Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RTX RETIREE HEALTH PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 02/01/1963

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

4 FARM SPRINGS ROAD
FARMINGTON, CT 06032

2b Employer Identification Number (EIN)
06-0570975

2c Plan Sponsor's telephone number
860-678-4999

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.	10/14/2026	KELLY B. LAPPIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	19470
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)**	136
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	130
b	Retired or separated participants receiving benefits	**6b**	19061
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	19191
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4D 4E

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 7
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
RTX RETIREE HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
06-0570975

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

1 Coverage Information:

(a) Name of insurance carrier
HAWAII MEDICAL SERVICE ASSOCIATION

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
99-0040115	49948	096124-001*	10	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	109734
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
RTX RETIREE HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
06-0570975

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

1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
23-1294723	54771	165485	9	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	42253
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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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
RTX RETIREE HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
06-0570975

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

1 Coverage Information:

(a) Name of insurance carrier
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	FLI980023*	36757	01/01/2025	12/31/2025

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	20203392
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
RTX RETIREE HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
06-0570975

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

1 Coverage Information:

(a) Name of insurance carrier
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	FLX980184	4612	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	4163880
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
RTX RETIREE HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
06-0570975

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	37073*	628	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	3957474
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
RTX RETIREE HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
06-0570975

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	135938*	3987	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	26283713
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
RTX RETIREE HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
06-0570975

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	12099251*	126315	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	20959795		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	20959795
b Benefit charges (1) Claims paid	**9b(1)**	14627814		
(2) Increase (decrease) in claim reserves	**9b(2)**	0		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	14627814
(4) Claims charged			**9b(4)**	14627814
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**	2402189		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	2402189
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
RTX RETIREE HEALTH PLAN		501
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
RTX CORPORATION	06-0570975	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	1104756	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRICEWATERHOUSECOOPERS

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	152500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONDUENT

13-3954297

(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	NONE	76298	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)

NUVEEN ASSET MANAGEMENT

27-4357327

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	56256	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN CHASE

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	50000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	42516	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)

HEALTH ADVOCATE

23-3080019

(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	NONE	38501	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CIGNA

59-1031071

(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	NONE	34785	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	28697	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)

GRANT THORNTON

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
RTX RETIREE HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
06-0570975

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: UTC EMPLOYEE BENEFIT PLAN TRUST

b Name of sponsor of entity listed in (a): RTX 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)
06-1009612-501	M	0

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)

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
RTX RETIREE HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
06-0570975

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	239500	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	779071	793684
(3) Other	1b(3)	261709	102963
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	480243	695059
(2) U.S. Government securities	1c(2)	6292185	7099355
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4760270	4763597
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7710538	7977988
(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)	63010	0
(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)	4945	0

		(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	20591471	21432646
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	44463	12047
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	44463	12047
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	20547008	21420599

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)	53766444	
(B) Participants	2a(1)(B)	13057047	
(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)		66823491
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)	219425	
(C) Corporate debt instruments	2b(1)(C)	214253	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	112	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		433791
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	83870	
(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)		83870
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	10489356	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10332007	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		157349
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1404307	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1404307

		(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)		11910
(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		33835
d Total income. Add all **income** amounts in column (b) and enter total	2d		68948553
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	50742172	
(2) To insurance carriers for the provision of benefits	2e(2)	13784503	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		64526675
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)	149585	
(3) Recordkeeping fees	2i(3)	1104756	
(4) IQPA audit fees	2i(4)	162500	
(5) Investment advisory and investment management fees	2i(5)	56256	
(6) Bank or trust company trustee/custodial fees	2i(6)	78697	
(7) Actuarial fees	2i(7)	42516	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1953977	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3548287
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		68074962
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		873591
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: PRICEWATERHOUSECOOPERS **(2)** EIN: 13-4008324

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		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

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

RTX Retiree Health Plan

Financial Statements and Supplemental Schedules

To Accompany 2025 Form 5500

Annual Report of Employee Benefit Plan

Under ERISA of 1974

December 31, 2025 and 2024

RTX Retiree Health Plan
Index
December 31, 2025 and 2024

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Certain supplemental schedules that are required by the Employee Retirement Income Security Act of 1974 ("ERISA") are not presented because they are not applicable.

pwc

Report of Independent Auditors

To the Administrator of RTX Retiree Health Plan

Opinion

We have audited the accompanying financial statements of RTX Retiree Health Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan's benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the year ended December 31, 2025, including the related notes (collectively referred to as the "financial statements").

