON INVESTMENT SERVICES

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	56181	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)

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	54900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET BANK

04-1867445

(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?
25 50	NONE	31804	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLIFFWATER LLC

20-1246914

(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?
17 50	NONE	27750	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)

HUNTON

54-0572269

(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	16217	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCGUIRE WOODS

54-0505857

(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	10767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALFEE, HALTER & GRISWOLD

37-0732302

(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	8648	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 LLC

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 11 17 50	NONE	7676	Yes [ ] No [X]	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
HII INGALLS SHIPBUILDING, INC. HOURLY EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 305

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HUNTINGTON INGALLS INDUSTRIES, INC.

D Employer Identification Number (EIN)
90-0607005

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: EQUITY FUND

b Name of sponsor of entity listed in (a): HUNTINGTON INGALLS INDUSTRIES, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3776787-001	M	106885964

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

b Name of sponsor of entity listed in (a): HUNTINGTON INGALLS INDUSTRIES, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3776787-007	M	229825589

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

b Name of sponsor of entity listed in (a): HUNTINGTON INGALLS INDUSTRIES, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3776787-008	M	134973573

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

b Name of sponsor of entity listed in (a): HUNTINGTON INGALLS INDUSTRIES, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3776787-012	M	3621223

a Name of MTIA, CCT, PSA, or 103-12 IE: NON-US EQUITY FUND

b Name of sponsor of entity listed in (a): HUNTINGTON INGALLS INDUSTRIES, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3776787-015	M	90449752

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

b Name of sponsor of entity listed in (a): HUNTINGTON INGALLS INDUSTRIES, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3776787-016	M	95344925

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

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
HII INGALLS SHIPBUILDING, INC. HOURLY EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 305

C Plan sponsor's name as shown on line 2a of Form 5500
HUNTINGTON INGALLS INDUSTRIES, INC.

D Employer Identification Number (EIN)
90-0607005

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	623311455	661101026
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	623311455	661101026
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	501001	820680
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	501001	820680
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	622810454	660280346

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	2366951	
(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)		2366951
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		75059458
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		77426409
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36369607	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	-252966	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		36116641
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1505909	
(4) IQPA audit fees	2i(4)	54900	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	31804	
(7) Actuarial fees	2i(7)	130775	
(8) Legal fees	2i(8)	38440	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2078048	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3839876
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		39956517
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		37469892
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: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583855.

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
HII INGALLS SHIPBUILDING, INC. HOURLY EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 305

C Plan sponsor's name as shown on line 2a of Form 5500
HUNTINGTON INGALLS INDUSTRIES, INC.

D Employer Identification Number (EIN)
90-0607005

Part I Distributions

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

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

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

EIN(s): 04-3581074

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** 130

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: 44.2 % Private Equity: 15.1 % Investment-Grade Debt and Interest Rate Hedging Assets: 20.1 %
High-Yield Debt: 0.3 % Real Assets: 7.0 % Cash or Cash Equivalents: 0.6 % Other: 12.7 %

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_____.

Financial Statements and Report of Independent Certified Public Accountants

HII Ingalls Shipbuilding, Inc.
Hourly Employees' Retirement Plan

December 31, 2025 and 2024

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Schedules required by Section 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 have been omitted because of the absence of conditions under which they are required.

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

HII Administrative Committee and Participants of the HII Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit
We have performed audits of the financial statements of HII Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and statements of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in accumulated plan 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 Auditor's 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.

Grant Thornton LLP is a U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

- 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 (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 for one year after the date the financial statements are available to be issued.

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

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

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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.

Grant Thornton LLP

Southfield, Michigan
September 29, 2026

HII Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2025 and 2024
($ in thousands)

	2025	2024
ASSETS		
Plan interest in New Ships Pension Master Trust - at fair value	$ 661,101	$ 623,311
Total assets	661,101	623,311
LIABILITIES		
Accrued administrative expenses	821	501
Total liabilities	821	501
NET ASSETS AVAILABLE FOR BENEFITS	$ 660,280	$ 622,810

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

HII Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2025 and 2024
($ in thousands)

	2025	2024
Additions		
Investment income		
Plan interest in New Ships Pension Master Trust	$ 75,059	$ 59,797
Contributions		
Other contributions - Huntington Ingalls Industries		
Financial Security and Savings Program	2,367	2,054
Total contributions	2,367	2,054
Annuity premium refund	-	1,669
Total additions	77,426	63,520
Deductions		
Benefits paid	36,116	41,362
Administrative expenses	3,840	3,916
Total deductions	39,956	45,278
INCREASE IN NET ASSETS	37,470	18,242
Net assets available for benefits		
Beginning of year	622,810	604,568
End of year	$ 660,280	$ 622,810

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

HII Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan

STATEMENTS OF ACCUMULATED PLAN BENEFITS

As of December 31, 2025 and 2024
($ in thousands)

	2025	2024
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits		
Participants currently receiving payments	$ 277,840	$ 266,163
Other participants	221,047	216,341
Total vested benefits	498,887	482,504
Nonvested benefits	17,336	17,696
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 516,223	$ 500,200

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

HII Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Years Ended December 31, 2025 and 2024
($ in thousands)

	2025	2024
Actuarial present value of accumulated plan benefits - beginning of year	$ 500,200	$ 560,267
Increase (decrease) during the year attributable to		
Change in discount period	29,193	28,963
Benefits paid	(36,116)	(41,362)
Benefits accumulated	6,915	9,220
Other contributions - Huntington Ingalls Industries Financial Security and Savings Program	2,367	2,054
Change in actuarial assumptions	13,664	(58,942)
NET INCREASE (DECREASE)	16,023	(60,067)
Actuarial present value of accumulated plan benefits - end of year	$ 516,223	$ 500,200

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

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the HII Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a qualified, defined benefit pension plan covering employees of the Ingalls Shipbuilding division of Huntington Ingalls Industries, Inc. that are covered by a collective bargaining agreement. The Plan is sponsored by Huntington Ingalls Industries, Inc. ("HII" or the "Company" or "Plan Sponsor").

The Plan utilizes the New Ships Pension Master Trust (the "Master Trust") for its investments.

The HII Administrative Committee (the "Plan Administrator") controls and manages the operation and administration of the Plan. State Street Bank and Trust Company ("State Street" or the "Trustee") serves as the Trustee of the Plan and Master Trust. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Annuity Purchase

In November 2023, the Company entered into an annuity purchase transaction with Fidelity & Guaranty Life Insurance Company ("F&G") wherein plan assets amounting to approximately $47,967,000 were transferred to F&G. During the year ended 2024, the Plan received a premium refund of approximately $1,669,000.

