Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NG SPACE&MISSION SYSTEMS CORP SALARIED PENSION PLA

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 12/01/1953

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	PAUL YAKLICH - 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**	60528
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)**	6030
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5355
b	Retired or separated participants receiving benefits	**6b**	30684
c	Other retired or separated participants entitled to future benefits	**6c**	16260
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	52299
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6980
f	Total. Add lines **6d** and **6e**.	**6f**	59279
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1E 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
NG SPACE&MISSION SYSTEMS CORP SALARIED PENSION PLA

B Three-digit plan number (PN) ▶ 007

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

D Employer Identification Number (EIN)
80-0640649

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	7925108322
b Actuarial value	**2b**	7768942446

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	34862	4365396550	4365396550
b For terminated vested participants	19636	1125352638	1125352638
c For active participants	6030	2059184018	2113569145
d Total	60528	7549933206	7604318333

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

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

5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	79359525
b Expected plan-related expenses	**6b**	30000000
c Target normal cost	**6c**	109359525

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

CHRIS J. AKERMAN
Type or print name of actuary

26-07692
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

703-258-8000
Telephone number (including area code)

P.O. BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	736454667
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	139691566
9	Amount remaining (line 7 minus line 8)		596763101
10	Interest on line 9 using prior year's actual return of 5.78 %		34492907
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	631256008

Part III Funding Percentages

14	Funding target attainment percentage	14	93.86 %
15	Adjusted funding target attainment percentage	15	102.16 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	109359525
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	466631895	44674264
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	154033789

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		154033789	154033789

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
NG SPACE&MISSION SYSTEMS CORP SALARIED PENSION PLA

B Three-digit plan number (PN) ▶ 007

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

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

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

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	2612959	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	326183	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROPES & GRAY LLP

04-2233412

(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	290685	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)

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	231873	Yes [X] No [ ]	Yes [X] No [ ]	0	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	165470	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CALLAN ASSOCIATES

94-2192581

(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?
34 50	CONSULTANT	92024	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)

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?
13 14 29 30 36 38 50	CONTRACT LABOR	58172	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PKF O'CONNOR 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	57145	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STEPSTONE GROUP LP

33-1156466

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	48082	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)

BLOOMBERG

731 LEXINGTON AVENUE
NEW YORK, NY 10022

(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	CONSULTANT	37063	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MSCI INC

250 GREENWICH STREET, 49TH FLOOR
NEW YORK, NY 10007

(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	CONSULTANT	12668	Yes ☐ No ☒	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	12115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	10987	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ERNST & YOUNG LLP

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	10300	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 49 50 99	ADMIN SERVICES	9717	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)

GLOBAL TRADING ANALYTICS LLC

20-2368007

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	8068	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEI GLOBAL SERVICES INC

51-0405509

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	7721	Yes [X] No [ ]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

OPEN TEXT

36-3811517

(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	COMPUTER SERVICE	5769	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)

CARAHSOFT TECHNOLOGY CORPORATION

52-2189693

(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	IT HARDWARE	5262	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENEFIT OUTSOURCING SOLUTIONS

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	5078	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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 SPACE&MISSION SYSTEMS CORP SALARIED PENSION PLA

B Three-digit plan number (PN) ▶ 007

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: NG DB MT ALTERNATIVE INVESTMENT FD

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)
13-6692740-007	M	1822276678

a Name of MTIA, CCT, PSA, or 103-12 IE: NG DB MT FIXED INCOME FD

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)
13-6692740-008	M	3440382034

a Name of MTIA, CCT, PSA, or 103-12 IE: NG DB MT MONEY MARKET FD

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)
13-6692740-012	M	263752608

a Name of MTIA, CCT, PSA, or 103-12 IE: NG DB MT GLOBAL EQUITY FD

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)
13-6692740-016	M	2706232660

a Name of MTIA, CCT, PSA, or 103-12 IE: NG DB MT CIGNA/PRUDENTIAL GIC

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)
13-6692740-019	M	38562218

a Name of MTIA, CCT, PSA, or 103-12 IE: NG DB MT PRIVATE CREDIT FD

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)
13-6692740-021	M	598190733

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NG SPACE&MISSION SYSTEMS CORP SALARIED PENSION PLA

B Three-digit plan number (PN) ▶ 007

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)	8398702873	8869396931
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	8398702873	8869396931
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	4489295	2670580
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4489295	2670580
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	8394213578	8866726351

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(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)		
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)		973362841
(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		973362841
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	483891582	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	5946924	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		489838506
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	2614557	
(4) IQPA audit fees	2i(4)	177585	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	173695	
(7) Actuarial fees	2i(7)	326183	
(8) Legal fees	2i(8)	295511	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	7424031	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		11011562
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		500850068
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		472512773
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] 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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 580657.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
NG SPACE&MISSION SYSTEMS CORP SALARIED PENSION PLA

B Three-digit plan number (PN) ▶ 007

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 Distributions

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

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

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

EIN(s): 04-2647786

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 88

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

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

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

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

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

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 28.0 % Private Equity: 9.2 % Investment-Grade Debt and Interest Rate Hedging Assets: 40.8 %
High-Yield Debt: 1.5 % Real Assets: 4.9 % Cash or Cash Equivalents: 2.9 % Other: 12.7 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Northrop Grumman Space & Mission Systems Corp. Salaried Pension Plan

Employer ID No: 80-0640649
Plan Number: 007

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

NORTHROP GRUMMAN SPACE & MISSION SYSTEMS CORP. SALARIED PENSION PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Northrop Grumman Space & Mission Systems Corp. Salaried Pension Plan:

Opinion

We have audited the financial statements of Northrop Grumman Space & Mission Systems Corp. Salaried Pension 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 pension benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for pension benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, 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 pension benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for pension benefits for the years then ended, and the accumulated plan benefits as of December 31, 2024, and the changes in its accumulated plan benefits for the year then ended, 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 SPACE & MISSION SYSTEMS CORP. SALARIED PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PENSION BENEFITS

	December 31	
$ in thousands	**2025**	2024
Assets:		
Plan interest in Northrop Grumman Pension Master Trust, at fair value	**$ 8,307,073**	$ 7,890,793
Net assets held in 401(h) Accounts	**562,322**	507,909
Total assets	**8,869,395**	8,398,702
Liabilities:		
Amounts related to obligation of 401(h) Accounts	**562,322**	507,909
Accrued expenses	**2,671**	4,489
Total liabilities	**564,993**	512,398
Net assets available for pension benefits	**$ 8,304,402**	$ 7,886,304

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

NORTHROP GRUMMAN SPACE & MISSION SYSTEMS CORP. SALARIED PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PENSION BENEFITS

	Year Ended December 31	
$ in thousands	**2025**	2024
Additions:		
Investment income — Plan interest in the Northrop Grumman Pension Master Trust	**$ 912,676**	$ 423,097
Total investment income	**912,676**	423,097
Deductions:		
Benefits paid to participants	**483,892**	455,924
Administrative expenses	**10,686**	10,947
Total deductions	**494,578**	466,871
Increase/(decrease) in net assets	**418,098**	(43,774)
Net assets available for pension benefits		
Beginning of year	**7,886,304**	7,930,078
End of year	**$ 8,304,402**	$ 7,886,304

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

NORTHROP GRUMMAN SPACE & MISSION SYSTEMS CORP. SALARIED PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

$ in thousands		December 31, 2024
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	**$**	**3,929,383**
Other participants		**2,686,381**
Total vested benefits		**6,615,764**
Nonvested benefits		**53,482**
Total actuarial present value of accumulated plan benefits	**$**	**6,669,246**

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

NORTHROP GRUMMAN SPACE & MISSION SYSTEMS CORP. SALARIED PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

$ in thousands		Year Ended December 31, 2024
Actuarial present value of accumulated plan benefits — Beginning of year	**$**	**6,549,425**
Increase (decrease) during the year attributable to:		
Interest		**447,455**
Benefits paid		**(455,924)**
Benefits accumulated		**66,899**
Actuarial gains		**(4,648)**
Changes in actuarial assumptions		**66,039**
Net increase		**119,821**
Actuarial present value of accumulated plan benefits — End of year	**$**	**6,669,246**

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

NORTHROP GRUMMAN SPACE & MISSION SYSTEMS CORP. SALARIED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Northrop Grumman Space & Mission Systems Corp. Salaried Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan that provides pension benefits for salaried and certain hourly employees of participating entities of Northrop Grumman Corporation (the "Company" or "Plan Sponsor"). The Plan's Benefit Plans Administrative and Investment Committees control and manage the operation of the Plan. State Street Bank and Trust Company (the "Trustee") serves as the Trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan holds an interest in the Northrop Grumman Pension Master Trust (the "Pension Master Trust").