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

Basis for Opinion

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are

presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H – Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H – Line 4j - Schedule of Reportable Transactions for the year ended December 31,

2025 ("supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PricewaterhouseCoopers LLP

Boston, Massachusetts
October 13, 2026

RTX Retiree Health Plan
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Plan interest in Master Trust	$ —	$ 63,010
Investments, at fair value	20,535,999	19,248,181
Total investments	20,535,999	19,311,191
Cash	—	239,500
Retiree contributions receivable	793,684	779,071
Refund and other receivable	—	170,881
Interest and dividends receivable	102,963	90,828
Total assets	21,432,646	20,591,471
Liabilities		
Accrued expenses	12,047	44,463
Total liabilities	12,047	44,463
Net assets available for plan benefits	$ 21,420,599	$ 20,547,008

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

RTX Retiree Health Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

	2025
Additions	
Investment income:	
Change in Plan interest in Master Trust	$ 11,910
Interest and dividend income	517,661
Net appreciation of investments at fair value	1,595,491
Net investment income	2,125,062
Contributions	
Employer contributions	53,766,444
Retiree contributions	13,057,047
Total contributions	66,823,491
Total additions	68,948,553
Deductions	
Claims paid	48,506,646
Medicare B premium reimbursements to participants	2,235,526
Insurance premiums paid	13,784,503
Administrative and other fees	3,548,287
Total deductions	68,074,962
Net increase	873,591
Net assets available for plan benefits, at beginning of year	20,547,008
Net assets available for plan benefits, at end of year	$ 21,420,599

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

RTX Retiree Health Plan
Statements of Plan's Benefit Obligations
As of December 31, 2025 and 2024

	2025	2024
Postretirement benefit obligations, net of amounts currently payable:		
Retired Participants	287,227,000	288,114,000
Plan's total benefit obligations	$ 287,227,000	$ 288,114,000

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

RTX Retiree Health Plan
Statement of Changes in Plan's Benefit Obligations
For the Year Ended December 31, 2025

		2025
Postretirement benefit obligations, net of amounts currently payable:		
Balance at beginning of year	$	288,114,000
Increase (decrease) in postretirement benefits attributable to:		
Benefits paid less retiree contributions		(51,469,628)
Increase for interest due to decrease in discount period		14,447,000
Changes in actuarial assumptions		25,015,000
Transfer of benefit obligation from RTX Employee Health and Welfare Plan (Note 1)		6,425,000
Other actuarial gains and losses		4,695,628
Balance at end of year		287,227,000
Plan’s total benefit obligations, at end of year	$	287,227,000

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

Note 1 - Plan Description

General
The following description of the RTX Retiree Health Plan (the "Plan"), is for general information purposes only. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

The Plan is a welfare benefit plan sponsored and administered by RTX Corporation ("RTX", the "Company", the "Plan Sponsor", or the "Plan Administrator") for certain U.S. retirees of legacy United Technologies Corporation ("UTC"). The Plan provides fixed dollar postretirement benefits to certain legacy UTC U.S. salaried and hourly employees that retired prior to January 1, 2007. Certain legacy UTC active employees are eligible to receive postretirement benefits under the Plan upon retirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

In the normal course of business, the Plan Sponsor restructures its operations and employee benefit offerings. These decisions may result in, but are not limited to, a curtailment of future benefits and/or transfers of benefit obligations and assets to other plans. The impact of any change on the Plan's benefit obligation and assets is recorded as of the date that the change takes place.