Eligibility

Employees are eligible to participate in the Plan upon their date of hire.

Pension Benefits and Employee Contributions

The pension benefit under the Plan is generally determined based upon a number of factors, including the participant's age and length of service, the participant's mandatory employee contributions to the Plan, and the participant's voluntary contributions, as applicable, to the Huntington Ingalls Industries Financial Security and Savings Program ("FSSP"). Such mandatory and voluntary employee contributions are collectively referred to as "Employee Contributions." The benefit under the Plan is also dependent on the participant's earnings on his or her Employee Contributions, and whether or not such Employee Contributions are transferred into the Plan, such that the normal retirement benefit under the Plan is coordinated with the benefits payable to participating employees under the FSSP. The Employee Contributions transferred into the Plan are presented as other contributions on the statement of changes in net assets available for benefits.

Benefit Commencement

For participants electing to retire, normal retirement benefits commence on the first day of the calendar month coinciding with or following the 65th birthday of the participant. Participants may elect early retirement benefits upon attaining age 55 and completing five years of service. Minimum required distributions are required upon a participant reaching a certain age.

Vesting

Participants' employee funded benefits under the Plan are fully vested at all times, and participants' employer-funded benefits under the Plan are 50% vested after two years of service and fully vested after either three years of service or attainment of age 65.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

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, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The Master Trust invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit, U.S. and foreign government and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur in the near term, and those changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Investment Valuation and Income Recognition

The Master Trust's investments are stated at fair value as determined by the Trustee pursuant to the Master Trust agreement as directed and overseen by the HII Investment Committee (the "Investment Committee"). The Master Trust's investments are valued as follows:

Investments in short-term investments, common and preferred stock are valued at the last reported sales price, prior to or at year end, when an active market exists. Investments in U.S. and foreign government securities, corporate debt instruments, and real estate loans and mortgages are generally valued by independent pricing sources or dealers who make markets in such securities. Pricing methods are based upon market transactions for comparable securities and various relationships between securities that are generally recognized by institutional traders. Investments in hedge funds and limited partnership interests generally do not have readily available market quotations and are estimated at fair value, which primarily utilizes net asset values ("NAV") or the equivalent, as a practical expedient, as reported by the investment manager. These investments usually have restrictions on redemptions that might affect the ability to sell the investment at NAV in the short-term. Investments in collective trusts and commingled funds are valued at NAV, as a practical expedient, based on the price of units owned by the Master Trust, which is based on the current fair value of the funds' underlying net assets.

All securities and short-term investments are quoted in the local currency and then converted into U.S. dollars using the appropriate exchange rate obtained by the Trustee, if necessary. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Broker commissions, transfer taxes, and other charges and expenses incurred in connection with the purchase, sale, or other disposition of securities or other investments are added to the cost of such securities or other investments, or are deducted from the proceeds of the sale or other disposition thereof, as appropriate.

The Trustee relies on the prices provided by pricing sources and/or the investment managers, as a certification as to value, in performing any valuations or calculations required of the Trustee.

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

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan, the Master Trust, or the Plan Sponsor as described in the Plan document.

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded upon distribution.

NOTE 3 - INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the information included in the Plan's financial statements as of and for the years ended December 31, 2025 and 2024, that was prepared by or derived from information prepared by the Trustee and the Trustee of the Master Trust and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that the following Plan and Master Trust information is complete and accurate ($ in thousands):

	2025	2024
Statements of net assets available for benefits		
Plan interest in Master Trust - at fair value*	$ 661,101	$ 623,311
Statements of changes in net assets available for benefits		
Investment income (loss) - Plan interest in Master Trust	$ 75,059	$ 59,797

* Plan interest in Master Trust - at fair value is reported net of allocated accrued administrative expenses of $413 and $440 as of December 31, 2025 and 2024, respectively.

NOTE 4 - MASTER TRUST

The Plan has an undivided interest in the investments held by the Master Trust. Master Trust assets are categorized into investment pools by risk category and plan interest is determined by each Plan's allocation to each investment pool. Those investments are stated at fair value determined and reported by the Trustee in accordance with the Master Trust agreement established by the Company.

Plan assets represent approximately 9% of total net assets reported by the Trustee of the Master Trust as of December 31, 2025 and 2024.

The net assets of the Master Trust as of December 31, 2025 and 2024, were as follows ($ in thousands):

	2025		2024	
	Master Trust	Plan Interest	Master Trust	Plan Interest
Assets				
Investments				
Collective trust and commingled funds	$ 1,572,621	$ 141,536	$ 1,941,336	$ 204,680
Common and preferred stock	1,624,804	146,232	1,498,898	179,587
Corporate debt instruments - bonds and mortgage backed securities	1,597,395	143,766	1,421,632	72,518
U.S. and foreign government securities	1,268,546	114,169	874,616	45,217
Limited partnership interests	1,065,470	95,892	1,069,039	98,948
Hedge funds	421,930	37,974	275,225	25,474
Collateral held under securities lending agreements	170,982	15,388	121,072	7,427
Total investments	7,721,748	694,957	7,201,818	633,851
Dividends, interest, and taxes receivable	35,839	3,226	31,812	1,394
Receivables for securities sold	1,756	158	4,867	213
Other receivables	269	24	917	42
Total assets	7,759,612	698,365	7,239,414	635,500
Liabilities				
Obligation to return securities lending collateral	170,982	15,388	121,072	7,427
Due to brokers for securities purchased	132,937	21,149	89,588	3,927
Other liabilities	8,083	727	13,311	835
Total liabilities	312,002	37,264	223,971	12,189
Net assets of the Master Trust	$ 7,447,610	$ 661,101	$ 7,015,443	$ 623,311

Investment income for the Master Trust for the years ended December 31, 2025 and 2024, was as follows ($ in thousands):

	2025	2024
Net appreciation in fair value of investments	$ 543,508	$ 365,425
Interest	123,255	99,671
Dividends	42,130	41,526
Other income	51,545	22,141
Administrative and investment expenses	(355)	-
Total investment income	$ 760,083	$ 528,763

NOTE 5 - SECURITIES LENDING

The Master Trust participates in a securities lending program with the Trustee or lending agent. The program allows the Trustee or lending agent to lend securities, which are assets of the Master Trust, to approved borrowers. The Trustee or lending agent requires borrowers to deliver collateral to secure each loan pursuant to a security loan agreement. Collateral requirements are 102% of the fair value for U.S. government debt securities; 102% for U.S. and Canadian equities and corporate bonds; 105% for international equities; and 102% for international fixed income securities. The Master Trust bears the risk of loss with respect to any unfavorable change in fair value of the invested cash collateral. However, if the collateral level drops below the minimum requirements due to an increase in the fair value of the borrowed securities, the borrower may have to deliver additional cash or securities to maintain the required collateral. In the event of default by the borrower, the Trustee or lending agent must indemnify the Master Trust by replacing the unreturned securities or crediting the Master Trust with the fair value of those unreturned securities.