401(h) Accounts

The Plan includes a medical benefit component in addition to retirement benefits. This medical benefit component funds a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (the "Code") which requires the Plan Sponsor to maintain separate 401(h) accounts for assets held related to the medical benefit components (the "401(h) Accounts"). In accordance with Section 401(h) of the Code, the Plan's investments in the 401(h) Accounts may not be used for any purpose other than providing medical benefits to retirees and their beneficiaries. The related obligation for medical benefits is not included in the Plan's statement of accumulated plan benefits, but rather is reflected as an obligation in the financial statements of the Company's health and welfare benefit plans that cover Plan participants. Prior to December 31, 2024, the related obligation was included in the financial statements of the Northrop Grumman Retiree Welfare Benefits Plan (the "Retiree Plan") and the Northrop Grumman Innovation Systems Welfare Benefit Plan 3 - Retiree Health and Life Plan (Funded) ("Plan 3"). As of December 31, 2024, the related obligation was included in the financial statements of the Retiree Plan as Plan 3 was merged into the Retiree Plan on that date. Plan participants do not contribute to the 401(h) Accounts. Employer contributions to the 401(h) Accounts are determined in accordance with Section 401(h) of the Code. The Company has the right to discontinue contributions at any time.

Eligibility

The Plan covers substantially all salaried and hourly employees of the participating entities hired prior to July 1, 2008.

Pension Benefits

The Plan is a noncontributory plan under which eligible Plan participants currently accrue benefits under a cash balance formula. The cash balance formula is a percentage of eligible pay credited to a hypothetical account, which grows with interest. The pay credit is a percentage of eligible compensation that varies based on an employee's "points" (age plus service). At retirement the hypothetical account balance is converted to a monthly pension benefit. Certain participants previously accrued a benefit under a non-cash balance formula.

The pension benefits for some sub plans before the transition to the cash balance formula were in part determined based on mandatory employee contributions to the Plan, as well as voluntary contributions. Such mandatory and voluntary employee contributions are collectively referred to as "employee contributions."

As defined by the Plan, eligible Plan participants are entitled to pension benefits upon retirement. Participants may elect one of several retirement options. Under current Plan provisions, in general, normal retirement benefits may commence on the later of (1) the participant's attainment of age 65 or (2) the earlier of the participant's satisfaction of the applicable service or participation requirements as specified in the Plan document. Pension benefits, if any, for participants who retired, died, or terminated employment before the Plan transitioned to the cash balance formula and did not return to employment with an affiliated company are governed by Plan rules in effect during the participant's service period. Benefits are payable in the form of a joint and survivor annuity, a single life annuity, or other options as defined in the Plan document.

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 accumulated plan benefits. Actual results could materially differ from those estimates.

Risks and Uncertainties
The Plan holds an interest in the Pension Master Trust which invests in various investment securities (Note 3). 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 instability. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur in the near term, and those changes could materially affect the amounts reported in the financial statements. The Pension Master Trust has no individual investments that account for greater than 10 percent of net assets.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to uncertainties inherent in the assumptions used in the estimating process, it is reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition
The investments held by the Pension Master Trust are reported at fair value as determined by the Trustee pursuant to the Pension Master Trust agreement. Plan management provides direction and oversight of the valuation process. 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 Pension Master Trust investments are valued as described below. See Note 5 for the Pension Master Trust's derivative financial instrument disclosures.

Cash equivalents represent interest-bearing foreign cash that is valued at cost, which approximates fair value. The short-term investment funds are private funds managed by third-party managers with the investment objectives of liquidity and preservation of principal. The funds are valued based on the redemption price of shares/units, which is based on the current fair value of the underlying net assets. Investments in certain equity securities are valued at the closing price of the stock on the active market in which the investments are traded on the last business day of the year or based on the quoted market prices that represent the net asset value ("NAV") of shares held by the Pension Master Trust at year-end. Fair values for certain fixed-income investments, which are not exchange-traded, are valued using quoted prices in inactive markets or quoted prices for similar instruments, model-derived valuations or third-party pricing services. The third-party pricing services use, for example, recent broker-dealer quotations or model-based pricing methods that use significant observable inputs such as relevant yield curves, credit information of the underlying investment, prepayment projections, cash flows and other investment characteristics, to determine fair value as of the last trading day of the year. If market values are not available from the above sources, the fair value is provided to the Trustee by the party with authority to trade in such investments (investment managers or Plan management, as applicable). Fair values for certain equity funds, fixed-income funds, private equity funds, real estate funds and other alternatives valued based on the NAV as a practical expedient are derived by investment managers.

Over-the-counter financial derivative instruments derive their value from underlying asset prices, indices, reference rates and other inputs or a combination of these factors. These contracts are normally valued on the basis of broker-dealer information or pricing service providers. Depending on the product and the terms of the transaction, the value of the derivative contracts can be estimated by a pricing service provider using a series of techniques, including simulation pricing models. The pricing models use inputs observed from actively quoted markets such as issuer details, indices, spreads, interest rates, curves, dividends and exchange rates. Derivatives that use similar valuation techniques and inputs as described above are categorized as Level 2 of the fair value hierarchy. Exchange-traded derivatives are valued based off of the last reported price on the active market on which they trade and are categorized as Level 1 of the fair value hierarchy.

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, as appropriate. 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 Trustee, the Trustee relies on prices provided by pricing sources, investment managers and/or Plan management for certification as to the value.

The Pension Master Trust allocates investment income, including realized gains and losses and unrealized appreciation and 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 Pension Master Trust measures 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 1 investments of the Pension Master Trust primarily include cash equivalents, exchange-traded derivatives, and U.S. and international equities, which primarily include common and preferred stocks, real estate investment trusts, and registered investment companies.

Level 2 — Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations whose inputs are observable or whose significant value drivers are observable. Level 2 investments of the Pension Master Trust primarily include fixed-income securities based on broker quotes or model-derived valuations and short-term investment funds.

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

Expenses
Plan expenses are paid by either the Plan or the Plan Sponsor, as provided in the Plan document.

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

3. INVESTMENTS

The Pension Master Trust investments are stated at fair value determined and reported by the Trustee in accordance with the Pension Master Trust agreement established by the Company.

The Plan's proportionate interest represents 25.9 percent and 25.8 percent of total net assets of the Pension Master Trust as reported by the Trustee as of December 31, 2025 and 2024, respectively. The 401(h) Accounts' interest represents 1.8 percent and 1.6 percent of total net assets of the Pension Master Trust as reported by the Trustee as of December 31, 2025 and 2024, respectively, and is disclosed in the financial statements of the Retiree Plan.

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

	Master Trust Balances		Plan's Interest in Master Trust Balances	
$ in thousands	**2025**	2024	**2025**	2024
Assets				
Cash equivalents and short-term investment funds	**$ 1,161,320**	$ 918,446	**$ 308,782**	$ 238,128
U.S. and international equities	**3,081,243**	3,223,400	**869,546**	900,052
Fixed-income securities				
U.S. and non-U.S. government	**3,687,479**	2,279,849	**895,551**	549,204
Corporate debt	**3,512,325**	3,381,675	**732,296**	700,967
Asset-backed	**1,758,631**	1,301,284	**427,105**	313,473
High yield debt	**11,619**	19,436	**2,821**	4,682
Bank loans	**16,658**	16,138	**4,045**	3,888
Other assets	**34,845**	33,339	**33,625**	32,140
Derivatives	**15,233**	(8,807)	**3,701**	(2,120)
Assets on loan to third-party borrowers	**1,203,123**	1,865,104	**284,265**	441,618
Collateral held under securities lending agreements	**1,234,590**	1,909,513	**291,701**	452,133
Investments valued using NAV as a practical expedient				
U.S. and international equities funds	**5,950,101**	5,556,701	**1,684,102**	1,555,102
Fixed-income funds	**3,664,719**	3,534,258	**842,241**	808,252
Private equity funds	**2,943,886**	3,524,929	**839,064**	992,656
Real estate funds	**1,570,097**	1,854,196	**447,507**	522,161
Other alternatives[(1)]	**4,151,049**	3,637,559	**1,103,275**	960,258
Total investments	**33,996,918**	33,047,020	**8,769,627**	8,472,594
Dividends, interest, and taxes receivable	**127,657**	117,828	**33,025**	30,339
Receivables from broker for securities sold	**31,062**	205,478	**8,034**	52,907
Other receivables	**1,440**	292	**372**	75
Total assets	**34,157,077**	33,370,618	**8,811,058**	8,555,915
Liabilities				
Collateral held under securities lending agreements	**1,234,590**	1,909,513	**291,701**	452,133
Due to brokers for securities purchased	**861,653**	862,195	**210,689**	211,882
Other liabilities	**6,118**	4,291	**1,595**	1,107
Total liabilities	**2,102,361**	2,775,999	**503,985**	665,122
Net assets of the Pension Master Trust	**$32,054,716**	$30,594,619	**$ 8,307,073**	$ 7,890,793

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

Net investment income for the Pension Master Trust for the years ended December 31, 2025 and 2024, is as follows:

$ in thousands	**2025**	2024
Investment income/(loss)		
Net appreciation of investments	**$ 2,964,813**	$ 1,082,009
Interest	**460,125**	430,712
Dividends	**102,039**	97,617
Other income/(loss)	**1,267**	(40)
Investment manager fees	**(91,210)**	(122,961)
Net investment income	**$ 3,437,034**	$ 1,487,337

4. FAIR VALUE MEASUREMENTS

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

	2025			
$ in thousands	Level 1	Level 2	Level 3	Total
Cash equivalents and short-term investment funds	**$ 85,488**	**$ 1,075,832**	**$ —**	**$ 1,161,320**
U.S. and international equities	**3,175,238**	**—**	**—**	**3,175,238**
Fixed-income securities				
U.S. and non-U.S. government	**—**	**4,458,685**	**—**	**4,458,685**
Corporate debt	**—**	**3,850,247**	**—**	**3,850,247**
Asset-backed	**—**	**1,758,631**	**—**	**1,758,631**
High yield debt	**—**	**11,619**	**—**	**11,619**
Bank loans	**—**	**16,658**	**—**	**16,658**
Other assets	**—**	**34,845**	**—**	**34,845**
Derivatives	**(23,409)**	**38,642**	**—**	**15,233**
Collateral held under securities lending agreements	**—**	**1,234,590**	**—**	**1,234,590**
Investments valued using NAV as a practical expedient				**18,279,852**
Total Pension Master Trust at fair value	**$ 3,237,317**	**$ 12,479,749**	**$ —**	**$ 33,996,918**

	2024			
$ in thousands	Level 1	Level 2	Level 3	Total
Cash equivalents and short-term investment fund	$ 139,591	$ 778,855	$ —	$ 918,446
U.S. and international equities	3,270,989	410	—	3,271,399
Fixed-income securities				
U.S. and non-U.S. government	—	3,814,577	—	3,814,577
Corporate debt	—	3,663,973	—	3,663,973
Asset-backed	—	1,301,284	—	1,301,284
High yield debt	—	19,515	—	19,515
Bank loans	—	16,138	—	16,138
Other assets	—	33,339	—	33,339
Derivatives	(54,054)	45,247	—	(8,807)
Collateral held under securities lending agreements	—	1,909,513	—	1,909,513
Investments valued using NAV as a practical expedient				18,107,643
Total Pension Master Trust at fair value	$ 3,356,526	$ 11,582,851	$ —	$ 33,047,020

Certain investments that are measured at fair value using NAV per share (or its equivalent) as a practical expedient are not required to be categorized in the fair value hierarchy tables. The total fair value of these investments is included in the tables above to permit reconciliation of the fair value hierarchy to amounts presented in the investments footnote (Note 3). As of December 31, 2025 and 2024, there were no investments expected to be sold at a value materially different than NAV.

Investments valued using NAV as a practical expedient are described further below.

U.S. and International Equities Funds
A subset of the funds in this asset class are structured as limited partnerships funds. Redemption periods are generally daily, monthly or quarterly with a notice requirement less than 90 days. As of December 31, 2025 and 2024, funds in this category with redemption periods longer than one year and with monthly or quarterly notice requirements totaled approximately $2.1 billion and $1.8 billion, respectively. As of December 31, 2025 and 2024, there were no unfunded commitments.

Fixed-Income Funds
A subset of this asset class consists of high yield fixed income investments which include a commingled fund. Redemption periods are generally daily, monthly or quarterly with a notice requirement of two days. As of December 31, 2025 and 2024, there were no unfunded commitments.

Private Equity Funds
This asset class consists primarily of closed-end private equity funds, which invest across various fund types, including fund of funds, venture capital, buyouts, distressed and mezzanine debt. The term of each fund is typically 10 or more years and the fund's investors do not have an option to redeem their interest in the fund. The assets in this class have been diversified across vintage years, industry sectors and geographic regions. As of December 31, 2025 and 2024, unfunded commitments were $1.2 billion and $1.6 billion, respectively.

Real Estate Funds
This asset class consists primarily of open-end funds that generally allow investors to redeem their interests in the fund. A minor portion of the asset class is in closed-end real estate funds and infrastructure funds with terms that are typically 10 or more years. As of December 31, 2025 and 2024, there were open-end funds totaling approximately $1.5 billion and $1.8 billion, respectively, that permit investors to formally request redemptions. As of December 31, 2025 and 2024, unfunded commitments were $124 million and $24 million, respectively.

Other Alternatives
Other alternatives include hedge funds, opportunistic investment funds, and private credit funds. This asset class consists of closed-end funds with a 5-10 year life as well as funds that allow redemption requests subject to the liquidity limitations of the underlying investments. As of December 31, 2025 and 2024, unfunded commitments were $3.0 billion and $2.0 billion, respectively.

5. DERIVATIVE FINANCIAL INSTRUMENTS

Derivative financial instruments may be used by the investment managers of the Pension Master Trust as part of their respective investment strategies. Derivative instruments may include exchange-traded futures contracts, interest rate swaps, options on futures and swaps, currency contracts, index futures, total return swaps and credit default swaps. Notional amounts do not quantify risk or represent assets or liabilities of the Pension 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 Pension Master Trust and measured at fair value. During 2025 and 2024, derivative financial instruments were not entered into for hedging purposes and therefore do not qualify for hedge accounting. The volume of derivative activity is commensurate with the amounts disclosed at year-end. The notional amounts and fair values, by primary risk exposure, are presented as gross assets and liabilities as follows:

	December 31, 2025			
$ in thousands	Notional Amounts[1]	Fair Value Asset	Fair Value (Liability)	Fair Value Net
Interest rate contracts	**$ 10,910,946**	**$ 63,218**	**$ (68,840)**	**$ (5,622)**
Currency contracts	**—**	**793**	**(5,058)**	**(4,265)**
Equity contracts	**236,199**	**8**	**(1,588)**	**(1,580)**
Credit default swaps	**1,135,690**	**27,600**	**(900)**	**26,700**
Total	**$ 12,282,835**	**$ 91,619**	**$ (76,386)**	**$ 15,233**

	December 31, 2024			
$ in thousands	Notional Amounts[1]	Fair Value Asset	Fair Value (Liability)	Fair Value Net
Interest rate contracts	$ 7,761,791	$ 51,510	$ (90,138)	$ (38,628)
Currency contracts	—	2,678	(1,179)	1,499
Equity contracts	583	3	(8)	(5)
Credit default swaps	1,382,185	29,156	(829)	28,327
Total	$ 9,144,559	$ 83,347	$ (92,154)	$ (8,807)

[1] Gross collateral under master netting agreements is not offset in the notional amounts presented above.

Gains/(losses) on derivative instruments in the Pension Master Trust for the years ended December 31, 2025 and 2024, are as follows:

$ in thousands	**2025**	2024
Interest rate contracts	**$ 36,944**	$ (120,416)
Currency contracts	**$ (10,290)**	$ 905
Equity contracts	**$ (500)**	$ 49
Credit default swaps	**$ (1,865)**	$ 1,757

The related net gains and losses on derivatives are included in investment income for the Pension Master Trust, as a component of net appreciation/(depreciation) of investments (Note 3).

For each of the derivative instruments discussed below, the credit risk associated with these contracts is minimal, as they are entered into with a limited number of highly-rated counterparties or clearing organizations.

Interest Rate Contracts

The Pension 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 involve elements of market risk in excess of amounts recognized in the statements of net assets available for benefits. These contracts are traded on organized exchanges, settled daily, and have terms which typically do not exceed one year. In the normal course of its investing activities, the Pension Master Trust also enters into interest rate contracts and option contracts on futures and swaps to manage the interest rate exposure associated with fixed-income securities. Notional amounts related to the futures and options contracts in the table above are stated at a net buy (sell) position.

Currency Contracts

The Pension Master Trust enters into currency contracts, primarily consisting of Eurodollar futures, options, and forward contracts, in the normal course of investing activities to manage the exposure to currency risk associated with changes in market value due to the change in foreign currency exchange rates.

Equity Contracts

Equity contracts include total return swaps and index futures. The Pension Master Trust enters into total return swaps in the normal course of investing activities to manage the exposure to changes in the value of the underlying assets. The Pension Master Trust gains exposure to the underlying assets without having to purchase the assets outright.

Credit Default Swaps

The Pension Master Trust enters into credit default swap contracts in the normal course of investing activities to manage the exposure to credit risk by either reducing risk exposure to a default of corporate and sovereign issuers, or to increase exposure to corporate and sovereign issuers to which it is not otherwise exposed.

Master Netting Agreements

In addition to the securities lending program described in Note 6, certain derivative financial instruments within the Pension Master Trust are subject to Master Netting Agreements ("MNAs") with certain counterparties. MNAs govern the terms of certain transactions and reduce the counterparty risk associated with relevant transactions by specifying offsetting mechanisms and collateral posting arrangements at pre-determined exposure levels. MNAs are specific to each asset type. Therefore, they allow the company to close out and net its total exposure to a specified counterparty in the event of a default with respect to the transactions governed under a single agreement with the counterparty.

