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
NG CORPORATION RETIREE WELFARE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 750

1c Effective date of plan 01/01/2010

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)
NORTHROP GRUMMAN CORPORATION

2980 FAIRVIEW PARK DRIVE
FALLS CHURCH, VA 22042-4511

2b Employer Identification Number (EIN)
80-0640649

2c Plan Sponsor's telephone number
703-280-2900

2d Business code (see instructions)
336410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	LESLIE MELTON - DIRECTOR BENEFITS
	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

NG BENEFIT PLANS ADMINISTRATIVE COMMITTEE

2980 FAIRVIEW PARK DRIVE
FALLS CHURCH, VA 22042-4511

3b Administrator's EIN
95-3058633

3c Administrator's telephone number
800-894-4194

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	47727
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	44602
c	Other retired or separated participants entitled to future benefits	**6c**	5554
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	50156
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

4A 4B 4D 4E 4Q

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] 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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 4
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NG CORPORATION RETIREE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 750

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

D Employer Identification Number (EIN)
80-0640649

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	108930	29	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
3160	0

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

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

MERCER HEALTH & BENEFITS LLC
155 N WACKER DR STE 1500
CHICAGO, IL 60606-1710

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
3160			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	107008
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NG CORPORATION RETIREE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 750

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

D Employer Identification Number (EIN)
80-0640649

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	600130	8	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
130	0

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

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

MERCER HEALTH & BENEFITS LLC
155 N WACKER DR STE 1500
CHICAGO, IL 60606-1710

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
130			3

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	24018
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NG CORPORATION RETIREE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 750

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

D Employer Identification Number (EIN)
80-0640649

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0954463	95639	12586	0	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
-2	0

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

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

MERCER HEALTH & BENEFITS LLC
4565 PAYSHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
-2			3

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	-347
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NG CORPORATION RETIREE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 750

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

D Employer Identification Number (EIN)
80-0640649

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0093471	11366	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	29210

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

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

MERCER HEALTH & BENEFITS LLC
4565 PAYSHERE CIRCLE
CHICAGO, IL 60674-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	29206	SUPPLEMENTAL COMPENSATION AND NON-MONETARY COMPENSATION	3

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

WILLIS TOWERS WATSON US LLC
PO BOX 28852
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4	NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	5203390
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
NG CORPORATION RETIREE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 750

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

D Employer Identification Number (EIN)
80-0640649

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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	RECORDKEEPER	610509	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENEFIT OUTSOURCING SOLUTIONS INC

38-3370067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	BENEFIT ELIG ADMIN	475260	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	291404	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)

ANTHEM BLUE CROSS LIFE AND HEALTH

95-4331852

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 50 62	ADMIN SERVICES	137298	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON DELAWARE INC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	ACTUARY	112251	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RX SAVINGS SOLUTIONS

26-3642434

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	OTHER SERVICES	94321	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)

SSDC SERVICES CORP

38-3357459

(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 38 50 99	ADMIN SERVICES	58377	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHIPTON-ROSS INC.

39-1341435

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49 50	CONTRACT LABOR	48860	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARTER SECREST AND EMERY LLP

16-0766172

(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	LEGAL COUNSEL	26544	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)

KES MAIL INC

74-3075854

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	COMM SERVICE	24301	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET BANK AND TRUST COMPANY

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 28 50 99	TRUSTEE	21514	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

ERNST & YOUNG

66-0526565

(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?
50 99	CONSULTANT	17705	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)

MERATIVE US LP

88-1430661

(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 16	CONSULTANT	15593	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PFK OCONNOR DAVIES LLP

27-1728945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT/AUDITOR	13475	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CITRIN COOPERMAN ADVISORS LLC

87-2525370

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	FORM 5500 PREP	11700	Yes [ ] No [X]	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
NG CORPORATION RETIREE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 750

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

D Employer Identification Number (EIN)
80-0640649

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: NORTHROP GRUMMAN CORP VEBA TRUST

b Name of sponsor of entity listed in (a): NORTHROP GRUMMAN CORPORATION

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)
95-3386394-502	M	246733265

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
NG CORPORATION RETIREE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 750

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

D Employer Identification Number (EIN)
80-0640649

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	259065470	246733265
(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)	2707180	

		(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	261772650	246733265
Liabilities			
1g Benefit claims payable	1g	3747219	880705
1h Operating payables	1h	424068	529965
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	28917421	24661746
1k Total liabilities (add all amounts in lines 1g through1j)	1k	33088708	26072416
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	228683942	220660849