In September 2024, the RTX Corporation's Benefit Design and Administration Committee ("BDAC") approved the name change of the Plan from Group Health Plan of United Technologies Corporation to the RTX Retiree Health Plan, effective retroactively to January 1, 2024.

Benefits
The Plan provides both self-insured and fully-insured medical, dental, prescription drug, and life insurance benefits that are paid from either the Company's general assets or the Plan's Voluntary Employees' Beneficiary Association ("VEBA") trust. The VEBA trust is the Rockwell Collins Pre-Funded Trust ("RCPT") of which BNY is the trustee and custodian. The RCPT is used solely for the payment of claims of certain collective bargaining units.

The Plan had an additional trust, the UTC Employee Benefit Plan Trust master trust (the "Master Trust"), that was closed effective November 30, 2025. JPMorgan Chase Bank ("JPM") was the trustee and custodian of the Master Trust. The Master Trust was funded by RTX and retiree contributions. Following its closure, all remaining Plan-related benefit payments previously funded through the Master Trust were transitioned to be paid from the Company's general assets.

Self-insured benefits are administered by various third parties under administrative only contracts. These administrators include Connecticut General Life Insurance Company (CIGNA), United Medical Resources (UMR), Aetna, Anthem, and CVS Caremark. Fully-insured benefits include medical and life insurance benefits to certain eligible participants.

Certain Medicare eligible retirees can participate in a Retiree Medicare Coordinator program administered by Via Benefits. In order to receive benefits, participants select a health insurance plan through Via Benefits and are responsible for payment of premiums directly to the insurance carrier. Participants may request reimbursement of a portion of insurance premiums paid through a Health Reimbursement Arrangement (HRA), which is funded through the Plan's VEBA trusts and the Company's general assets.

The Plan also provides full or partial Medicare part B reimbursements to certain eligible retirees.

Contributions
The costs of the Plan are shared by the Company and retirees. A retiree's cost sharing arrangement is based on a variety of factors including but not limited to, the retiree's legacy business group, years of service, and date of retirement. Certain retirees receive a defined dollar benefit ("DDB") from the Company, which is based on years of service and coverage of eligible dependents, and the retiree contributes the expected cost in excess of the DDB. Other retiree groups contribute the total expected cost of coverage, while others contribute a specified amount or do not contribute at all. The applicable Summary Plan Description should be referenced for a retiree's specific cost sharing arrangement.

Benefits in excess of retiree contributions are paid from the Company's general assets.

Transfer of Benefit Obligation
The Plan receives a postretirement benefit obligation transfer annually from the RTX Employee Health and Welfare Plan ("Employee Plan") for benefits insured with premiums paid during the year by the Plan.

Other
Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to modify benefits provided to participants and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, all eligible claims incurred by the Plan prior to termination would be considered for payment, and the Plan Sponsor would be required to fund any deficit in net assets.

Note 2 - Summary of Accounting and Reporting Policies

The significant accounting and reporting policies followed by the Plan are summarized below.

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

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

Investment Valuation and Income Recognition
JPM and BNY, as trustees, act as investment managers for their respective trusts. Plan investments are stated at fair value and consist generally of money market mutual funds, U.S. government securities, corporate debt securities, and equity securities. As mentioned in Note 1, the Master Trust held at JPM closed effective November 30, 2025.

Purchases and sales of securities are reflected on a trade-date basis. Interest and dividend income from investments is recorded as earned.

Net appreciation (depreciation) includes gains and losses on investments bought and sold, as well as held during the year.

Investments held in the RCPT are restricted for the payment of claims of certain collective bargaining units. The amount restricted for payment of such claims was $20,535,999 and $19,248,181 as of December 31, 2025 and 2024, respectively.

Benefits
Benefits are recorded when paid and are reduced by refunds and pharmacy rebates, which are recorded as earned. Rebates and refunds totaling $299,479 have been netted with Claims paid on the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025.