The following is a summary of the gross derivative fair value of the Pension Master Trust's exposure to derivative assets and liabilities with certain counterparties, summarized by investment manager, available for offset and net of collateral under MNAs at December 31, 2025 and 2024. The net amounts of derivative assets and liabilities shown below are included in the Plan interest in Pension Master Trust on the Statements of Net Assets Available for Pension Benefits.

$ in thousands **Derivative Assets, Net as of December 31, 2025**

Counterparty	Gross Amounts of Recognized Assets	Gross Amounts Offset in the Statements of Net Assets Available for Pension Benefits	Net Amounts of Assets Presented in the Statements of Net Assets Available for Pension Benefits	Cash Collateral Received	Net Amount
Counterparty A	**$ 369**	**$ (167)**	**$ 202**	**$ —**	**$ 202**
Counterparty B	**6,052**	**(486)**	**5,566**	**(5,289)**	**277**
Derivatives subject to MNAs	**6,421**	**(653)**	**5,768**	**(5,289)**	**479**
Derivatives not subject to MNAs	**85,851**	**—**	**85,851**	**—**	**85,851**
Total fair value	**$ 92,272**	**$ (653)**	**$ 91,619**	**$ (5,289)**	**$ 86,330**

$ in thousands **Derivative Liabilities, Net as of December 31, 2025**

Counterparty	Gross Amounts of Recognized Liabilities	Gross Amounts Offset in the Statements of Net Assets Available for Pension Benefits	Net Amounts of Liabilities Presented in the Statements of Net Assets Available for Pension Benefits	Cash Collateral Pledged	Net Amount
Counterparty A	**$ (189)**	**$ 167**	**$ (22)**	**$ —**	**$ (22)**
Counterparty B	**(5,010)**	**486**	**(4,524)**	**—**	**(4,524)**
Counterparty C	**(1,613)**	**—**	**(1,613)**	**1,613**	**—**
Derivatives subject to MNAs	**(6,812)**	**653**	**(6,159)**	**1,613**	**(4,546)**
Derivatives not subject to MNAs	**(70,227)**	**—**	**(70,227)**	**—**	**(70,227)**
Total fair value	**$ (77,039)**	**$ 653**	**$ (76,386)**	**$ 1,613**	**$ (74,773)**
Net fair value	**$ 15,233**	**$ —**	**$ 15,233**	**$ (3,676)**	**$ 11,557**

$ in thousands	Derivative Assets, Net as of December 31, 2024				
Counterparty	Gross Amounts of Recognized Assets	Gross Amounts Offset in the Statements of Net Assets Available for Pension Benefits	Net Amounts of Assets Presented in the Statements of Net Assets Available for Pension Benefits	Cash Collateral Received	Net Amount
Counterparty A	$ 210	$ —	$ 210	$ —	$ 210
Counterparty B	3,142	(504)	2,638	(580)	2,058
Derivatives subject to MNAs	3,352	(504)	2,848	(580)	2,268
Derivatives not subject to MNAs	80,499	—	80,499	—	80,499
Total fair value	$ 83,851	$ (504)	$ 83,347	$ (580)	$ 82,767

$ in thousands	Derivative Liabilities, Net as of December 31, 2024				
Counterparty	Gross Amounts of Recognized Liabilities	Gross Amounts Offset in the Statements of Net Assets Available for Pension Benefits	Net Amounts of Liabilities Presented in the Statements of Net Assets Available for Pension Benefits	Cash Collateral Pledged	Net Amount
Counterparty A	$ (71)	$ —	$ (71)	$ —	$ (71)
Counterparty B	(1,487)	504	(983)	52	(931)
Derivatives subject to MNAs	(1,558)	504	(1,054)	52	(1,002)
Derivatives not subject to MNAs	(91,100)	—	(91,100)	—	(91,100)
Total fair value	$ (92,658)	$ 504	$ (92,154)	$ 52	$ (92,102)
Net fair value	$ (8,807)	$ —	$ (8,807)	$ (528)	$ (9,335)

6. THIRD PARTY BORROWINGS

The Pension Master Trust participates in a securities lending program with the Trustee (“lending agent”). The program allows the lending agent to loan securities held by the Pension 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 Pension 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 Pension Master Trust bears the risk of loss with respect to the unfavorable change in fair value of the invested cash collateral. However, the borrower bears the risk of loss related to the decrease in the fair value of the securities collateral and, therefore, may have to deliver additional cash or securities to maintain the required collateral. In U.S. markets, the lending agent generally enters 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 Pension Master Trust against any loss of the amount loaned. As of December 31, 2025, cash and non-cash collateral associated with securities on loan totaled approximately $1.2 billion and $39 million, respectively. As of December 31, 2024, cash and non-cash collateral associated with securities on loan totaled approximately $1.6 billion and $0.3 billion, respectively. Cash collateral primarily consists of short-term investment funds. Non-cash collateral consists of fixed-income securities.

Pension 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	**$ 52,558**	$ 37,182
International equities	**41,437**	10,817
Fixed-income securities		
U.S. and non-U.S. government	**771,206**	1,534,728
Corporate debt	**337,922**	282,298
High yield debt	**—**	79
Pension Master Trust assets on loan to third-party borrowers	**$ 1,203,123**	$ 1,865,104

7. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements is presented using the beginning of the year benefit information date. The actuarial present value of accumulated plan benefits information is measured as of January 1, 2025, which is a proxy for December 31, 2024. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted. There were no amendments effective January 1 recognized in the actuarial present value of accumulated plan benefits. Had the valuations been performed as of December 31, there would be no material differences.

Significant assumptions used in the valuations as of December 31, 2024 and 2023, are as follows:

	2024	2023
Discount rate on actuarial present value of accumulated plan benefits	**7.0% per annum, compounded annually**	7.0% per annum, compounded annually
Cash balance crediting rate	**4.78%, increasing ratably each year until reaching an ultimate rate of 4.90% in 2030; or 4.00% fixed rate for all years for certain participants.**	4.02% for all years; or 4.00% fixed rate for all years for certain participants.
Mortality table for participants	**Benefit weighted PRI-2012 White Collar Mortality Tables generationally projected using Scale MP-2021 with 50% of Society of Actuaries' gradual phase-in factors with generational projection.**	Benefit weighted PRI-2012 White Collar Mortality Tables generationally projected using Scale MP-2021 with 50% of Society of Actuaries' gradual phase-in factors with generational projection.
Assumed weighted average retirement age	**62**	62

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

8. FUNDING POLICY

The Company uses the Plan's independent enrolled actuary to determine the amounts to be contributed each year to the Plan. The Plan's minimum funding requirements of ERISA were met for the years ended December 31, 2025 and 2024.

The Plan's funding policy takes into consideration both current liability, an actuarial present value of accumulated plan benefits with discount rates as determined by law, and the Actuarial Accrued Liability ("AAL") in order to calculate both the minimum contribution required by ERISA and the maximum deductible contribution for Company tax purposes. AAL is measured using an actuarial cost method qualified by the Internal Revenue Service ("IRS"), and a discount rate determined in consultation with our Plan actuary.

The minimum annual contribution for a given year is the sum of (1) the normal cost for that year and (2) an amount sufficient to amortize the unfunded actuarial liability over a specified period. Contributions are subject to a full funding limit prescribed by law.

9. PLAN TERMINATION

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

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

10. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Pension Master Trust utilizes various investment managers to manage its net assets. These net assets may be invested into funds or separate accounts managed by the investment managers. Therefore, these transactions qualify as exempt party-in-interest transactions. In Plan management's opinion, fees paid during the years ended December 31, 2025 and 2024, for services rendered by parties-in-interest were based upon customary and reasonable rates for such services.

11. FEDERAL INCOME TAX STATUS

The Plan obtained its latest determination letter dated October 29, 2020, in which the IRS determined that the Plan's terms at the time of the determination letter application were in compliance with applicable sections of the Code and, therefore, is exempt from taxation. In December 2016, the IRS began publishing a Required Amendments List for individually designed plans which specifies changes in qualification requirements. The list is published annually and requires plans to be amended for each item on the list, as applicable, to retain its tax exempt status. 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 the Plan and the Pension Master Trust 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.

12. 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 particular modifications based on the Form 5500 instructions.

The net assets of the Plan's 401(h) Accounts are not available to pay pension benefits; they can be used only to pay retiree health benefits. Those assets, and related changes, are reported in the Plan's Form 5500 filing.