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)	29384037	
(B) Participants	2a(1)(B)	1878763	
(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)		31262800
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		25984191
(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		57246991
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	50500070	
(2) To insurance carriers for the provision of benefits	2e(2)	6682256	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		57182326
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)	755739	
(3) Recordkeeping fees	2i(3)	610509	
(4) IQPA audit fees	2i(4)	304880	
(5) Investment advisory and investment management fees	2i(5)	1090	
(6) Bank or trust company trustee/custodial fees	2i(6)	21514	
(7) Actuarial fees	2i(7)	112251	
(8) Legal fees	2i(8)	27285	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	6254490	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		8087758
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		65270084
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-8023093
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**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		100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

Northrop Grumman Corporation Retiree Welfare Benefits Plan

Employer ID No: 80-0640649
Plan Number: 750

Financial Statements as of December 31, 2025 and 2024,
and for the Year Ended December 31, 2025, and
Independent Auditor's Report

NORTHROP GRUMMAN CORPORATION RETIREE WELFARE BENEFITS PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024	3
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025	4
Statements of Benefit Obligations as of December 31, 2025 and 2024	5
Statement of Changes in Benefit Obligations for the Year Ended December 31, 2025	6
Notes to Financial Statements	7

Deloitte & Touche LLP
7900 Tysons One Place
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McLean, VA 22102-5974
USA

Tel: +1 703 251 1000
www.deloitte.com

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Northrop Grumman Corporation Retiree Welfare Benefits Plan:

Opinion

We have audited the financial statements of Northrop Grumman Corporation Retiree Welfare Benefits Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its benefit obligations for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Deloitte & Touche LLP

October 12, 2026

NORTHROP GRUMMAN CORPORATION
RETIREE WELFARE BENEFITS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
$ in thousands	**2025**	2024
Assets:		
Plan interest in Northrop Grumman VEBA Master Trust I, at fair value	**$ 246,733**	$ 241,448
Plan interest in NGIS VEBA Master Trust, at fair value	**—**	17,618
Net assets held in 401(h) Accounts	**1,036,949**	977,517
Other assets	**—**	2,707
Total assets	**1,283,682**	1,239,290
Liabilities:		
Administrative expenses and other payables	**530**	424
Deferred tax liability	**24,662**	28,917
Total liabilities	**25,192**	29,341
Net assets available for benefits	**$ 1,258,490**	$ 1,209,949

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

NORTHROP GRUMMAN CORPORATION
RETIREE WELFARE BENEFITS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

$ in thousands		Year Ended December 31, 2025
Additions:		
Investment Income — Plan interest in the Northrop Grumman VEBA Master Trust I	**$**	**25,984**
Contributions:		
Employer		**29,384**
Participant		**1,879**
Net increase in 401(h) Accounts		**59,432**
Total additions		**116,679**
Deductions:		
Self-insured claims		**6,865**
Insurance premiums		**6,682**
Retiree health reimbursements		**46,502**
Administrative expenses		**1,568**
Total deductions		**61,617**
Increase in net assets before income taxes		**55,062**
Income tax expense		**6,521**
Increase in net assets		**48,541**
Net assets available for benefits		
Beginning of year		**1,209,949**
End of year	**$**	**1,258,490**

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

NORTHROP GRUMMAN CORPORATION
RETIREE WELFARE BENEFITS PLAN

STATEMENTS OF BENEFIT OBLIGATIONS

	December 31	
$ in thousands	**2025**	2024
Amounts currently payable		
Claims and retiree health reimbursements payable	**$ 881**	$ 3,748
Total amounts currently payable	**881**	3,748
Postretirement benefit obligations, net of amounts currently payable		
Retired participants	**927,068**	905,674
Other participants fully eligible for benefits	**77,405**	88,989
Other participants not yet fully eligible for benefits	**107,561**	111,878
Total postretirement benefit obligations, net of amounts currently payable	**1,112,034**	1,106,541
Total benefit obligations	**$ 1,112,915**	$ 1,110,289

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

NORTHROP GRUMMAN CORPORATION
RETIREE WELFARE BENEFITS PLAN

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

$ in thousands		Year Ended December 31, 2025
Amounts currently payable		
Balance at beginning of year	**$**	**3,748**
Claims, premiums and retiree health reimbursements reported and approved for payment		**107,373**
Claims, premiums and retiree health reimbursements paid		**(110,240)**
Balance at end of year		**881**
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year		**1,106,541**
Benefits earned		**3,887**
Interest		**60,111**
Benefits paid reclassified to amounts currently payable and expenses		**(112,937)**
Plan participant contributions		**1,879**
Actuarial gains and other changes		**(834)**
Changes in actuarial assumptions		**53,387**
Balance at end of year		**1,112,034**
Total benefit obligations at end of year	**$**	**1,112,915**

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

NORTHROP GRUMMAN CORPORATION RETIREE WELFARE BENEFITS PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Northrop Grumman Corporation Retiree Welfare Benefits Plan (the "Plan") provides only general information. Participants should refer to the summary plan description for more complete information.