Postretirement Benefits
The amount reported as the postretirement benefit obligation represents the actuarial present value of estimated future benefits that are attributed by the terms of the Plan to employees' service rendered. Postretirement benefits include future benefits expected to be paid to or for currently retired or terminated employees and their beneficiaries and dependents. The postretirement benefit obligation represents the amount that is to be funded by contributions from RTX and from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary. The valuation applies actuarial assumptions to historical claims data to estimate future annual incurred claims per participant and adjusts such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death or withdrawal) between the valuation date and the expected date of payment. Retirees' claims payable and claims incurred but not reported at year-end are included in the postretirement benefit obligation.

The weighted average discount rates used in the valuation as of December 31, 2025 and 2024 were 5.01% and 5.45%, respectively.

The assumed retirement age used in the valuation varies between 55 and 70.

The assumed weighted average annual rate of increase in the per capita cost of covered health care benefits as of December 31, 2025 is 7.50% in 2026, ultimately grading down to 4.50% in 2038 and thereafter. The assumed weighted average annual rate of increase in the per capita cost of covered health care benefits as of December 31, 2024 is 7.00% in 2025, ultimately grading down to 4.50% in 2035 and thereafter.

The mortality table and mortality projection scale used in the valuation as of December 31, 2025 was Pri-2012, mixed collar adjustments with 10% decrease in rates; MP-2021 generational projection applied from 2012. Separate contingent mortality election following death of retiree.

The mortality table and mortality projection scale used in the valuation as of December 31, 2024 was Pri-2012, mixed collar adjustments with 5% decrease in rates; MP-2021 generational projection applied from 2012. Separate contingent mortality election following death of retiree.

The Plan's benefit obligation as of December 31, 2025 decreased primarily as a result of benefits paid during 2025, partially offset by a decrease in the discount rate as of December 31, 2025 compared to the discount rate as of December 31, 2024, as well as updates in the mortality rates, per capita claims cost and medical trend assumptions to reflect recent experience.

The foregoing 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 the postretirement benefit obligation.

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) for employers that sponsor postretirement health care plans that provide prescription drug benefits was signed into law. The Act introduces a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. Under the Act, the Medicare subsidy amount is received directly by the plan sponsor to fund postretirement benefits and the Plan Sponsor may use the subsidy for any valid business purpose. As such, the Plan's benefit obligations and the changes in the Plan's benefit obligations do not reflect any amount associated with the Medicare subsidy. However, the amount of the benefit obligation related to the Plan is reported net of the Medicare subsidy in the Plan Sponsor's financial statements, resulting in a difference between the two measurements.

Administrative and Other Expenses
Expenses paid by the Plan primarily include administrative, audit, actuarial, and consulting fees.

Fair Value Measurements
The accounting standard for fair value measurements provides a framework for measuring fair value and requires expanded disclosures regarding fair value measurements. Fair value is defined as the price that would be received for an asset or the exit price that would be paid to transfer a liability in the principal or most advantageous market in an orderly transaction between market participants on the measurement date. The accounting standard established a fair value hierarchy which requires an entity to maximize the use of observable inputs, where available. The following summarizes the three levels of inputs required:

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2: Observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or have been corroborated by observable market data for substantially the full term of the related assets or liabilities.

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions may require the transfer of financial instruments from one fair value level to another.

Note 3 - Plan Benefit Obligations

As of December 31, 2025 and 2024, the Plan had postretirement benefit obligations greater than its net assets. The deficit is expected to be funded on a pay-as-you-go basis by the Plan Sponsor and retiree contributions.

The health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed heath care cost-trend rate increased by one percentage, the obligation as of December 31, 2025 and 2024, would have increased by approximately $13,483,000 and $12,630,000, respectively.

Note 4 - Interest in Master Trust

As discussed in Notes 1 and 2, certain of the Plan's investments were held in the Master Trust, which was established for the investment of assets of the Plan and the Employee Plan. The Master Trust was closed effective November 30, 2025. Prior to its closure, the two participating health and welfare plans had an undivided interest in the Master Trust. Investment income and administrative expenses relating to the Master Trust were allocated to the plans at a sub-account level, on a pro-rata basis, based on each plan's activity within the respective sub-account.