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

	December 31	
$ in thousands	**2025**	2024
Net assets available for pension benefits per the financial statements	**$ 8,304,402**	$ 7,886,304
Plus: net assets held in 401(h) Accounts included as assets in Form 5500	**562,322**	507,909
Net assets per Form 5500	**$ 8,866,724**	$ 8,394,213

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500 for the year ended December 31, 2025 and 2024:

	2025			
$ in thousands	Investment Income	Administrative Expenses	Claims and Retiree Health Reimbursements	Premiums
Amount per financial statements	**$ 912,676**	**$ 10,686**	**$ —**	**$ —**
Plus: amount related to 401(h) Accounts	**60,684**	**326**	**5,181**	**764**
Amount per Form 5500	**$ 973,360**	**$ 11,012**	**$ 5,181**	**$ 764**

	2024			
$ in thousands	Investment Income	Administrative Expenses	Claims	Premiums
Amount per financial statements	$ 423,097	$ 10,947	$ —	$ —
Plus: amount related to 401(h) Accounts	26,764	667	31,395	1,725
Amount per Form 5500	$ 449,861	$ 11,614	$ 31,395	$ 1,725

13. SUBSEQUENT EVENTS

In preparing the financial statements for the year ended December 31, 2025, subsequent events were evaluated through October 12, 2026, the date the financial statements were available to be issued. No events occurred that require additional disclosure or adjustments to the statements of net assets available for benefits, benefit obligations or changes thereof.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Northrop Grumman Space and Mission Systems Corp. Salaried Pension Plan

Plan Provisions

The plan document was restated effective January 1, 2020. The most recent plan amendment reflected herein is the amendment to address the spin-off of assets and liabilities out of and into this plan for certain retirees in-pay status effective December 31, 2020 for specified monthly annuity payments scheduled to be paid on and after January 1, 2021.

Heritage S&MS

Coverage and Participation	All salaried employees hired before July 1, 2008, in a S&MS Controlled Group of companies at a unit covered by a Schedule under the plan or any person actively accruing Benefit Service, with certain exclusions dates, are covered beginning on the employment commencement date.

Definitions

Vesting service	One year for each 1,000 hour calendar year of employment.
Credited service	Completed years and months of service from date of hire. Employees are credited with one month of service for each month in which an employee works one day.
Eligible pay	All earned pay.
Benefit credit account	Each month, the Company adds a “pay credit” to this account, according to the eligible pay earned that month, years of service, and age as of the beginning of the month. If the participant was an employee as of January 1, 2005, then he/she will receive the greater of his/her historical plan benefit for the five-year period beginning January 1, 2005. The Company also adds an “interest credit” each month.
Points	The sum of years of service and age at beginning of each month.

SCHEDULE SB ATTACHMENTS

Pay credits

	% Eligible Pay	
Points	All Pay	Pay > SSWB
< 25	3.5%	4.0%
25 - 34	4.0%	4.0%
35 - 44	4.5%	4.0%
45 - 54	5.0%	4.0%
55 - 64	5.5%	4.0%
65 - 74	6.5%	4.0%
75 - 84	7.5%	4.0%
> 85	9.0%	4.0%

The cash balance excess pay credits (pay > SSWB) were eliminated effective January 1, 2013.

Interest credits

The interest contributed at the end of each month is based on the 30-year Treasury Bond rate in effect four months prior to the crediting month, subject to a minimum rate of 2.25%. This amount is added to the account monthly, based on the prior month's ending balance.

Normal form of benefit

Single employees receive monthly benefits for life. For married employees, the pension benefits are actuarially reduced to provide a 50% contingent annuitant annuity with the spouse as beneficiary.

Eligibility for Benefits

Normal retirement

The first of the month coincident with or next following age 65.

Early retirement

The first day of the month coincident with or next following the date prior to NRD, the participant attained age 55 and completed 10 years of vesting service.

Vested termination

Termination for reasons other than death or retirement after completing five years of vesting service. Effective January 1, 2008, benefits will be vested after completing three years of vesting service.

Disability

The date on which the participant reaches early or normal retirement age following termination of employment due to disability and while receiving disability income benefits from a company plan.

Preretirement death benefit

Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Benefit credit account at NRD divided by 9.

Early retirement

Benefit credit account balance at ERD divided by the appropriate factor from the table below:

Age	Factor	Age	Factor
55	11.50	60	10.25
56	11.25	61	10.00
57	11.00	62	9.75
58	10.75	63	9.50
59	10.50	64	9.25

For participants who were active at January 1, 2005, the factor is 9 for all ages.

Late retirement

Benefit credit account balance at the date of postponed retirement divided by 9.

Vested termination

Benefit credit account balance at retirement divided by the appropriate factor below:

Age	Factor	Age	Factor
55	19.00	60	14.00
56	18.00	61	13.00
57	17.00	62	12.00
58	16.00	63	11.00
59	15.00	64	10.00

Disablement

Pension benefit determined as of the participant's actual retirement date (either early or normal retirement). Here, an employee will continue to receive pay credits for up to two years that the participant remains disabled. Interest credits continue to the date the participant chooses to retire.

Preretirement death

100% of the normal or early retirement benefit, based on the benefit credit account as of the later of the employee's date of death or the participant's earliest retirement date. Pre-retirement spouse's benefit is payable at the earliest date the participant would have been able to retire. The spouse's benefit shall commence at the first of the month following date of death if the participant was eligible for early retirement at the date of death.

Other Plan Provisions

Optional forms of retirement income in lieu of normal form

Optional forms are a 50% (for unmarried participants) or 100% contingent annuitant annuity, a 10-year certain and life annuity, a life annuity (for married participants), or a level income option (to ages 62 or 65). Participants transitioning to this plan on January 1, 2005 can elect a lump

sum form of payment on their benefit calculated under the historical plan formula based on service up to January 1, 2005.

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected in this valuation.

Changes in Benefits Valued Since Prior Year

None.

Historical Plan Provisions

Vesting service	Years and months of service as a covered employee (participant) *plus* periods as an employee within the controlled group or a joint venture, but not a participant.
Benefit service	Years and months of service as a covered participant.
Pensionable pay	Includes only such compensation that is actually paid during the plan year with certain adjustments. Includes: regular pay, overtime pay, night shift differential, weekend premium, vacation, holiday (up to 80 hours of pay in lieu of time off), performance-related cash awards, bonus, commissions, sick pay, COLA, STD, 401(k) deferral, 125 deferrals Excludes: termination bonus or severance pay, LTIP, overseas or relocation allowances, LTD, imputed income, holiday pay for laid-off employees, vacation payouts
Average earnings	A participant's final average compensation for any plan year is his average eligible pay which produces the highest five consecutive calendar year average in which he was a participant, expressed as an annual amount. Pay in the year of termination is included if last day of employment occurs after June 30. Years will be treated as consecutive even though a break in service year or years of zero eligible pay intervene.
Covered compensation	The average of the taxable wage bases (assuming that the taxable wage base remains constant in years after severance from service) for the 35-year period ending with the year in which the participant attains Social Security Retirement Age.
Normal retirement date (NRD)	First of month following the attainment of age 65 with five years of vesting service.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit	1.5% of average earnings minus 0.4% of average earnings up to covered compensation multiplied by years of benefit service up to 35 years; plus 1.33% of average earnings for every year of benefit service which is in excess of 35 years.
Supplemental benefit	0.4% of average earnings up to covered compensation multiplied by years of benefit service up to 35 years.
Monthly pre-retirement spouse benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.
Actuarial equivalence	Benefit having equal value when compared on the basis of an 8.5% interest assumption and the 1983 Group Annuity Mortality table (one-half male and one-half female). For lump sum purposes, the applicable interest rate and mortality in Code Section 417(e) are used with the interest rate being for the fourth month preceding the participant's retirement date.
Normal retirement benefit	Monthly pension benefit determined as of NRD.
Early retirement benefit	Monthly pension benefit determined as of early retirement date, reduced by 4.0% per year under age 60 (5% per year under age 62 for participants who joined the plan on or after January 1, 2000). If hired prior to January 1, 2000, the Supplemental benefit, reduced for early retirement, will be paid to age 62. Those hired after January 1, 2000, receive no Supplemental benefit.
Termination with deferred vested benefit	Monthly pension benefit determined as of termination date, reduced 6.667% for each year benefit commencement precedes age 65.
Death with pre-retirement spouse benefits	Monthly pre-retirement spouse benefit is payable.
Forms of payment	Pre-retirement spouse benefits are payable only as described above. Monthly pension benefits are paid as straight life annuities if the participant has no spouse as of the date payments begin, or if the participant so elects, another actuarial equivalent optional form offered by the plan. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are 50%, 75%, 100% joint and survivor annuities, a 10-year certain annuity, lump sum payment at age 55 or older, or (if married) a life annuity.

SCHEDULE SB ATTACHMENTS

Heritage Thiokol

Thiokol Cash Balance Formula

Plan Provisions

The plan was originally effective January 1, 1978 and was restated January 1, 2019. The last amendment reflected herein is the amendment to merge the Thiokol Propulsion Plan into the Space and Mission Systems Salaried Pension Plan as of December 31, 2019.

Effective July 1, 2013, the Plan implemented a Cash Balance formula, the provisions of which are described below. Benefits accrued prior to July 1, 2013 are described under the applicable prior plan benefit sections that follow.