General

The Plan was established on January 1, 2010, as a new stand-alone retiree-only defined benefit health and welfare plan. The Plan is a spin-off of the retiree health and welfare benefit portion of the Northrop Grumman Corporation Group Benefits Plan (the "Group Plan").

The Plan is a contributory retiree only health and welfare plan with defined benefit and defined contribution components sponsored by Northrop Grumman Corporation (the "Company") and funded primarily through a voluntary employees' beneficiary association ("VEBA"). The Plan provides retiree health and welfare benefits (medical including pharmacy, dental and life coverage) to eligible members as specified by the Plan. Effective August 1, 2014, the majority of age 65 and older retirees and dependents were no longer provided medical and prescription drug coverage under the Plan. Effective January 1, 2025, the majority of pre-65 retirees and dependents were no longer provided medical and prescription drug coverage under the Plan. Subsidized retiree medical coverage is available to eligible retirees and dependents who enroll in such coverage through Kaiser or in individual market Medicare supplemental and/or prescription drug coverage through Willis Towers Watson's Via Benefits, a private insurance exchange. The Plan's Benefit Plans Administrative and Investment Committees control and manage the operation of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan and the Group Plan assets are held in the Northrop Grumman Corporation VEBA Master Trust I (the "VEBA Master Trust") with State Street Bank and Trust Company (the "Trustee"). Investments held in 401(h) Accounts that are part of the Northrop Grumman Pension Master Trust (the "Pension Master Trust") also fund certain benefits under the Plan. The 401(h) Accounts are discussed further in Notes 2 and 4.

Effective December 31, 2024, the Northrop Grumman Innovation Systems Welfare Benefit Plan 3 - Retiree Health and Life Plan (Funded) ("Plan 3") and the Northrop Grumman Innovation Systems Plan 4 - 1145 Union Special Benefits Plan (together referred to as the "NGIS Plans") were merged into the Plan. The NGIS Plans' assets were held in the Northrop Grumman Innovation Systems VEBA Master Trust (the "NGIS VEBA Master Trust") with U.S. Bank N.A, the NGIS Plans trustee, until May 2025 when the assets were transferred into the VEBA Master Trust. The investment income of $0.5 million earned by the NGIS VEBA Master Trust prior to the asset transfer is included in the Investment Income - Plan interest in the Northrop Grumman VEBA Master Trust I in the Statement of Changes in Net Assets Available for Benefits. The benefits available for the participants of the NGIS Plans were not impacted by the NGIS Plans assets transfer.

Eligibility and Plan Coverage

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

A notional Retiree Health Reimbursement Account (RHRA) is maintained for retirees who qualify for subsidized coverage. During each plan year, contributions are credited to the RHRA for the benefit of the individual. The RHRA is a notional unfunded account and the future benefits associated with the unfunded account are considered in estimating the postretirement benefit obligation determined by the Plan actuary. The amount allocated to a participant's RHRA is set forth in the Plan document. RHRA contributions can be used to offset the premiums for an individual supplemental plan, prescription drug plan, dental plan, or Medicare Part B. A participant's RHRA balance can be carried over into a new plan year and can be used to offset current year premiums or prior year premiums if submitted by March 31st of the following year.

Contributions

Benefits under the Plan are funded by Company and participant contributions. Participant contributions range from zero to substantially all of participants' benefit costs, as determined by the Plan, based on age, years of service, and other factors.

As of January 2007, the amount of the Company's contributions to substantially all of its postretirement medical and life benefit plans was capped, subject to future changes at the Company's discretion.

As a result of the amendment effective January 1, 2025 moving the pre-65 retirees and dependents to a private insurance exchange, participants contributions decreased to $1.9 million for the year ended December 31, 2025. The proportion of future participant contributions to future benefit costs will vary depending on future health care costs, limits on Company contributions specified in the terms of the component plans, and other factors.