The following is a summary of the net assets held in the Master Trust as of December 31, 2024:

	December 31, 2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets		
Money market funds	$ 66,327	$ 63,010
Net Assets	$ 66,327	$ 63,010
Percentage of Plan's interest in the Master Trust		95.0 %

The following is a summary of the change in net assets held in the Master Trust for the year ended December 31, 2025:

	2025
Additions	
Interest income	$ 14,205
Total additions	14,205
Net investment income (loss)	14,205
Net transfers including contributions, distributions and other activity	(80,532)
Net decrease in net assets	(66,327)
Beginning of year Master Trust net assets	66,327
End of year Master Trust net assets	$ —

The following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds are valued at their last reported net asset value.

Fair value information for the investments that are measured at fair value on a recurring basis is as follows as of December 31, 2024:

	Fair Value Measurements as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 66,327	$ —	$ —	$ 66,327

Note 5 - Investments

The following tables summarize the fair value of investment assets and liabilities in the RCPT as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 695,059	$ —	$ —	$ 695,059
U.S. government securities	7,099,355	—	—	7,099,355
Corporate debt	—	4,763,597	—	4,763,597
Common stock	7,977,988	—	—	7,977,988
Total	$ 15,772,402	$ 4,763,597	$ —	$ 20,535,999

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 480,243	$ —	$ —	$ 480,243
U.S. government securities	6,292,185	—	—	6,292,185
Corporate debt	—	4,760,270	—	4,760,270
Common stock	7,710,538	—	—	7,710,538
Other - fixed income	—	4,945	—	4,945
Total	$ 14,482,966	$ 4,765,215	$ —	$ 19,248,181

The following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds are valued at their last reported net asset value.

Quoted market prices are used to value equity and certain actively traded U.S. government security investments when available. Investments in securities traded on national and foreign securities exchanges are valued using the pricing services' reported sales prices on the last business day of the year or, if no sales were reported on that date, at the last reported bid prices.

Corporate debt securities, fixed income securities, and certain U.S. government securities are valued using pricing models maximizing the use of observable inputs for securities with similar characteristics including maturities and rates.

There were no changes in methodologies to determine the fair value of investments as of December 31, 2025 and 2024 and there were no transfers among levels for the years ended December 31, 2025 and 2024.

Note 6 - Income Taxes

The Internal Revenue Service has determined and informed the Plan Administrator by a letter dated December 6, 1979 that the Master Trust is exempt from income taxes in accordance with the applicable sections of the IRC. The Master Trust has been amended since receiving the notification of tax exemption. The Plan Administrator believes that the Master Trust and the Plan are designed and are currently being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC). Therefore, no provision for income taxes has been included in the Plan's financial statements. However, to the extent the Master Trust recognizes any "unrelated trade or business" income as defined in Section 512 of the Code, the Master Trust is required to pay tax at trust income tax rates on any such income. The Master Trust paid no unrelated business income tax for the 2025 and 2024 tax years.

The Internal Revenue Service has determined and informed the Plan Administrator by a letter dated January 26, 2004 that, effective September 30, 2004, the RCPT is exempt from income taxes in accordance with the applicable sections of the IRC. The Plan Administrator believes that the RCPT and the Plan are designed and currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. However, to the extent the RCPT recognizes any "unrelated trade or business" income as defined in Section 512 of the Code, the RCPT is required to pay tax at trust income tax rates on any such income. The RCPT paid no unrelated business income tax for the 2025 and 2024 tax years.

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

Note 7 - Related Party and Party-In-Interest Transactions

The Plan incurred expenses in connection with services provided by JPM and BNY as the Trustees and Custodians of the Plan, and JPM and BNY are therefore parties-in-interest with respect to the Plan. Certain investments within the Master Trust and RCPT were advised by or affiliated with JPM and BNY, respectively. The Plan also incurs expenses in connection with the administration of the Plan and Master Trust by RTX, the Plan Sponsor, and therefore RTX is a party-in-interest with respect to the Plan.