The Master Trust assets on loan to third-party borrowers under securities lending agreements as of December 31, 2025 and 2024, were $166,406,000 and $118,324,000, respectively, held in common and preferred stock, corporate debt instruments, and U.S. and foreign government securities.

Borrowed securities are not subject to sale restrictions. However, a trade fail would occur if the borrowed securities are not returned by settlement date, which could result in a buy-in or borrowing of securities sufficient to close the trade fail. The Master Trust held approximately $170,982,000 and $121,072,000 of collateral for securities on loan as of December 31, 2025 and 2024, respectively. Collateral consists primarily of an undivided interest in a collateral investment pool as of December 31, 2025 and 2024.

Securities lending income earned by the Master Trust was $489,000 and $358,000 for the years ended December 31, 2025 and 2024, respectively.

NOTE 6 - DERIVATIVE FINANCIAL INSTRUMENTS

Derivative financial instruments may be used by the investment managers of the Master Trust as part of their respective strategies. These strategies include the use of futures contracts, interest rate swaps, credit default swaps, options on futures and swaps, and options as substitutes for certain types of securities. Notional amounts disclosed below do not represent assets or liabilities of the Master Trust as of December 31, 2025 and 2024 but are used in the calculation of cash settlements under the contracts.

The fair value of these instruments is recorded as investments of the Master Trust and included in U.S. and foreign government securities and corporate debt instruments. To the extent that a gain has been recognized, these instruments are recorded as assets and, to the extent that a loss has been recognized, these instruments are recorded as a liability. Changes in the fair value of the derivative instruments are reflected in investment income of the Master Trust.

The Master Trust notional amounts and fair values presented as of December 31, 2025 and 2024, were as follows ($ in thousands):

	2025			2024		
	Notional Amount	Fair Value Asset	Fair Value (Liability)	Notional Amount	Fair Value Asset	Fair Value (Liability)
Futures contracts						
U.S. Treasury futures	$ 405,138	$ -	$ -	$ 277,731	$ -	$ -
Non U.S. bond futures	324,640	-	-	47,166	-	-
Equity futures	129,835	-	-	36,183	-	-
Total return swaps	-	-	-	16,500	15,826	(16,500)
Interest rate swaps	24,327	1,854,749	(1,845,709)	551,156	1,630,700	(1,623,843)
Credit default swaps	931,086	1,093,506	(1,065,193)	793,999	893,098	(875,120)
Options on futures and swaps	8,715	57	(8)	16,265	623	(1,184)

The related gains and losses included in investment income (loss) for the Master Trust for the years ended December 31, 2025 and 2024, were approximately $8,097,000 and $(653,000), respectively.

Futures Contracts

The Master Trust enters into futures contracts in the normal course of investing activities to manage market risk associated with fixed-income investments and to achieve overall investment portfolio objectives. These contracts involve elements of market risk in excess of amounts recognized in the statements of net assets available for benefits. The default risk associated with these contracts is minimal, as they are traded on organized exchanges and settled daily. The terms of these contracts typically do not exceed one year. Notional amounts related to these contracts in the table above are stated as a net buy (sell) position.

Total Return Swaps

The Master Trust enters into total return swaps in the normal course of its investing activities to manage exposures to various market factors (e.g., interest rates, equity beta, credit risk, currency risk, etc.). The default risk associated with these contracts is minimal, as they are entered into with a limited number of highly-rated counterparties.

Interest Rate Swaps

The Master Trust enters into interest rate swap contracts in the normal course of its investing activities to manage the interest rate exposure associated with fixed-income investments. The default risk associated with these contracts is minimal, as they are entered into with a limited number of highly-rated counterparties.

Credit Default Swaps

The Master Trust enters into credit default swap contracts in the normal course of its investing activities to manage the credit default exposure associated with fixed-income investments. The default risk associated with these contracts is minimal, as they are entered into with a limited number of highly-rated counterparties.

Options on Futures and Swaps

The Master Trust enters into contracts in the normal course of its investing activities to manage the interest rate exposure associated with fixed-income investments. The default risk associated with these contracts is minimal, as they are entered into with a limited number of highly-rated counterparties. Notional amounts related to these contracts in the table above are stated as a net buy (sell) position.

NOTE 7 - MASTER NETTING AGREEMENTS

The Master Trust is subject to master netting agreements, or netting arrangements, with certain counterparties. These agreements govern the terms of certain transactions and reduce the counterparty risk associated with relevant transactions by specifying offsetting mechanisms and collateral posting arrangements at pre-arranged exposure levels. Since different types of transactions have different mechanics and are sometimes traded out of different legal entities of a particular counterparty organization, each type of transaction may be covered by a different expert netting arrangement possibly resulting in the need for multiple agreements with a single counterparty. Master netting agreements are specific to each different asset type, and they allow the Master Trust to close out and net its total exposure to a specified counterparty in the event of a default with respect to any and all the transactions governed under a single agreement with the counterparty.

The following is a summary of the Master Trust's net exposure to derivative assets and liabilities, by financial instrument type, available for offset and net of collateral under master agreements as of December 31, 2025 and 2024 ($ in thousands):

	2025				
Derivative Type	Fair Value of Derivative Assets	Fair Value of Derivative (Liabilities)	Collateral Pledged	Collateral (Received)	Net Exposure
Interest rate swaps	$ 1,854,749	$(1,845,709)	$ 23,355	$ (5,440)	$ 26,955
Credit default swaps	1,093,506	(1,065,193)	13,479	(3,140)	38,652
Options on futures and swaps	57	(8)	-	-	49

	2024				
Derivative Type	Fair Value of Derivative Assets	Fair Value of Derivative (Liabilities)	Collateral Pledged	Collateral (Received)	Net Exposure
Total return swaps	$ 15,826	$ (16,500)	$ 214	$ (15)	$ (475)
Interest rate swaps	1,630,700	(1,623,843)	21,033	(1,453)	26,437
Credit default swaps	893,098	(875,120)	11,335	(783)	28,530
Options on futures and swaps	623	(1,184)	15	(1)	(547)

NOTE 8 - FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, clarifies the definition of fair value, prescribes methods for measuring fair value, establishes a fair value hierarchy based on the inputs used to measure fair value and expands disclosures about the use of fair value measurements.