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

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Use of Estimates
The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities and changes therein, as well as the actuarial present value of the expected postretirement benefit obligation. Actual results could materially differ from those estimates.

Risks and Uncertainties
The VEBA Master Trust (Note 3), the Pension Master Trust (Note 4), and the NGIS VEBA Master Trust (Note 3) invested in various investment securities. Investment securities are exposed to various risks, including interest rate and credit risk, overall market volatility, market risks including global events such as pandemics or international conflicts, and risks related to U.S. and foreign government stability. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur in the near term and could materially affect the amounts reported in the financial statements. One fixed-income fund accounted for 41 percent and 25 percent of the VEBA Master Trust net assets as of December 31, 2025 and 2024, respectively. Corporate debt investments accounted for 95 percent of the NGIS VEBA Master Trust as of December 31, 2024.

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

401(h) Accounts
Certain Plan participants also participate in the Northrop Grumman Pension Plan and the Northrop Grumman Space & Mission Systems Corp. Salaried Pension Plan (collectively, the “Pension Plans”), which include a medical benefit component in addition to the normal retirement benefits. The Pension Plans fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with applicable sections of the Internal Revenue Code (the “Code”). The Pension Master Trust holds separate 401(h) Accounts that have been established and maintained for such contributions. In accordance with Section 401(h) of the Code, the Pension Plans' investments in the 401(h) Accounts may not be used for any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in the Pension Plans' obligations in their statement of accumulated plan benefits, but rather are reflected as obligations in the financial statements of the Plan.

Investment Valuation and Income Recognition
Investments held by the VEBA Master Trust and Pension Master Trust are reported at fair value as determined by the Trustee pursuant to the respective master trust agreements, and as directed and overseen by Plan management. The fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The 401(h) Accounts and related net assets as held in the Pension Master Trust are discussed further in Note 4.

The VEBA Master Trust investments are valued as described below. See Note 6 for the VEBA Master Trust's derivative financial instrument disclosures.

VEBA Master Trust investments in U.S. and international equities include common stocks and real estate investment funds. Investment in corporate debt is an exchange-traded fund with a fixed income strategy valued based on a quoted market price. U.S. and international equities are valued based on a quoted market price in the active market on which such investments are traded on the last business day of the Plan year. The short-term investment fund is a money market mutual fund valued at a quoted market price, which represents the net asset value ("NAV") of shares held by the VEBA Master Trust at year end. Cash equivalents consist of interest-bearing foreign cash that is valued at cost.

The VEBA Master Trust also invests in index futures contracts. Such contracts are exchange-traded derivatives and are valued based on quoted market price in the active market on which they trade.

Investments held by the NGIS VEBA Master Trust at December 31, 2024 were reported at fair value as determined by the NGIS Trustee pursuant to the respective master trust agreements, and as directed and overseen by Plan management. The NGIS VEBA Master Trust investments were valued as described below.

The short-term investment fund was a money market mutual fund valued at the daily closing price as reported by the fund, which represents the NAV of shares held by the NGIS VEBA Master Trust at December 31, 2024. Investments in corporate debt was a mutual fund with a fixed income strategy.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on an accrual basis and dividends are recorded on the ex-dividend date. Broker commissions, transfer taxes, investment manager fees and other charges and expenses incurred in connection with the purchase, sale, or disposition of investments are added to the cost of such investments, or are deducted from the proceeds of the sale or disposition thereof. Currency gains and losses from international equity sales and foreign exchange settlements are reflected in investment income.

In performing valuations or calculations required of the Trustees, the Trustees rely on prices provided by pricing sources, investment managers and/or Plan management for certification as to the value.

The VEBA Master Trust and the Pension Master Trust allocate investment income, realized gains and losses and unrealized appreciation (depreciation) on the underlying securities to the participating plans based upon the market value of each participating plan's investment. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year.

Fair Value of Financial Instruments

The VEBA Master Trust and the NGIS VEBA Master Trust measure the fair value of its financial instruments using observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect internal market assumptions. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

These two types of inputs create the following fair value hierarchy:

Level 1 — Quoted prices for identical instruments in active markets.

Level 2 — Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations whose inputs are observable or whose significant value drivers are observable.

Level 3 — Significant inputs to the valuation model are unobservable.