The Plan also incurs certain administrative and investment expenses related to the Plan’s operations, which are paid to parties-in-interest.

All of these transactions either fall outside the scope of or are exempt from ERISA’s prohibited transaction rules.

Note 8 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Note 9 - Subsequent Events

The Plan has evaluated subsequent events and transactions subsequent to December 31, 2025 through the date the Plan's financial statements were available to be issued, October 13, 2026.

RTX Retiree Health Plan
Supplemental Schedule
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	JP MORGAN US TRES INC IJPM199	JP MORGAN US TRES INC IJPM199, VAR RT 12/31/2049 DD 11/09/12	695,059	695,059
		Subtotal money market funds	**695,059**	**695,059**
	ABBOTT LABORATORIES	Common stock, 345 Shares	40,029	43,225
	ABBVIE INC	Common stock, 243 Shares	40,663	55,523
	ACCENTURE PLC	Common stock, 19 Shares	5,662	5,098
	ADOBE INC	Common stock, 12 Shares	4,278	4,200
	ADVANCED MICRO DEVICES INC	Common stock, 127 Shares	20,046	27,198
	AGILENT TECHNOLOGIES INC	Common stock, 34 Shares	4,693	4,626
	AIR PRODUCTS AND CHEMICALS INC	Common stock, 85 Shares	23,400	20,997
	ALLIANT ENERGY CORP	Common stock, 338 Shares	18,614	21,973
	ALLSTATE CORP/THE	Common stock, 101 Shares	16,587	21,023
	ALPHABET INC	Common stock, 578 Shares	46,600	181,376
	ALPHABET INC	Common stock, 867 Shares	96,599	271,371
	AMAZON.COM INC	Common stock, 1395 Shares	147,279	321,994
	AMERICAN ELECTRIC POWER CO INC	Common stock, 246 Shares	24,450	28,366
	AMERICAN EXPRESS CO	Common stock, 92 Shares	16,529	34,035
	AMERICAN INTERNATIONAL GROUP I	Common stock, 230 Shares	13,483	19,677
	AMERIPRISE FINANCIAL INC	Common stock, 40 Shares	12,532	19,614
	AMGEN INC	Common stock, 29 Shares	8,769	9,492
	AMPHENOL CORP	Common stock, 168 Shares	11,897	22,704
	ANALOG DEVICES INC	Common stock, 68 Shares	13,800	18,442
	AON PLC	Common stock, 67 Shares	21,750	23,643
	APOLLO GLOBAL MANAGEMENT INC	Common stock, 63 Shares	9,934	9,120
	APPLE INC	Common stock, 2093 Shares	196,183	569,006
	APPLIED MATERIALS INC	Common stock, 162 Shares	27,980	41,632
	APPLOVIN CORP	Common stock, 37 Shares	20,566	24,931
	ARCH CAPITAL GROUP LTD	Common stock, 188 Shares	14,173	18,033