The valuation techniques utilized are based upon observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect internal market assumptions. These two types of inputs create the following fair value hierarchy:

Level 1 - Quoted prices for identical instruments in active markets. Level 1 investments in the Master Trust primarily include equity securities, common and preferred stock, and short-term investments, based on pricing, frequency of trading, and other market considerations.

Level 2 - Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations whose inputs are observable or whose significant value drivers are observable. Level 2 investments of the Master Trust primarily include fixed income securities based on model-derived valuations as determined by independent pricing services provided through the Master Trust.

Level 3 - Significant inputs to the valuation model are unobservable. There were no Level 3 investments of the Master Trust in either year.

The following tables set forth by level the fair value hierarchy of the investments held by the Master Trust as of December 31, 2025 and 2024, respectively ($ in thousands):

	As of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Common and preferred stock	$ 1,624,804	$ -	$ -	$ 1,624,804
Corporate debt instruments - bonds and mortgage backed securities	-	1,597,395	-	1,597,395
U.S. and foreign government securities	-	1,268,546	-	1,268,546
Net assets subject to leveling	$ 1,624,804	$ 2,865,941	$ -	4,490,745
Collective trusts and commingled funds				1,572,621
Collateral held under securities lending agreements				170,982
Hedge funds				421,930
Limited partnership interests				1,065,470
Total assets not subject to leveling[(a)]				3,231,003
Total Master Trust investments				$ 7,721,748

[(a)] Investments measured using NAV are not classified in the fair value hierarchy in accordance with ASC 820.

	As of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common and preferred stock	$ 1,498,898	$ -	$ -	$ 1,498,898
Corporate debt instruments - bonds and mortgage backed securities	-	1,421,632	-	1,421,632
U.S. and foreign government securities	-	874,616	-	874,616
Net assets subject to leveling	$ 1,498,898	$ 2,296,248	$ -	3,795,146
Collective trusts and commingled funds				1,941,336
Collateral held under securities lending agreements				121,072
Hedge funds				275,225
Limited partnership interests				1,069,039
Total assets not subject to leveling[(a)]				3,406,672
Total Master Trust investments				$ 7,201,818

[(a)] Investments measured using NAV are not classified in the fair value hierarchy in accordance with ASC 820.

NOTE 9 - INVESTMENTS MEASURED AT NET ASSET VALUE (NAV)

Collective Trusts and Commingled Funds

Collective trusts and commingled funds consist primarily of underlying investments in U.S. and non-U.S. public equities, high yield fixed-income securities, and short-term liquid fixed income securities. Additionally, the Master Trust is invested in a collective trust fund that invests in high quality U.S. commercial real estate, with holdings in office, retail, apartment, and industrial properties across geographic regions.

Hedge Funds

This class consists of hedge funds of funds ("Funds"), which invest in a diversified range of hedge fund strategies, including global macro, equity long-short, quantitative, commodities, credit, reinsurance, and distressed. The fair values of these investments are estimated using the NAV per share of each Fund as reported by the Fund managers. The Fund managers, along with their administrators, upon receiving monthly valuations from the underlying hedge fund managers, review the values for accuracy and use them to calculate a NAV for the Funds.

Limited Partnership Interests

This class consists primarily of private equity and private debt partnerships. These partnerships can have investment lives that range from five to 15 years and have limited liquidity. The majority of these cannot be redeemed, and cash flows are dictated by each partnership's general partner. The Master Trust values these investments at the NAV provided by the partnership's general partner, adjusted for capital calls or distributions since the last valuation date. The NAVs are reviewed for reasonableness against each partnership's audited financial statements and quarterly unaudited financial statements.

The following tables set forth a summary of the Plan's investments measured at NAV as of December 31, 2025 and 2024 ($ in thousands):

	As of December 31, 2025			
Instrument	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trusts and commingled funds	$ 1,572,621	$ -	Daily, monthly, quarterly	1-15 days, 45 days
Hedge funds	421,930	-	Daily, monthly, quarterly	1-30 days, 365 days
Limited partnership interests	1,065,470	419,950	N/A, quarterly	N/A, 90 days

	As of December 31, 2024			
Instrument	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trusts and commingled funds	$ 1,941,336	$ -	Daily, monthly, quarterly	1-15 days, 45 days
Hedge funds	275,225	-	Quarterly	365 days
Limited partnership interests	1,069,039	531,957	N/A	N/A

NOTE 10 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

The actuarial present value of accumulated plan benefits is calculated by the Plan's independent enrolled actuary, and equals the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following is a summary of the significant actuarial assumptions underlying the actuarial computations as of December 31, 2025 and 2024:

Discount rate on actuarial present value of accumulated plan benefits	2025 - 5.83% per annum, compounded annually 2024 - 6.04% per annum, compounded annually
Mortality table for participants	2025 and 2024 - HII-specific blue collar mortality tables with projected generational improvements. For disabled participants, mortality is based on the disabled life mortality table as defined in Revenue Ruling 96-7.
Assumed weighted-average retirement age	62

The change in actuarial assumptions for the year ended December 31, 2025, was due to a decrease in the discount rate which approximates an increase of $13,658,000. In addition, there was an increase in the cash balance interest crediting rate from 3.54% to 3.57% which approximates an additional increase of $6,000. There were no changes in mortality assumptions.

The change in actuarial assumptions for the year ended December 31, 2024, was due to a decrease in the discount rate which approximates a decrease of $46,784,000 and changes in age assumptions which approximates a decrease of $12,158,000. There were no changes in mortality assumptions.

The discount rate on the actuarial present value of accumulated plan benefits is a sustainable interest rate that represents the settlement rate on Plan assets as of the valuation date.

These assumptions include provisions for early retirement and employee turnover. The foregoing actuarial assumptions are based on the presumption that the Plan will continue indefinitely. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 11 - FUNDING POLICY

The Company's funding policy is to make cash contributions to the Plan in amounts determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024.

NOTE 12 - PLAN TERMINATION

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

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). If the Plan terminates, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC guarantees vested benefits at the level in effect on the date of Plan termination. However, if benefits have been increased within the five years before Plan termination, the entire amount of the Plan's vested benefits or the benefit increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefits the PBGC guarantees, which is adjusted annually.