Expenses

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

Payment of Benefits

Payments of claims, insurance premiums, and retiree health reimbursements are recorded upon distribution by the Plan to the third party administrators. Claims, premium, and retiree health reimbursement amounts processed and approved by the third party administrators but not yet reimbursed by the Plan as of year-end are recorded as claims, premiums, and retiree health reimbursements payable in the Statements of Benefit Obligations. Pharmacy rebates are received quarterly and are recorded upon receipt. Self-insured claims are presented net of rebates. The Plan received $3.1 million in rebates for the year ended December 31, 2025.

Postretirement Benefits

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits, that are attributed by the terms of the Plan, to employees' service rendered through the Plan's year-end, reduced by the

actuarial present value of contributions expected to be received in the future from current Plan participants. The postretirement benefit obligations are discussed further in Note 8.

Income Taxes

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

3. INVESTMENTS

The VEBA Master Trust and NGIS VEBA Master Trust investments are stated at fair value as determined and reported by the Trustees in accordance with the trust agreements established by the Company.

The Plan's interest represents 92.3 percent and 75.1 percent of total net assets of the VEBA Master Trust as of December 31, 2025 and 2024, respectively. The remaining assets in the VEBA Master Trust relate to the Group Plan.

Total net assets of the VEBA Master Trust and the Plan's interest in the VEBA Master Trust balances as of December 31, 2025 and 2024, are as follows:

	VEBA Master Trust Balances		**Plan's Interest in VEBA Master Trust Balances**	
$ in thousands	**2025**	2024	**2025**	2024
Assets				
Cash equivalents and short-term investment fund	**$ 78,878**	$ 156,666	**$ 58,466**	$ 77,143
U.S. and international equities	**76,668**	84,574	**76,668**	84,574
Corporate debt	**110,441**	75,770	**110,441**	75,770
Assets on loan to third-party borrowers	**1,032**	4,561	**1,032**	4,561
Collateral held under securities lending agreements	**1,077**	4,699	**1,077**	4,699
Derivatives	**(66)**	(908)	**(66)**	(908)
Total investments	**268,030**	325,362	**247,618**	245,839
Dividends, interest, and taxes receivable	**392**	751	**182**	313
Other receivables	**89**	—	**89**	—
Total assets	**268,511**	326,113	**247,889**	246,152
Liabilities				
Collateral held under securities lending agreements	**1,077**	4,699	**1,077**	4,699
Other liabilities	**79**	5	**79**	5
Total liabilities	**1,156**	4,704	**1,156**	4,704
Net assets of the VEBA Master Trust	**$ 267,355**	$ 321,409	**$ 246,733**	$ 241,448

Net investment income for the VEBA Master Trust for the year ended December 31, 2025, is as follows:

$ in thousands	**2025**
Investment income	
Net appreciation of investments	**$ 18,149**
Interest	**4,251**
Dividends	**5,374**
Other income	**57**
Investment manager fees	**(49)**
Net investment income	**$ 27,782**

The Plan's interest represents 100 percent of total net assets of the NGIS VEBA Master Trust as of December 31, 2024.

Total net assets of the NGIS VEBA Master Trust as of December 31, 2024 are as follows:

$ in thousands		
Assets		
Short-term investment fund	**$**	**853**
Corporate debt		**16,765**
Total assets of the NGIS VEBA Master Trust	**$**	**17,618**

4. 401(h) ACCOUNTS

The Plan's interest in the Pension Master Trust consists of the 401(h) Accounts as disclosed in Note 2.

The 401(h) Accounts represent 3.2 percent of the net assets as reported by the State Street Bank and Trust Company, the trustee of the Pension Master Trust, at December 31, 2025 and 2024. The Plan's interest in each 401(h) Account, as of December 31, 2025 and 2024, is as follows:

$ in thousands		**2025**		2024
Northrop Grumman Pension Plan 401(h) Accounts	**$**	**474,627**	$	469,608
Northrop Grumman Space & Mission Systems Corp. Salaried Pension Plan 401(h) Accounts		**562,322**		507,909
Total Plan's interest in Pension Master Trust	**$**	**1,036,949**	$	977,517

Below represents the components of the Plan’s interest in the Pension Master Trust net assets available for such 401(h) Accounts as of December 31, 2025 and 2024 and the related changes in the net assets available for the year ended December 31, 2025. Investment and derivative disclosures for the Pension Master Trust are provided in the financial statements of the Pension Plans.