RTX Retiree Health Plan
Supplemental Schedule
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	ARISTA NETWORKS INC	Common stock, 248 Shares	18,423	32,495
	ARTHUR J GALLAGHER & CO	Common stock, 61 Shares	17,926	15,786
	AT&T INC	Common stock, 165 Shares	3,459	4,099
	AUTODESK INC	Common stock, 14 Shares	4,081	4,144
	AUTOMATIC DATA PROCESSING INC	Common stock, 81 Shares	19,948	20,836
	AUTOZONE INC	Common stock, 4 Shares	14,208	13,566
	AVALONBAY COMMUNITIES INC	Common stock, 98 Shares	17,688	17,768
	AXON ENTERPRISE INC	Common stock, 10 Shares	3,972	5,679
	BANK OF AMERICA CORP	Common stock, 572 Shares	19,037	31,460
*	BANK OF NEW YORK MELLON CORP/T	Common stock, 271 Shares	14,031	31,460
	BERKSHIRE HATHAWAY INC	Common stock, 214 Shares	54,716	107,567
	BIO-TECHNE CORP	Common stock, 137 Shares	7,656	8,057
	BLACKROCK INC	Common stock, 26 Shares	27,279	27,829
	BLACKSTONE INC	Common stock, 45 Shares	6,300	6,936
	BLOCK INC	Common stock, 178 Shares	11,857	11,586
	BOEING CO/THE	Common stock, 171 Shares	30,270	37,128
	BOOKING HOLDINGS INC	Common stock, 6 Shares	25,568	32,132
	BOSTON SCIENTIFIC CORP	Common stock, 342 Shares	19,219	32,610
	BRISTOL-MYERS SQUIBB CO	Common stock, 139 Shares	6,860	7,498
	BROADCOM INC	Common stock, 687 Shares	52,684	237,771
	BUNGE GLOBAL SA	Common stock, 91 Shares	8,008	8,106
	CADENCE DESIGN SYSTEMS INC	Common stock, 37 Shares	12,092	11,565
	CAPITAL ONE FINANCIAL CORP	Common stock, 17 Shares	4,162	4,120
	CARDINAL HEALTH INC	Common stock, 66 Shares	10,546	13,563
	CARNIVAL CORP	Common stock, 618 Shares	13,615	18,874
	CARRIER GLOBAL CORP	Common stock, 235 Shares	12,599	12,417
	CATERPILLAR INC	Common stock, 53 Shares	24,979	30,362
	CHARLES SCHWAB CORP/THE	Common stock, 303 Shares	22,711	30,273
	CHARTER COMMUNICATIONS INC	Common stock, 44 Shares	10,348	9,185
	CHEVRON CORP	Common stock, 355 Shares	50,585	54,106

RTX Retiree Health Plan
Supplemental Schedule
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	CHIPOTLE MEXICAN GRILL INC	Common stock, 537 Shares	22,616	19,869
*	CIGNA GROUP/THE	Common stock, 85 Shares	23,691	23,395
	CISCO SYSTEMS INC	Common stock, 288 Shares	16,992	22,185
	CITIGROUP INC	Common stock, 371 Shares	23,333	43,292
	CME GROUP INC	Common stock, 49 Shares	13,172	13,381
	COCA-COLA CO/THE	Common stock, 722 Shares	45,775	50,475
	COGNIZANT TECHNOLOGY SOLUTIONS	Common stock, 67 Shares	5,366	5,561
	COLGATE-PALMOLIVE CO	Common stock, 196 Shares	15,385	15,488
	CONOCOPHILLIPS	Common stock, 388 Shares	37,090	36,321
	CONTRA ABIOMED INC	Common stock, 10 Shares	—	10
	CORNING INC	Common stock, 107 Shares	3,380	9,369
	CORPAY INC	Common stock, 31 Shares	10,626	9,329
	COSTCO WHOLESALE CORP	Common stock, 68 Shares	38,794	58,639
	CROWN CASTLE INC	Common stock, 108 Shares	10,170	9,598
	CUMMINS INC	Common stock, 45 Shares	14,784	22,970
*	CVS HEALTH CORP	Common stock, 174 Shares	11,470	13,809
	DANAHER CORP	Common stock, 87 Shares	19,580	19,916
	DATADOG INC	Common stock, 92 Shares	13,102	12,511
	DEERE & CO	Common stock, 34 Shares	16,818	15,829
	DELL TECHNOLOGIES INC	Common stock, 41 Shares	4,571	5,161
	DELTA AIR LINES INC	Common stock, 373 Shares	18,303	25,886
	DEXCOM INC	Common stock, 154 Shares	14,387	10,221
	DOORDASH INC	Common stock, 79 Shares	16,642	17,892
	DOVER CORP	Common stock, 52 Shares	8,042	10,152
	DUKE ENERGY CORP	Common stock, 276 Shares	32,560	32,350
	DUPONT DE NEMOURS INC	Common stock, 549 Shares	18,340	22,070
	EATON CORP PLC	Common stock, 74 Shares	20,737	23,570
	EDWARDS LIFESCIENCES CORP	Common stock, 237 Shares	18,671	20,204
	ELECTRONIC ARTS INC	Common stock, 31 Shares	5,140	6,334
	ELEVANCE HEALTH INC	Common stock, 50 Shares	20,850	17,528