Whether all participants receive their full benefits should the Plan terminate at some future date will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time.

NOTE 13 - EXEMPT PARTY-INTEREST TRANSACTIONS

Certain Master Trust investments are shares of collective trust funds managed by State Street. State Street is the Trustee as defined by the Plan, and these transactions, therefore, qualify as party-in-interest transactions. Fees paid by the Master Trust for the investment management services are included as a reduction of the return on each fund.

The Master Trust utilizes various investment managers to manage its net assets. These net assets may be invested into funds managed by the investment managers. Therefore, these transactions qualify as exempt party-in-interest transactions.

NOTE 14 - FEDERAL INCOME TAX STATUS

The Plan received its most recent determination letter from the Internal Revenue Service ("IRS") dated February 17, 2017, stating that the Plan was designed in accordance with applicable provisions of the Internal Revenue Code ("IRC"). The Plan document has been amended since the latest determination letter, but Plan management believes that the Plan is designed and is being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

NOTE 15 - SUBSEQUENT EVENTS

For the year ended December 31, 2025, subsequent events were evaluated through September 29, 2026, the date the financial statements were available to be issued.

The Plan Administrator is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

Huntington Ingalls Industries, Inc.
Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan
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2025 Schedule SB
Schedule SB, line 26a – Schedule of Active Participant Data

Age/service distribution for active participants with pay-related benefits[1]

YEARS OF CREDITED SERVICE																						
Attained age	0 to 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total	
	Total Pay-related	Average comp.	Total Pay-related	Average comp.	Total Pay-related	Average comp.	Total Pay-related	Average comp.	Total Pay-related	Average comp.	Total Pay-related	Average comp.	Total Pay-related	Average comp.	Total Pay-related	Average comp.	Total Pay-related	Average comp.	Total Pay-related	Average comp.	Total Pay-related	Average comp.
Under 25	393		610		26		0		0		0		0		0		0		0		1,029	
	393	51,996	610	54,613	26	66,761	0		0		0		0		0		0		0		1,029	53,921
25 to 29	174		528		174		8		0		0		0		0		0		0		884	
	174	54,435	528	61,396	174	71,224	8		0		0		0		0		0		0		884	62,038
30 to 34	139		389		275		169		13		0		0		0		0		0		985	
	139	53,047	389	61,130	275	70,254	169	75,266	13	76,845	0		0		0		0		0		985	65,169
35 to 39	111		299		233		191		130		8		0		0		0		0		972	
	111	55,368	299	63,324	233	72,767	191	80,288	130	77,384	8		0		0		0		0		972	69,984
40 to 44	64		213		182		120		144		90		10		0		0		0		823	
	64	55,717	213	64,512	182	75,670	120	77,322	144	74,952	90	74,556	10		0		0		0		823	71,247
45 to 49	37		165		143		99		122		98		118		3		0		0		785	
	37	58,206	165	65,096	143	72,923	99	72,950	122	74,462	98	72,702	118	74,821	3		0		0		785	71,101
50 to 54	38		95		105		81		102		88		109		95		8		0		721	
	38	59,445	95	64,680	105	71,795	81	73,184	102	75,802	88	71,497	109	74,860	95	76,928	8		0		721	72,104
55 to 59	10		71		76		48		59		69		48		161		87		6		635	
	10		71	65,385	76	72,394	48	76,265	59	75,622	69	76,961	48	75,435	161	76,283	87	78,649	6		635	74,714
60 to 64	4		36		65		29		51		41		29		82		31		24		392	
	4		36	62,417	65	77,750	29	78,304	51	73,624	41	76,544	29	75,474	82	73,924	31	71,846	24	76,206	392	73,951
65 to 69	3		9		16		12		11		11		4		17		11		11		105	
	3		9		16		12		11		11		4		17		11		11		105	76,695
70 & up	1		4		0		2		1		3		2		1		1		14		29	
	1		4		0		2		1		3		2		1		1		14		29	74,389
Total	974		2,419		1,295		759		633		408		320		359		138		55		7,360	
	974	53,922	2,419	60,705	1,295	72,514	759	76,443	633	75,544	408	74,117	320	75,093	359	75,906	138	77,305	55	78,601	7,360	67,340

[1] Average compensation is limited by 401(a)(17). Active transfer participants are not included.

Huntington Ingalls Industries, Inc.
Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan
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2025 Schedule SB
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Prescribed assumptions

Mortality

HII-specific union mortality tables, approved by the IRS in 2025 for up to five plan years beginning with the plan year commencing 1 January 2025, with projected generational improvements using IRS-adjusted MP-2021. HII's substitute tables were developed in accordance with Treasury Regulations section 1.430(h)(3)-2 and Revenue Procedure 2017-55. For disabled participants, mortality is based on Rev. Rule 96-7 Post 1994 Disabled.

Population	Standard Base Mortality Table	Mortality Ratio	Credibility	Credibility Factor
Non-annuitants	Gender distinct non-annuitant mortality	2.153132	Partial	0.456849
Annuitants	Gender distinct annuitant mortality	1.573420	Partial	0.797523
Disabled	Rev. Rule 96-7 Post 1994 Disabled	N/A	N/A	N/A

IRS mandated segment rates	24-month average segment rates specified in IRC §430(h)(2) absent §430(h)(2)(C)(iv)	Adjusted 24-month average segment rates, based on the IIJA applicable percentage of the 25-year average rates
1st segment rate	5.07% per year	5.07% per year
2nd segment rate	5.33% per year	5.31% per year
3rd segment rate	5.36% per year	5.50% per year
Effective interest rate[1]	N/A	5.37% per year

[1] The effective funding interest rate is the single equivalent rate based on the above September 2024 IRS mandated segment rates and expected future benefit payments.

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Changes in prescribed assumptions since prior valuation

The effective interest rate increased from 5.14% in 2024 to 5.37% in 2025, as required by PPA, BBA, ARPA, and IIJA.

The mortality assumption was changed from HII-specific union mortality tables, approved by the IRS in 2024 for up to five plan years beginning with the plan year commencing 1 January 2024, with projected generational improvements using IRS-adjusted MP-2021 to HII-specific union mortality tables, approved by the IRS in 2025 for up to five plan years beginning with the plan year commencing 1 January 2025, with projected generational improvements using IRS-adjusted MP-2021. HII's substitute tables were developed in accordance with Treasury Regulations section 1.430(h)(3)-2 and Revenue Procedure 2017-55.