	Plan's Interest in Pension Master Trust Balances	
$ in thousands	**2025**	2024
Assets		
Cash equivalents and short-term investment funds	**$ 39,050**	$ 29,510
U.S. and international equities	**104,771**	108,533
Fixed-income securities		
U.S. and non-U.S. government	**118,615**	72,032
Corporate debt	**96,992**	91,937
Asset-backed	**56,570**	41,114
High yield debt	**374**	614
Bank loans	**536**	510
Other assets	**—**	—
Derivatives	**490**	(279)
Assets on loan to third-party borrowers	**37,335**	57,782
Collateral held under securities lending agreements	**38,311**	59,158
Investments valued using NAV as a practical expedient		
U.S. and international equities funds	**202,551**	187,288
Fixed-income funds	**111,554**	106,007
Private equity funds	**100,641**	118,881
Real estate funds	**53,676**	62,534
Other alternatives[(1)]	**136,995**	118,536
Total investments	**1,098,461**	1,054,157
Dividends, interest, and taxes receivable	**4,130**	3,764
Receivables from broker for securities sold	**1,005**	6,564
Other receivables	**47**	9
Total assets	**1,103,643**	1,064,494
Liabilities		
Collateral held under securities lending agreements	**38,311**	59,158
Due to brokers for securities purchased	**27,696**	27,295
Other liabilities	**199**	132
Total liabilities	**66,206**	86,585
Plan's interest in net assets of the Pension Master Trust	**1,037,437**	977,909
Accrued expenses	**488**	392
Net assets held in 401(h) Accounts	**$ 1,036,949**	$ 977,517

[(1)] Prior year amounts have been condensed to be consistent with current year presentation.

$ in thousands	**2025**
Net increase in 401(h) Accounts during the year attributed to:	
Investment income from the Pension Master Trust allocated to the 401(h) Accounts	**$ 110,752**
Self-insured claims	**(4,724)**
Insurance premiums	**(766)**
Retiree health reimbursements	**(44,701)**
Administrative expenses	**(1,129)**
Net increase during the year	**59,432**

5. FAIR VALUE MEASUREMENTS

The following tables set forth the fair value hierarchy of the investments, measured on a recurring basis, and held by the VEBA Master Trust as of December 31, 2025 and 2024:

	2025		
$ in thousands	Level 1	Level 2	Total
Cash equivalents and short-term investment fund	**$ 78,878**	**$ —**	**$ 78,878**
U.S. and international equities	**77,700**	**—**	**77,700**
Corporate debt	**110,441**	**—**	**110,441**
Derivatives	**(66)**	**—**	**(66)**
Collateral held under securities lending agreements	**—**	**1,077**	**1,077**
Total VEBA Master Trust at fair value	**$ 266,953**	**$ 1,077**	**$ 268,030**

	2024		
$ in thousands	Level 1	Level 2	Total
Cash equivalents and short-term investment fund	$ 156,666	$ —	$ 156,666
U.S. and international equities	85,804	—	85,804
Corporate debt	79,101	—	79,101
Derivatives	(908)	—	(908)
Collateral held under securities lending agreements	—	4,699	4,699
Total VEBA Master Trust at fair value	$ 320,663	$ 4,699	$ 325,362

In connection with the NGIS Plans merger described in Note 1, the NGIS Plans' assets were transferred into the Plan at December 31, 2024. The following tables set forth the fair value hierarchy of the investments, measured on a recurring basis, and held by the NGIS VEBA Master Trust as of December 31, 2024:

$ in thousands	Level 1	Total
Short-term investment fund	**$ 853**	**$ 853**
Corporate debt	**16,765**	**16,765**
Total NGIS VEBA Master Trust at fair value	**$ 17,618**	**$ 17,618**

6. DERIVATIVE FINANCIAL INSTRUMENTS

Derivative financial instruments, including futures contracts, may be used by the investment managers of the VEBA Master Trust as part of their respective investment strategies. Notional amounts do not quantify risk or represent assets or liabilities of the VEBA Master Trust, but are used in the calculation of cash settlements under the contracts.

Derivative financial instruments are recorded as assets or liabilities of the VEBA Master Trust are measured at fair value. Changes in the fair value of derivative instruments are reflected in investment income as net appreciation (depreciation) in fair value of investments. During 2025 and 2024, derivative financial instruments were not entered into for hedging purposes and do not qualify for hedge accounting. The volume of derivative activity is commensurate with the amounts disclosed at year-end.