Separate benefit elections and commencement dates apply to each piece of the benefit.

Coverage and participation Covered employees hired or rehired after December 31, 2006, with certain exceptions, are not eligible to participate in the plan.

Definitions

Vesting service All participants are vested.

Pension service Effective July 1, 2013, an employee earns one month of Pension Service for each completed month worked. For pension service prior to July 1, 2013, see Credited and Benefit service in prior plan benefit sections.

Earnings Generally base, overtime and incentive pay through the month of termination.

Normal retirement date (NRD) For participants with only cash balance or pension equity benefits: first day of the month following the attainment of age 65.

For participants with Grandfathered benefits: first day of the month following the attainment of age 67.

Cash balance account For July 1, 2013 and beyond, a cash balance account is established for each participant. The account is credited at the end of the plan year with Earnings Credits and Interest Credits.

i. Earnings Credits are based on Points (age plus Pension Service, in whole years).

Points	Earnings Credit
Less than 40	2.5%
40-59	3.0%
60 or more	4.0%

Plan Name: NG Space&Mission Systems Corp Salaried Pension Plan
EIN / PN: 80-0640649/007
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2025

ii. Interest Credits are 4.0% of the account balance at the beginning of the plan year.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Deferred vested termination	Termination for reasons other than death or retirement after completing three years of vesting service
Disability	None
Preretirement death benefit	Death while eligible for normal or deferred vested retirement benefits.

Benefits Paid Upon the Following Events

Normal retirement	A lump sum equal to the cash balance account, or the actuarially equivalent single life annuity using 417(e) basis including interest rates in effect for the second calendar month preceding the calendar quarter of the annuity starting date.
Deferred vested termination	A lump sum equal to the cash balance account, or the actuarially equivalent single life annuity using 417(e) basis including interest rates in effect for the second calendar month preceding the calendar quarter of the annuity starting date.
Preretirement death	A lump sum equal to the cash balance account, or if married the actuarially equivalent single life annuity using 417(e) basis including interest rates in effect for the second calendar month preceding the calendar quarter of the annuity starting date.

Other Plan Provisions

Forms of payment	The Plan provides the qualified joint and 100% survivor annuity for married employees on an actuarially equivalent basis and a 50% joint and survivor monthly annuity, single life annuity, or lump sum.
Pension Increases	None
Plan participants' contributions	None
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected in this valuation.

Changes in Benefits Valued Since Prior Year

Not applicable.

SCHEDULE SB ATTACHMENTS

Thiokol Frozen Pension Equity Formula (Non-Grandfathered)

Plan Provisions	
Coverage and participation	Generally, covered employees with less than 15 years of Benefit service as of January 1, 2004, or hired or rehired after this date.

Definitions	
Credited service	Prior to July 1, 2013 an employee earns one month of Credited service for each completed month worked.
Earnings	Generally base, overtime and incentive pay through the month of termination.
Final Average Earnings	Average of 60 highest consecutive monthly earnings during the last 120 months of service through 6/30/2013.
Normal retirement date (NRD)	For participants with only cash balance or pension equity benefits: first day of the month following the attainment of age 65. For participants with Grandfathered benefits: first day of the month following the attainment of age 67.
Pension Equity Plan Benefit	Prior to July 1, 2013, the Pension Equity Plan ("PEP") benefit is: 1. 5.5% of the participant's Final Average Earnings that does not exceed one-half of the Social Security Taxable Wage Base, multiplied by Credited service, plus 2. 11% of the participant's Final Average Earnings that exceeds one-half of the Social Security Taxable Wage Base, multiplied by Credited Service. *For participants in the prior plan as of December 31, 2003, the benefit is the greater of the PEP benefit and:* 1. The value of the accrued benefit determined under the prior benefit formula through December 31, 2003 (see Grandfathered formula), plus 2. The PEP formula for Credited service and Final Average Earnings January 1, 2004 through June 30, 2013. These benefits are frozen as of June 30, 2013.

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early Retirement	See Grandfathered formula, if applicable.
Deferred vested termination	Termination for reasons other than death or retirement after completing three years of vesting service.
Disability	None
Preretirement death benefit	Death while eligible for normal, early or deferred vested retirement benefits.

Benefits Paid Upon the Following Events

Normal retirement	Frozen PEP balances are credited with 4% interest (compounded annually) until commencement. The benefit payable is PEP lump sum, or the actuarially equivalent single life annuity using 417(e) basis including interest rates in effect for the second calendar month preceding the calendar quarter of the annuity starting date. For the prior plan benefit if applicable, the annuity value is based on the Grandfathered Plan formula.
Early retirement and Deferred vested termination	Frozen PEP balances are credited with 4% interest (compounded annually) until commencement. The benefit payable is PEP lump sum, or the actuarially equivalent single life annuity using 417(e) basis including interest rates in effect for the second calendar month preceding the calendar quarter of the annuity starting date. For the prior plan benefit if applicable, the annuity value is based on the Grandfathered Plan formula, including reduction factors.
Preretirement death	A lump sum equal to the PEP lump sum, or if married the actuarially equivalent single life annuity using 417(e) basis including interest rates in effect for the second calendar month preceding the calendar quarter of the annuity starting date.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	The Plan provides the qualified joint and 100% survivor annuity for married employees on an actuarially equivalent basis and a 50% joint and survivor monthly annuity, single life annuity, or lump sum. For the prior plan benefit if applicable, optional forms are available based on the Grandfathered optional forms.
Pension Increases	None
Plan participants' contributions	None
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected in this valuation.

Changes in Benefits Valued Since Prior Year

Not applicable.

SCHEDULE SB ATTACHMENTS

Thiokol Frozen Prior Plan Formula – Grandfathered

Plan Provisions

Coverage and participation	Generally, covered employees with 15 or more years of Benefit service as of January 1, 2004 and not rehired thereafter.

Definitions

Vesting service	An employee earns one month of Vesting service for each month an employee is paid for at least one day within the month.
Benefit service	Prior to July 1, 2013 an employee earned one month of Benefit service for each completed month worked.
Earnings	Generally base, overtime and incentive pay through the month of termination.
Final Average Earnings	The larger of (1) average of five highest consecutive calendar year earnings during the last 10 years of service ending 12/31/2012, and (2) average of 60 months earnings ending 6/30/2013.
Social Security Covered Compensation	Average of the Social Security Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the year the participant attains Social Security retirement age.
Normal retirement date (NRD)	First day of the month following the attainment of age 67.
Pension Benefit	Prior to July 1, 2013, the Grandfathered pension benefit is (1) 1.48% of Final Average Earnings multiplied by Benefit service as of 1/1/1984, plus (2) 1.23% of Final Average Earnings multiplied by Benefit service on or after 1/1/1984, plus (3) 0.75% of Final Average Earnings that exceeds Social Security Covered Compensation multiplied by Benefit service up to 35 years. For Longhorn Division and Louisiana Army Ammunition Plant employees, the benefit is (1) Frozen benefit at 1/31/1994, plus (2) 1.00% of Final Average Earnings multiplied by Benefit service after 1/31/1994

SCHEDULE SB ATTACHMENTS

These benefits are frozen as of June 30, 2013.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early Retirement	Age 55 and five years of Vesting service
Deferred vested termination	Terminate for reasons other than death or retirement after completing five years of vesting service or age 65. Benefits are payable at age 55.
Disability	None
Preretirement death benefit	Death while eligible for normal, early or deferred vested retirement benefits.

Benefits Paid Upon the Following Events

Normal retirement	The pension benefit determined as of NRD
Early retirement and Deferred vested termination	The pension benefit is reduced as follows: • 5/9 of 1% for each month preceding age 67 (maximum 60 months) • 5/18 of 1% for each month preceding age 62 (maximum 60 months), • 31/9000 for each month preceding age 57 (maximum 12 months), and • 28/9000 for each month preceding age 56.
Preretirement death	Amount that would have been payable to the spouse under a 100% joint & survivor annuity as of the normal retirement age. For deferred vested terminations, the benefit is reduced for both form and early retirement, for deaths in service the benefit is reduced only for form.

Other Plan Provisions

Forms of payment	The Plan provides the qualified joint and 50% survivor annuity for married employees on an actuarially equivalent basis, and a single life annuity, 75% and 100% joint & survivor annuities, and a 10 year certain and life annuity (not available for deferred vesteds). For joint & survivor annuities that commence prior to NRD, the benefit is not adjusted for form until NRD, at which point it is only adjusted if the survivor has not predeceased the participant.
Pension Increases	None

SCHEDULE SB ATTACHMENTS

Plan participants' contributions	None
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected in this valuation.