There have been no other changes since the prior valuation.

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Non-prescribed assumptions

Rate of return on assets used to determine expected earnings for Actuarial Value of Assets	2025 plan year 2024 plan year 2023 plan year	8.00% 8.00% 8.00%
Administrative expenses included in Funding Target Normal Cost	Administrative expenses are assumed to be the three-year average of expenses less PBGC premiums and special one-time expenses plus the current year PBGC premium. For the current year, this amount is $3,413,752.	
Salary increase assumption	Current year Prior year	6.00% 6.00%
Assumed plan compensation	Valuation pay for the coming plan year is assumed to be the pay in the prior plan year increased with one year of salary increases, plus adjusted bonus	
Inflation rate	Current year Prior year	2.50% 2.50%
Social security wage base increase rate	Current year Prior year	3.25% 3.25%
FSSP growth rate	Current year Prior year	7.00% 7.00%
FSSP annuity conversion rate	Current year Prior year	4.00% 4.00%
Cash balance interest crediting rate	Current year Prior year	4.15% 3.22%
Frequency of optional payment forms	Single life annuity 50% joint & survivor annuity 100% joint & survivor annuity	50% 25% 25%
Marital percentage	80% of participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.	

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Retirement rates

Rates varying by age per 1,000 participants:

Age	Rate
55	46
56	44
57	59
58	25
59	182
60	236
61	224
62	259
63	192
64	288
65	329
66	298
67	298
68	298
69	298
70	1,000

Retirement for vested deferred participants is assumed to be 100% at age 62, or current age if later.

Termination rates

Rates varying by service per 1,000 participants:

Service	Rate
<1	207
5	106
10	78
15	65
20	56
25	51
30+	41

Disability rates

Rates varying by age per 1,000 participants:

Age	Rate
25	0.3
30	0.4
35	0.5
40	0.8
45	0.9
50	1.8
55	2.8
60	3.8

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Changes in assumptions since prior valuation

The administrative expenses included in Funding Target Normal Cost changed from $3,135,404 to $3,413,752.

The cash balance interest crediting rate changed from 3.22% to 4.15%.

There have been no other changes since the prior valuation.

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Actuarial methods

Valuation date	January 1
Actuarial cost method	Unit Credit
Asset method	The Actuarial Value of Assets for the plan year are determined by averaging the current year's fair value with the fair values of assets from the previous two years adjusted for contributions, benefit payments and expected investment earnings based on the following: 1. All determination dates that are within 25 months of the valuation date are used. 2. The determination dates are at the ends of the plan years. 3. Asset return expectations as shown in the non-prescribed assumption section of this report. The expected return may be limited to the third segment rate used in the calculation of the Funding Target. Also, the resulting averaged asset value cannot be less than 90% or greater than 110% of the fair market value, including receivable contributions.
Prescribed interest rates for Funding Target	Segment rates representing the 24-month average of corporate bond yields, adjusted as necessary to fall within a specified range that is determined based on a percentage of the average of the corresponding segment rates for the 25-year period ending on September 30 preceding the calendar year that includes the first day of that plan year in accordance with IRC §430(h)(2)(c)(iv). The applicable month for the determination of the segment rates is September.
Participant data	Valuation data at 1 January 2025 was provided by Alight Solutions. Eligibility was confirmed to EY by HII.
Benefits valued	We believe that we have reflected all significant plan provisions in this valuation.
Section 401(a)(17) and Section 415 limits	Compensation was limited in accordance with Section 401(a)(17) and benefits were limited in accordance with Section 415(b).

Huntington Ingalls Industries, Inc.
Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan
EIN/PN: 90-0607005/305
2025 Schedule SB
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Disclosures related to modeling	EY uses ProVal, a licensed actuarial modeling software developed by Winklevoss Technologies, to generate actuarial liabilities and normal costs using standard actuarial cost methods, the documented valuation assumptions, and the client's census data. We are not aware of any material limitations that would prevent ProVal from being suitable for generating these liabilities and costs. The signing actuaries have reviewed model results to ensure they reflect the applicable data, assumptions, methods and plan provisions. EY's results model is used in the valuation to output cost calculations using prescribed methodologies under Sections 430 and 436 of the IRS Code. The signing actuaries have reviewed model results to ensure they are consistent with the prescribed calculation methods.

Changes in actuarial funding methods since the prior valuation

There have been no changes since the prior valuation.

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
HII Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan

B Three-digit plan number (PN) ▶ 305

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Huntington Ingalls Industries, Inc.

D Employer Identification Number (EIN)
90-0607005

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**	623,751,528
b Actuarial value	**2b**	590,867,213

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	2,205	301,042,579	301,042,579
b For terminated vested participants	5,310	46,327,121	46,327,121
c For active participants	7,374	161,603,968	177,025,451
d Total	14,889	508,973,668	524,395,151

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**	5.37%

6 Target normal cost

a Present value of current plan year accruals	**6a**	21,940,282
b Expected plan-related expenses	**6b**	3,413,752
c Target normal cost	**6c**	25,354,034

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 Douglas J. Short
Signature of actuary

9/20/2026
Date

Douglas J. Short
Type or print name of actuary

2605838
Most recent enrollment number

ERNST & YOUNG LLP
Firm name

214-969-0611
Telephone number (including area code)

2323 Victory Avenue
Suite 2000
Dallas TX 75219
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	69,165,021
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	69,165,021
10	Interest on line 9 using prior year's actual return of 10.11%	0	6,992,584
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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	76,157,605

Part III Funding Percentages

14	Funding target attainment percentage	14	98.15%
15	Adjusted funding target attainment percentage	15	111.64%
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	105.49%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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**	25,354,034
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9,685,543	903,084
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**	26,257,118

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		26,257,118	26,257,118

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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Single-Employer Defined Benefit Plan Actuarial Information

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2025

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SIGN HERE

Signature of actuary

9/20/2026
Date

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Type or print name of actuary

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Most recent enrollment number

ERNST & YOUNG LLP
Firm name

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

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Huntington Ingalls Industries, Inc.
Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan
EIN/PN: 90-0607005/305
2025 Schedule SB
Schedule SB, line 22 – Description of Weighted Average Retirement Age