During 2025 and 2024, derivatives included equity contracts on index futures. The notional amounts and fair values, by primary risk exposure, are presented as gross assets and liabilities as of December 31, 2025 and 2024, as follows:

$ in thousands	**2025**	2024
Fair value of asset	**$ 13**	$ —
Fair value of liability	**79**	908
Notional amount	**23,961**	43,308

Futures Contracts

The VEBA Master Trust enters into futures contracts in the normal course of investing activities to manage market risk and to achieve overall investment portfolio objectives. These contracts have elements of market risk in excess of amounts recognized in the statements of net assets available for benefits. The credit 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. Net gain on index futures for the year ended December 31, 2025, totaled $1.6 million.

7. THIRD PARTY BORROWINGS

The VEBA Master Trust participates in a securities lending program with State Street Bank and Trust Company ("lending agent"). The program allows the lending agent to loan securities held by the VEBA Master Trust to approved borrowers. Such assets could be subject to sale restrictions in the event security lending agreements are terminated and the securities have not been returned to the VEBA Master Trust. The lending agent requires borrowers, pursuant to a security loan agreement, to deliver collateral to secure each loan. The collateral required is 102 percent of the fair value of U.S. securities borrowed and 105 percent for foreign securities borrowed. The VEBA Master Trust bears the risk of loss with respect to unfavorable changes in the fair value of invested cash collateral. However, the borrower bears the risk of loss with respect to unfavorable changes in the fair value of securities collateral and, therefore, may have to deliver additional cash or securities to maintain the required collateral. In U.S. markets, the lending agent may enter into a netting arrangement with a borrower, which permits the netting of mark-to-market exposure for transactions within the lending program with that borrower. Such arrangements would cover lending transactions with the borrower and reverse repurchase agreements of cash collateral involving investment of the collateral. The lending agent may also negotiate a right of offset in the event of borrower default. In the event of borrower default, the lending agent indemnifies the VEBA Master Trust against any loss of the amounts loaned. As of December 31, 2025, cash and non-cash collateral associated with securities on loan totaled $0.9 million and $0.2 million, respectively. As of December 31, 2024, cash and non-cash collateral associated with securities on loan totaled $4.5 million and $0.2 million, respectively. All collateral is presented as Level 2 in the fair value hierarchy as it is held by the lending agent and not readily available for trading.

VEBA Master Trust assets on loan to third-party borrowers under securities lending agreements as of December 31, 2025 and 2024 are as follows:

$ in thousands	**2025**	2024
U.S. equities	**$ 579**	$ 1,002
International equities	**453**	228
Corporate debt	**—**	3,331
VEBA Master Trust assets on loan to third-party borrowers	**$ 1,032**	$ 4,561

8. BENEFIT OBLIGATIONS

The Plan's benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employees' service rendered through the Plan's year-end, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the Company. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the Company prior to the valuation date. Postretirement benefit obligations may be funded by contributions from current Plan participants, the Company and/or from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligations are determined by the Actuary. Such amounts result from applying actuarial assumptions to historical claims cost data to estimate the present value of

future annual incurred claims costs per participant, considering the probability of payment (by means of decrements for events, such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment and for the portion of those costs expected to be borne by Medicare, the retired participants and other providers. The liability for claims incurred but not reported is implicitly included within the postretirement benefit obligations determined by the actuaries.

Significant assumptions used in the valuations as of December 31, 2025 and 2024, are as follows:

	2025	2024
Weighted-average discount rate	**5.41%**	5.69%
Assumed weighted-average retirement age	**63**	63
Mortality	**PriH-2012WC/ MP2021 Adj** [(1)]	PriH-2012WC/MP2021 Adj [(1)]
Health care cost trend assumed for next year	**6.50%**	5.90%
Rate to which the cost trend rate is assumed to decline (ultimate trend rate)	**5.00%**	5.00%
Year that the rate gradually reaches the ultimate trend rate	**2031**	2028

[(1)]For 2025 and 2024, mortality assumption utilizes the White Collar Headcount Weighted version of the PriH-2012 Mortality tables, generationally projected using the MP2021 projection scale adjusted with 50 percent of the Society of Actuaries' "gradual wear-off" factors for 2022 through 2028, which were provided by the Society of Actuaries in late 2022 to reflect the impact COVID-19 may have on future mortality rates.

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

The health care cost trend rate assumption has an effect on the postretirement benefit obligation amounts reported. If the assumed health care cost trend rates for 2025 and 2024 were increased by one percentage point for each future year, the obligation would increase by approximately $4.4 million and $4.9 million as of December 31, 2025 and 2024, respectively.

Plan net assets exceeded benefit obligations of the Plan at December 31, 2025 and 2024.