Changes in Benefits Valued Since Prior Year

Not applicable.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

Number and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service All monetary amounts shown in US Dollars

Attained Age	Years of Credited Service [1]																														
	Under 1			1 to 4			5 to 9			10 to 14			15 to 19			20 to 24			25 to 29			30 to 34			35 to 39			40 & Up		
		Average			Average			Average			Average			Average			Average			Average			Average			Average			Average		
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25																															
25 to 29																															
30 to 34										3																					
35 to 39										12			79	199,876	105,926	3															
40 to 44							1			1			316	205,311	126,322	247	209,550	155,153	5												
45 to 49										1			204	193,491	134,035	410	217,850	183,068	97	209,796	200,993	1									
50 to 54													132	176,129	143,148	360	203,043	198,707	336	218,507	243,330	44	211,434	271,178	6						
55 to 59							1			1			126	174,127	157,509	289	187,729	213,586	282	200,131	253,172	103	204,360	310,925	151	181,033	243,228	11			
60 to 64										3			119	153,857	159,730	270	188,591	239,029	257	184,362	261,680	103	193,101	314,585	365	191,157	264,448	188	171,768	240,530	
65 to 69				1									40	178,296	199,506	128	166,126	232,050	84	167,723	260,929	37	184,688	319,503	109	183,485	296,003	156	177,036	257,181	
70 & Up													13			29	169,769	266,838	13			13			16			32	172,109	325,007	

Census data as of January 1, 2025 [2]

[1] Age and service for purposes of determining category are based on exact (not rounded) ages

[2] Excludes 832 active participants who transferred out or are no longer due any future accrual.

Plan Name: NG Space&Mission Systems Corp Salaried Pension Plan
EIN / PN: 80-0640649/007
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	26,302,665	11,784,594	410,952,506	449,039,765
2026	52,741,432	26,690,020	397,528,845	476,960,297
2027	72,162,894	36,921,728	387,507,187	496,591,809
2028	88,920,682	45,293,282	377,456,182	511,670,146
2029	103,817,917	52,469,386	367,239,989	523,527,292
2030	116,975,445	58,939,806	356,851,600	532,766,851
2031	128,305,622	63,922,069	346,207,336	538,435,027
2032	137,637,950	68,372,608	335,211,864	541,222,422
2033	145,391,344	71,813,925	323,868,308	541,073,577
2034	151,606,604	75,570,947	312,187,655	539,365,206
2035	156,701,571	78,556,840	300,154,957	535,413,368
2036	160,483,069	81,891,977	287,771,015	530,146,061
2037	163,708,928	84,449,265	275,028,375	523,186,568
2038	166,340,251	87,036,316	261,941,854	515,318,421
2039	168,463,908	89,090,268	248,540,309	506,094,485
2040	170,064,274	91,020,043	234,862,254	495,946,571
2041	170,996,139	92,523,993	220,952,918	484,473,050
2042	171,211,835	93,579,827	206,869,845	471,661,507
2043	170,885,412	94,743,690	192,680,749	458,309,851
2044	170,159,357	94,617,817	178,463,207	443,240,381
2045	168,780,827	95,181,930	164,303,690	428,266,447
2046	166,552,942	94,396,878	150,296,360	411,246,180
2047	163,700,371	93,909,148	136,541,354	394,150,873
2048	160,120,963	92,596,601	123,142,488	375,860,052
2049	155,763,219	90,805,395	110,204,508	356,773,122
2050	150,635,195	87,935,499	97,829,086	336,399,780
2051	144,750,287	84,812,951	86,110,792	315,674,030
2052	138,365,203	81,057,718	75,133,091	294,556,012
2053	131,524,692	77,105,370	64,964,719	273,594,781
2054	124,479,887	72,962,968	55,656,725	253,099,580
2055	117,221,302	68,702,340	47,239,990	233,163,632
2056	109,909,451	64,409,908	39,724,598	214,043,957
2057	102,635,029	60,141,604	33,099,801	195,876,434
2058	95,490,581	55,934,170	27,335,777	178,760,528
2059	88,538,157	51,826,040	22,386,147	162,750,344
2060	81,814,707	47,846,536	18,191,015	147,852,258
2061	75,355,422	44,016,272	14,681,040	134,052,734
2062	69,180,589	40,350,101	11,781,118	121,311,808
2063	63,301,541	36,857,589	9,414,253	109,573,383
2064	57,722,846	33,543,998	7,504,672	98,771,516
2065	52,444,115	30,410,984	5,980,454	88,835,553
2066	47,461,536	27,457,622	4,775,459	79,694,617
2067	42,769,051	24,681,202	3,830,567	71,280,820
2068	38,359,408	22,077,814	3,094,307	63,531,529
2069	34,225,072	19,643,099	2,522,927	56,391,098
2070	30,359,122	17,372,707	2,080,057	49,811,886
2071	26,755,702	15,262,780	1,736,074	43,754,556
2072	23,410,460	13,310,111	1,467,424	38,187,995
2073	20,320,618	11,512,419	1,255,660	33,088,697
2074	17,484,624	9,868,121	1,086,577	28,439,322

Plan Name: NG Space&Mission Systems Corp Salaried Pension Plan
EIN / PN: 80-0640649/007
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

Northrop Grumman Corporation

Statement of Assumptions

The assumptions disclosed in this Appendix are for the valuations to determine funding requirements for the plan year beginning January 1, 2025.

Assumptions and methods for funding purposes

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.37%	5.33%

Annual rates of increase

- Compensation

Age	Compensation Rates
Under age 30	5.25%
30 to 39	4.25%
40 to 49	3.25%
50 to 59	2.75%
Over age 60	2.75%
Weighted average	3.00%

SCHEDULE SB ATTACHMENTS

- Increases in pension benefits
  - In payment and deferred pensioners in S&MS with PRI code C — 1.25%
  - In payment and deferred pensioners in S&MS with PRI codes A, B, or D — 2.50%
- Lump sum option assumptions (for those who are eligible for this form of payment)
  - Lump sum conversion interest rate — September 3-Segment Rates with 24-month average, reflecting corridors
  - Lump sum election percentage for S&MS part A benefit — 50%
  - Lump sum conversion mortality — The unisex PPA combined optional mortality table issued by the IRS for payments in 2025 (consistent with IRS Notice 2024-42).
- Cash balance interest credit rate for heritage S&MS: — 4.50%
- Cash balance interest credit rate for heritage Thiokol: — 4.00%

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Benefit commencement dates

- Preretirement death benefit: The later of the death of the active participant or the date the participant would have met early retirement eligibility.
- Deferred vested benefit

For current actives expected to terminate before retirement eligibility: For heritage S&MS, the later of age 65 or termination of employment. For heritage Thiokol, cash balance and PEP lump sums are assumed to be paid at termination of employment but all other benefits are assumed to be paid at the later of age 65 or termination of employment.

For current deferred vested participants (with adjustments to reflect the Thiokol Normal Retirement Age of 67):

Age	Benefit Commencement Age
60	5%
62	10%
65	75% (40% for Thiokol)
67	50% (80% for Thiokol)
68	100%

- Retirement benefit: Upon retirement

SCHEDULE SB ATTACHMENTS

Form of payment for heritage S&MS	When lump sum option is not available, 35% of participants are assumed to elect 100% joint and survivor annuity, 15% of participants are assumed to elect 50% joint and survivor annuity and 50% of participants are assumed to elect single life annuity.
Form of payment for heritage Thiokol	New cash balance benefits: 75% lump sum, 25% elect 50% J&S annuity. Pension equity benefits (actives): 65% lump sum, 15% elect life annuity, 20% elect 100% J&S annuity. Pension equity benefits (terminated): 50% elect deferred lump sum, 50% elect deferred annuity. All other participants: 33% elect life annuity, 34% elect 50% J&S annuity, 33% elect 100% J&S annuity.
Percent married	65% of male participants are married and 40% of female participants are married.
Spouse age	Male participants are assumed to be two years older than their spouses, and female participants are assumed to be one year younger than their spouses.
Covered pay	Plan compensation is developed using rate of pay, previous year's pensionable pay, increased to the current year by assumed salary increase.
Healthy mortality rates	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

SCHEDULE SB ATTACHMENTS

Termination (not due to disability or retirement) rates

Sample annual rates per 1,000 participants:

Age	All
20	50.0
25	50.0
30	46.3
35	42.5
40	33.0
45	29.0
50	26.0
55	26.0
60	26.0
65	0.0

Retirement

The rates at which participants are assumed to retire by age are shown below.

Annual Rates per 1,000 Participants.

Age	Heritage S&MS	Heritage Thiokol
55-57	75	40
58	80	40
59	95	40
60	130	70
61	140	80
62	140	120
63	140	150
64	130	220
65	220	250
66	235	350
67	250	400
68	250	450
69	225	450
70	1,000	1,000

The weighted average retirement age is 62.

Administrative expenses

Assumed administrative expenses for 2025 are $30,000,000 which equals the average of the administrative expenses other than PBGC premiums paid by the plan for the prior 3 plan years and an estimate of expected 2025 PBGC premiums.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Vested Terminated Participants

For terminated vested participants with termination dates before January 1, 2000, 10% of age 65 (67 for Thiokol) and 33% of age 66 (68 for Thiokol) and older are assumed to ultimately have no benefit due. For terminated vested participants with termination dates January 1, 2000 through December 31, 2021, the same assumption is used except it is based on their age at January 1, 2022. In addition to this, 100% of any terminated vested participant who is more than two years past their Required Minimum Distribution age and terminated two or more years ago is assumed to have no benefit due.