Retirement Age (1)	*Assumed Rate (2)*	*Participants At Beginning of Year (3)*	*Participants Retiring: (2)x(3) (4)*	*Weighted Age: (1)x(4) (5)*
55	0.046	1,000.00	46.00	2,530.00
56	0.044	954.00	41.98	2,350.66
57	0.059	912.02	53.81	3,067.14
58	0.025	858.21	21.46	1,244.41
59	0.182	836.76	152.29	8,985.12
60	0.236	684.47	161.53	9,692.08
61	0.224	522.93	117.14	7,145.37
62	0.259	405.80	105.10	6,516.29
63	0.192	300.70	57.73	3,637.21
64	0.288	242.96	69.97	4,478.28
65	0.329	172.99	56.91	3,699.37
66	0.298	116.08	34.59	2,282.98
67	0.298	81.49	24.28	1,626.93
68	0.298	57.20	17.05	1,159.15
69	0.298	40.16	11.97	825.69
70	1.000	28.19	28.19	1,973.27
			Total	61,213.95

Weight Average Retirement Age

61,213.95 / 1,000 = 61

Huntington Ingalls Industries, Inc.
Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan
EIN/PN: 90-0607005/305
2025 Schedule SB
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	1,443,166	1,540,054	31,697,291	34,680,511
2026	3,433,610	1,642,848	29,933,493	35,009,950
2027	5,278,783	1,871,867	28,742,586	35,893,236
2028	6,834,936	2,151,778	27,742,724	36,729,438
2029	8,194,597	2,284,964	26,696,541	37,176,102
2030	9,379,881	2,426,530	25,729,903	37,536,313
2031	10,382,241	2,538,796	24,748,892	37,669,929
2032	11,232,294	2,707,972	23,738,552	37,678,818
2033	11,984,847	2,883,139	22,671,465	37,539,451
2034	12,620,635	3,016,343	21,559,844	37,196,821
2035	13,163,038	3,117,427	20,430,611	36,711,076
2036	13,610,579	3,235,845	19,302,284	36,148,708
2037	13,968,329	3,361,104	18,150,865	35,480,298
2038	14,277,946	3,388,619	16,982,363	34,648,928
2039	14,526,505	3,427,288	15,803,674	33,757,466
2040	14,703,580	3,485,401	14,622,394	32,811,375
2041	14,788,743	3,532,420	13,446,749	31,767,912
2042	14,834,424	3,540,238	12,285,263	30,659,924
2043	14,781,914	3,571,562	11,146,645	29,500,121
2044	14,678,944	3,582,030	10,039,515	28,300,489
2045	14,529,411	3,557,702	8,972,114	27,059,227
2046	14,305,720	3,536,968	7,952,378	25,795,066
2047	14,028,451	3,508,678	6,987,417	24,524,547
2048	13,696,589	3,458,519	6,083,444	23,238,551
2049	13,329,774	3,395,880	5,245,856	21,971,510
2050	12,963,045	3,353,501	4,478,728	20,795,274
2051	12,540,641	3,298,208	3,784,792	19,623,641
2052	12,056,504	3,224,194	3,165,107	18,445,804
2053	11,539,456	3,126,638	2,619,097	17,285,192
2054	10,994,812	3,053,276	2,144,628	16,192,717
2055	10,425,102	2,954,510	1,738,068	15,117,680
2056	9,832,144	2,845,466	1,394,888	14,072,497
2057	9,238,586	2,728,735	1,109,410	13,076,731
2058	8,626,755	2,599,240	875,515	12,101,511
2059	8,026,645	2,463,582	686,654	11,176,880
2060	7,438,923	2,348,430	536,383	10,323,735
2061	6,862,486	2,232,338	418,539	9,513,363
2062	6,316,858	2,108,640	327,254	8,752,752
2063	5,798,258	1,982,150	257,237	8,037,645
2064	5,306,954	1,856,665	203,918	7,367,537
2065	4,842,949	1,740,406	163,466	6,746,822
2066	4,407,903	1,622,682	132,754	6,163,339
2067	4,002,018	1,501,979	109,322	5,613,320
2068	3,626,362	1,386,568	91,289	5,104,219
2069	3,279,501	1,276,402	77,226	4,633,129
2070	2,960,044	1,171,424	66,084	4,197,551
2071	2,666,509	1,071,588	57,086	3,795,183
2072	2,397,241	976,847	49,639	3,423,727
2073	2,150,590	887,149	43,322	3,081,061
2074	1,925,052	802,470	37,847	2,765,369

Huntington Ingalls Industries, Inc.
Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan
EIN/PN: 90-0607005/305
2025 Schedule SB
Schedule SB, Part V – Summary of Plan Provisions

Eligibility	Employees of Ingalls Shipbuilding, Inc. who are members of the following unions and who are not active participants in any defined contribution plan (other than the Huntington Ingalls Industries Financial Security and Savings Program): Metal Trades Department AFL-CIO Pascagoula Metal Trades Council The Office Employees International Union AFL-CIO and its Local No.204 The International brotherhood of Electrical Workers Local Union No.733 Mississippi Gulf Coast Independent Union of Guards and Watchmen, Local Union No 1 The International Association of Machinists and Aerospace Workers, AFL-CIO, Lodge 1133 (Department 33, Non-Destructive Test; Department 29, Hydraulics Pre-Test) United Federation of Security Officers, Inc., Local No.665 The plan participation date is the later of 1 July 1967 (effective date) or date of hire.
Credited service	1/12 of a year of service is credited for each month a participant makes a Retirement Account Deposit, or if on Company-approved Union leave, Employee Contributions.
Vesting service	1/12 of a year of service beginning on the date of hire for each month the participant is paid for service performed
Compensation	All W-2 pay plus elective contributions under IRC §125 and §402(e)(3).

Huntington Ingalls Industries, Inc.
Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan
EIN/PN: 90-0607005/305
2025 Schedule SB
Schedule SB, Part V – Summary of Plan Provisions

Normal retirement date	The 1st day of the month following the participant's 65th birthday.
Normal retirement benefit	The monthly normal retirement benefit is 1/12th of the sum of (a) plus the greater of (b) or (c), plus (d), reduced by the sum of (e) and (f), below: (a) The annual benefit amount, if any, accrued as of 14 July 1967 under the prior plan (b) 70% of the total aggregate amount of Employee Contributions from 15 July 1967 through 31 January 1987 (c) $132 times the number of years of service from date of hire through 31 January 1987, excluding leaves of absence and any layoff period before 15 July 1967, and excluding years when Participants made no Employee Contributions from 15 July 1967 to 31 January 1987 (d) 70% of contributions (defined benefit and FSSP Part I retirement account) to the plan made after 31 January 1987 (e) The annuity equivalent of FSSP Part I deposits accumulated with interest (f) The annuity equivalent of any distribution of Employee Contributions accumulated with 5% interest
Normal form of payment	Single life annuity for non-married participants and reduced 100% joint & survivor annuity for married participants.
Earliest retirement date	Retirement at early retirement date which is the 1st day of the month coincident with or next following the date, prior to the normal retirement date, the participant has attained age 55 and completed 5 years of service.
Early retirement benefit	Monthly pension benefit determined as of the early retirement date reduced by 0.5% for each full month the early retirement date precedes age 62. If the employee has attained age 60 and has attained at least 80 points (age plus service), the benefit is unreduced.
Late retirement benefit	Normal retirement benefit determined as of actual retirement date, but not less than the actuarial equivalent of the benefit accrued to the end of the prior calendar year if older than age 70.5.