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The VEBA Master Trust and the NGIS VEBA Master Trust utilized various investment managers to manage its net assets. These net assets may be invested in funds managed by the investment managers. Therefore, these transactions qualify as exempt party-in-interest transactions. In Plan management's opinion, fees paid during the year ended December 31, 2025 for services rendered by parties-in-interest were based upon customary and reasonable rates for such services.

10. MEDICARE PART D

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the "Act") introduced a prescription drug benefit under Medicare ("Medicare Part D") as well as a federal subsidy to sponsors of retiree health care benefit plans, who provide a benefit that is at least actuarially equivalent to Medicare Part D. The Company and its actuarial advisors determined that benefits provided to certain participants are at least actuarially equivalent to Medicare Part D (the federal prescription drug benefit), and accordingly, the Company is entitled to a federal subsidy under the Act. The postretirement benefit obligation in the Plan's financial statements does not reflect any amount associated with Medicare Part D subsidy because the Plan is not directly entitled to the Medicare subsidy. The postretirement benefit obligation in the Plan's financial statements differ from that disclosed in the Company's financial statements since the Company amounts are reported net of Medicare Part D in accordance with GAAP for the preparation of such financial statements.

11. INCOME TAX STATUS

The VEBA Master Trust and the NGIS VEBA Master Trust (together referred to as the "Master Trusts") obtained its latest determination letter dated September 11, 1998 and March 19, 1992, respectively, in which the Internal Revenue Service affirmed that the Master Trusts' terms at the time of the determination letter application were in compliance with applicable sections of the Code and, therefore, the Master Trusts are exempt from taxation. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the

Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions. However, there are no audits for any tax periods in progress. Plan management believes that the Plan and the Master Trusts are currently designed and operating in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements, except as described below.

Under Section 512 of the Code and related regulations, the Plan's investment income is taxable as unrelated business income for both federal and California state purposes equal to the lesser of: (i) the dollar amount by which investment assets at Plan year-end exceed the Plan's benefit obligation as determined under applicable Code limits, or (ii) actual taxable Plan investment income during the Plan year.

Unrelated business income tax ("UBIT") is assessed at a maximum federal tax rate of 37 percent as prescribed by the Code. Long-term capital gains that result from the sale of investments and qualified dividend income are taxed at a maximum rate of 20 percent. The Plan's overall effective tax rate varies based on the proportion of income taxed at either 37 percent or 20 percent. The Plan is also subject to UBIT at the state level at a maximum rate of 12.3 percent.

The VEBA Master Trust recorded income tax expense of approximately $6.5 million in 2025. The VEBA Master Trust had net unrealized appreciation on investments of approximately $71.2 million and $72.8 million at December 31, 2025 and 2024, respectively, resulting in a deferred tax liability of approximately $24.7 million and $28.9 million at December 31, 2025 and 2024, respectively. Additionally, certain investments generated approximately $28.1 million of taxable investment income that resulted in a $10.7 million tax expense for the year ended December 31, 2025.

The VEBA Master Trust recorded $0.4 million of current tax liabilities in excess of estimated tax payments as of December 31, 2025. The amount is included in the administrative expenses and other payables in the statements of net assets available for benefits. The VEBA Master Trust recorded $2.7 million of estimated tax payments in excess of current tax liabilities as of December 31, 2024. The amount is included in the other assets in the statements of net assets available for benefits.

12. PLAN TERMINATION

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

13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

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

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

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

$ in thousands	**2025**	2024
Net assets available for benefits per the financial statements	**$ 1,258,490**	$ 1,209,949
Claims and retiree health reimbursements payable	**(881)**	(3,748)
Net assets held in defined benefit plan — 401(h) Accounts	**(1,036,949)**	(977,517)
Net assets per Form 5500	**$ 220,660**	$ 228,684

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

$ in thousands		**2025**
Amounts paid per financial statements	**$**	**53,367**
Plus amounts payable — December 31, 2025		**881**
Less amounts payable — December 31, 2024		**(3,748)**
Amounts paid per Form 5500	**$**	**50,500**

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

$ in thousands		**2025**
Net additions per the financial statements	**$**	**116,679**
Less net increase in 401(h) Accounts		**(59,432)**
Total additions per Form 5500	**$**	**57,247**

14. SUBSEQUENT EVENTS

Subsequent events were evaluated through October 12, 2026, the date the financial statements were available to be issued. Effective September 2026, the Plan was amended to transfer out post-employment life insurance benefits to the Group Plan. As a result, benefit obligations and plan assets of approximately $90 million and $140 million, respectively, were transferred out of the Plan to the Group Plan.