Contingent Survivors

For participants who have commenced their benefits and elected a Joint and Survivor option, to account for the possible deaths of contingent survivors where the participant is still alive, we have reduced the continuation percentage for these individuals. Below is a sample of the amount of reductions that were applied.

Age	Years Since Benefit Commenced		
	2	10	15
60 to 64	1%	2%	3%
65 to 69	1%	3%	4%
70 to 74	1%	4%	5%
75 to 79	2%	7%	8%
80 to 84	4%	11%	14%
85 to 89	7%	18%	21%
90 to 94	34%	34%	34%
95 to 99	43%	43%	43%
100 plus	50%	50%	50%

SCHEDULE SB ATTACHMENTS

Methods	
Valuation date	First day of the plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	WTW has reviewed the plan provisions with Northrop Grumman Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not. In particular, we did not value the lump sum option available to participants whose lump sum was less than $50,000, since this was not expected to have a material impact on the plan liabilities.
Decrement Timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For

retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Sources of Data and Other Information

Fidelity furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Interest Rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash balance interest crediting rate	
• S&MS	The plan credits interest monthly to cash balance accounts using the average annual rate of interest on 30-year Treasury Securities for the preceding fourth month, subject to a minimum of 2.25%, divided by 12. Our long-term estimate of the 30-year Treasury rate is based on the median result rounded to the nearest 25bps from an economic model that forecasts potential future outcomes for bond yields and other asset class returns.
• Thiokol	The plan credits interest to new cash balance accounts using a fixed interest rate of 4.00%. Therefore, an assumption of 4.00% is used.
Rates of increase in Compensation	Assumed compensation increases are based on the experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Administrative Expenses	As required by regulations, administrative expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and

	actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on the experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on the experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Benefit commencement date for deferred vested benefits	Deferred vested participants' assumed commencement age were based on an experience review conducted in 2022.
Form of payment	The form of payment assumption is based on the observed elections for recent retirees.
Vested Terminated Participants	The exclusion assumption is based on a study conducted in 2021. The variation in the assumption for participants with termination dates prior to January 1, 2000 is based on a greater likelihood of bad records.

Prescribed Methods

Funding	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- Termination Rates were updated based on the results of the 2024 experience study.
- The lump sum conversion mortality was updated to the unisex PPA combined optional mortality table issued by the IRS for payments in 2025 (consistent with IRS Notice 2024-42).
- The lump sum take rate for the new cash balance for Thiokol was updated to 75% from 100%, with 25% assumed to elect a 50% J&S benefit.
- The cash balance interest crediting rate assumption for heritage S&MS changed from 5.00% to 4.50%.

Additional Information

None

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	255,880,894	15.00000	255,880,894	23,858,447
2. Shortfall	01/01/2024	176,906,256	14.00000	164,817,636	16,094,985
3. Shortfall	01/01/2023	51,548,320	13.00000	45,933,365	4,720,832
Total				466,631,895	44,674,264

Plan Name: NG Space&Mission Systems Corp Salaried Pension Plan
EIN / PN: 80-0640649/007
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The following changes have been made since the prior valuation:

- Termination Rates were updated based on the results of the 2024 experience study.
- The lump sum conversion mortality was updated to the unisex PPA combined optional mortality table issued by the IRS for payments in 2025 (consistent with IRS Notice 2024-42).
- The lump sum take rate for the new cash balance for Thiokol was updated to 75% from 100%, with 25% assumed to elect a 50% J&S benefit.
- The cash balance interest crediting rate assumption for heritage S&MS changed from 5.00% to 4.50%.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 8
Late Election to Apply Balances to Quarterly Installments
as of January 1, 2025

An election was made to use the funding standard carryover balance and/or prefunding balance to offset the amount of a required quarterly installment, but the election was made after the due date of the installment and therefore line 8 does not match line 35 of the prior year Schedule SB. Line 8 equals $139,691,566 and the prior year line 35 equals $139,687,639 for a difference of $3,927 as detailed below:

Installment Due Date	Election Date	Election Amount (Amount as of January 1, 2024)	Additional Interest Discount
April 15, 2024	April 2, 2024	$58,776,488	$0
July 15, 2024	August 26, 2024	$62,776,488	$3,927
September 15, 2025	September 15, 2025	$18,138,590	$0
Total		$139,691,566	$3,927

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates.

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Year	*Retirement Age (1)*	*Assumed Rate (2)*	*Participants At Beginning (3)*	*Participants Retiring: (2)x(3) (4)*	*(1)*(4) (5)*
2025	55	75	1,000.00	75.00	4,125.00
2026	56	75	925.00	69.38	3,885.28
2027	57	75	855.62	64.17	3,657.69
2028	58	80	791.45	63.32	3,672.56
2029	59	95	728.13	69.17	4,081.03
2030	60	130	658.96	85.66	5,139.60
2031	61	140	573.30	80.26	4,895.86
2032	62	140	493.04	69.03	4,279.86
2033	63	140	424.01	59.36	3,739.68
2034	64	130	364.65	47.40	3,033.60
2035	65	220	317.25	69.80	4,537.00
2036	66	235	247.45	58.15	3,837.90
2037	67	250	189.30	47.33	3,171.11
2038	68	250	141.97	35.49	2,413.32
2039	69	225	106.48	23.96	1,653.24
2040	70	1,000	82.52	82.52	5,776.40
				1,000.00	61,899.13

Average age at retirement (S&MS)	**61,899.13**	**/**	**1,000**	**=**	**62**

Plan Name:	NG Space&Mission Systems Corp Salaried Pension Plan
EIN / PN:	80-0640649/007
Plan Sponsor:	Northrop Grumman Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Year	*Retirement Age (1)*	*Assumed Rate (2)*	*Participants At Beginning (3)*	*Participants Retiring: (2)x(3) (4)*	*(1)*(4) (5)*
2025	55	40	1,000.00	40.00	2,200.00
2026	56	40	960.00	38.40	2,150.40
2027	57	40	921.60	36.86	2,101.25
2028	58	40	884.74	35.39	2,052.59
2029	59	40	849.35	33.97	2,004.46
2030	60	70	815.37	57.08	3,424.57
2031	61	80	758.30	60.66	3,700.49
2032	62	120	697.63	83.72	5,190.39
2033	63	150	613.92	92.09	5,801.52
2034	64	220	521.83	114.80	7,347.36
2035	65	250	407.03	101.76	6,614.19
2036	66	350	305.27	106.84	7,051.74
2037	67	400	198.43	79.37	5,317.81
2038	68	450	119.06	53.57	3,643.09
2039	69	450	65.48	29.47	2,033.17
2040	70	1000	36.01	36.01	2,521.00
				1,000.00	63,154.00

Average age at retirement (Thiokol) **63,154.00** / **1,000** = **63**

Plan	**Number of Participants**	**Weighted Average Retirement Age**	**Weighted Avg. Attributable to Overall**
S&MS (Salaried):	5297	61.899130	54.374742
Thiokol:	733	63.154004	7.676929
Total:	6030	N/A	62.051671
Rounded for Schedule SB item 22			**62**

Plan Name: NG Space&Mission Systems Corp Salaried Pension Plan
EIN / PN: 80-0640649/007
Plan Sponsor: Northrop Grumman Corporation
Valuation Date: January 1, 2025

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
NG Space&Mission Systems Corp Salaried Pension Plan

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Northrop Grumman Corporation

D Employer Identification Number (EIN)
80-0640649

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	7,925,108,322
b Actuarial value	**2b**	7,768,942,446

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	34,862	4,365,396,550	4,365,396,550
b For terminated vested participants	19,636	1,125,352,638	1,125,352,638
c For active participants	6,030	2,059,184,018	2,113,569,145
d Total	60,528	7,549,933,206	7,604,318,333

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

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

5 Effective interest rate	**5**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	79,359,525
b Expected plan-related expenses	**6b**	30,000,000
c Target normal cost	**6c**	109,359,525

Statement by Enrolled Actuary

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

SIGN HERE

Chris J Akerman CJA
Signature of actuary

9/17/2026
Date

Chris J Akerman
Type or print name of actuary

2607692
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO Box 674401

Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	736,454,667
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	139,691,566
9	Amount remaining (line 7 minus line 8)	0	596,763,101
10	Interest on line 9 using prior year's actual return of 5.78%	0	34,492,907
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	631,256,008

Part III Funding Percentages

14	Funding target attainment percentage	14	93.86%
15	Adjusted funding target attainment percentage	15	102.16%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.10%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	109,359,525
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	466,631,895	44,674,264
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	154,033,789

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	154,033,789	154,033,789

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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

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

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