Schedule SB, Part V – Summary of Plan Provisions

Termination benefit	Vesting: termination for reasons other than death, disability or retirement after completing 2 or more years of vesting service. Benefits are 50% vested after 2 years of service and 100% vested after 3 years of service. Benefit: Normal retirement benefit determined as of the date of termination deferred to the date of retirement, reduced for early retirement, if applicable. If the participant was not eligible for early retirement at the date of termination, the monthly pension benefit will be reduced by 0.5% for each full month the early retirement date precedes age 65.
Disability benefit	Eligibility: The 1st of the month coincident with or next following the date, prior to the normal retirement date, that an eligible employee chooses to retire, provided that the employee is totally and permanently disabled and has at least 15 years of service. Benefit: Normal retirement benefit determined as of the disability retirement date.
Death benefit for participants in active service or with deferred benefits	Eligibility: death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. Benefit: monthly preretirement spouse's benefit is payable at the earliest date the participant would have been able to retire. The spouse's benefit shall commence at the 1st of the month following date of death if the participant was eligible for early retirement at the date of death. If death occurs after the participant's early retirement date, the benefit paid to the spouse is equal to the normal retirement benefit earned at the date of death adjusted for early retirement at the age of death, and for the 100% contingent annuitant option. If death occurs prior to the participant's early retirement date, the benefit paid to the spouse is deferred to the 1st of the month coincident with or next following the date the participant would have reached his/her early retirement date, is equal to the normal retirement benefit earned at the date of death adjusted for early retirement at his/her early retirement date and for the 100% contingent annuitant option.

Schedule SB, Part V – Summary of Plan Provisions

Death benefit for retirees	If the spouse of a participant, who is retired with a join & survivor option, dies within 2 years of the participant's date of retirement, the monthly benefit payment shall be increased to the monthly benefit payment that would have been calculated if the participant has chosen the life annuity at the member's date of retirement. This increase shall take effect on the 1st of the month following the spouse's date of death. If, upon death of the participant, the sum of annual benefits paid to the participant is less than the value of the employee contributions plus Part I deposits accumulated within interest, the payments will continue to a beneficiary until the sum of the payments reach the amount of employee contributions accrued with interest.
Lump sum death benefit	Eligibility: death provided the participant retired within 60 days of termination of employment. Benefit: upon death of a retiree, a lump sum benefit is paid in the amount of $5,000 if the participant had more than 7 years of service and $10,000 if the participant had more than 15 years of service. It is paid in addition to the monthly pre-retirement spouse's benefit.
Optional forms of payment	The following optional forms of payment are available under the plan: - 10-year certain & life annuity - 50%, 75%, or 100% joint & survivor annuity - Life annuity (for married participants) - Lump sum (available only when employee contributions are paid) - Social Security leveling option annuity with pivot age 62
Benefits accrued under Plan B	A transfer of benefits occurred on 31 December 2021 for participants who accrued benefits in the Ingalls Hourly Plan and Plan B to consolidate their benefits under a single plan. As such, benefits from Ingalls Hourly now include benefits accrued under the Plan B pension formula. Additional information on the calculation of those benefits can be found in the Plan B report.

Changes in plan provisions since the prior valuation

A lump sum window was offered to eligible terminated vested participants with vested benefits during 2024. The impact of elections made during this window is reflected in the results.

There have been no other changes in the plan provisions since the prior valuation.

Huntington Ingalls Industries, Inc.
Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan
EIN/PN: 90-0607005/305
2025 Schedule SB
Schedule SB, Line 32 – Schedule of Amortization Bases

Shortfall Amortization Base	Date Established	Installment	Remaining Period (years)	Present Value[2]
1. Shortfall amortization installments				
a. 2024 base	1/1/2024	$ 0	14	$ 0
b. 2023 base	1/1/2023	0	13	0
c. 2022 base	1/1/2022	0	12	0
d. 2021 base	1/1/2021	0	11	0
e. 2020 base	1/1/2020	0	10	0
f. 2019 base	1/1/2019	0	9	0
g. Total shortfall amortization installments for the preceding plan years, [(a) + (b) + (c) + (d) + (e) + (f)]		$ 0		$ 0
2. Current year base	1/1/2025	$ 903,084	15	$ 9,685,543
3. Total shortfall amortization installments, [(1g) + (2)]		$ 903,084		$ 9,685,543

[2] The present values above are calculated based on the first segment rate of 5.07% and the second segment rate of 5.31%.

Huntington Ingalls Industries, Inc.
Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan
EIN/PN: 90-0607005/305
2025 Schedule SB
Schedule SB, line 24 – Change in Actuarial Assumptions

Changes in non-prescribed assumptions since the prior valuation

The administrative expenses included in Funding Target Normal Cost changed from $3,135,404 to $3,413,752.

The cash balance interest crediting rate changed from 3.22% to 4.15%.

There have been no other changes since the prior valuation.

Huntington Ingalls Industries, Inc.
Ingalls Shipbuilding, Inc. Hourly Employees' Retirement Plan
EIN/PN: 90-0607005/305
2025 Schedule SB
Schedule SB, line 23 – Information on Use of Substitute Mortality Tables

Substitute mortality tables were developed in accordance with Treasury Regulations section 1.430(h)(3)-2 and Revenue Procedure 2017-55. The Internal Revenue Service has approved the substitute tables through the 2025 plan year.

The populations of the plan and corresponding mortality table adjustments are summarized below.

Population	Standard Base Mortality Table	Mortality Ratio	Credibility	Credibility Factor
Non-annuitants	Gender distinct non-annuitant mortality	2.153132	Partial	0.456849
Annuitants	Gender distinct annuitant mortality	1.57342	Partial	0.797523
Disabled	Rev. Rule 96-7 Post 1994 Disabled	N/A	N/A	N/A