RTX Retiree Health Plan
Supplemental Schedule
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As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	ELI LILLY & CO	Common stock, 115 Shares	50,614	123,588
	EMERSON ELECTRIC CO	Common stock, 228 Shares	26,474	30,260
	EQT CORP	Common stock, 322 Shares	16,859	17,259
	EQUINIX INC	Common stock, 7 Shares	5,481	5,363
	EVERGY INC	Common stock, 303 Shares	19,128	21,964
	EVERSOURCE ENERGY	Common stock, 344 Shares	21,285	23,162
	EXXON MOBIL CORP	Common stock, 417 Shares	38,037	50,182
	FAIR ISAAC CORP	Common stock, 3 Shares	5,008	5,072
	FEDEX CORP	Common stock, 76 Shares	20,466	21,953
	FIDELITY NATIONAL INFORMATION	Common stock, 172 Shares	12,317	11,431
	FIFTH THIRD BANCORP	Common stock, 509 Shares	17,391	23,826
	FISERV INC	Common stock, 74 Shares	10,640	4,971
	FORTINET INC	Common stock, 89 Shares	6,957	7,067
	FREEPORT-MCMORAN INC	Common stock, 474 Shares	19,782	24,074
	GARMIN LTD	Common stock, 22 Shares	3,483	4,463
	GE AEROSPACE	Common stock, 168 Shares	27,730	51,749
	GE HEALTHCARE TECHNOLOGIES INC	Common stock, 62 Shares	5,166	5,085
	GE VERNOVA INC	Common stock, 7 Shares	4,000	4,575
	GILEAD SCIENCES INC	Common stock, 225 Shares	22,123	27,617
	GLOBE LIFE INC	Common stock, 107 Shares	10,787	14,965
	GOLDMAN SACHS GROUP INC/THE	Common stock, 20 Shares	7,079	17,580
	HARTFORD INSURANCE GROUP INC/T	Common stock, 29 Shares	4,018	3,996
	HEWLETT PACKARD ENTERPRISE CO	Common stock, 180 Shares	3,775	4,324
	HILTON WORLDWIDE HOLDINGS INC	Common stock, 78 Shares	21,192	22,406
	HOME DEPOT INC/THE	Common stock, 174 Shares	48,174	59,873
	HONEYWELL INTERNATIONAL INC	Common stock, 188 Shares	30,877	36,677
	HOWMET AEROSPACE INC	Common stock, 122 Shares	12,353	25,012
	HUMANA INC	Common stock, 16 Shares	5,246	4,098
	INTEL CORP	Common stock, 786 Shares	20,618	29,003
	INTERCONTINENTAL EXCHANGE INC	Common stock, 120 Shares	13,327	19,435

RTX Retiree Health Plan
Supplemental Schedule
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As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	INTERNATIONAL BUSINESS MACHINE	Common stock, 105 Shares	27,743	31,102
	INTUIT INC	Common stock, 68 Shares	44,871	45,045
	INTUITIVE SURGICAL INC	Common stock, 73 Shares	25,416	41,344
	IQVIA HOLDINGS INC	Common stock, 53 Shares	10,056	11,947
	JOHNSON & JOHNSON	Common stock, 395 Shares	64,558	81,745
	JOHNSON CONTROLS INTERNATIONAL	Common stock, 90 Shares	7,241	10,778
*	JPMORGAN CHASE & CO	Common stock, 316 Shares	38,438	101,822
	KENVUE INC	Common stock, 324 Shares	6,710	5,589
	KEYSIGHT TECHNOLOGIES INC	Common stock, 23 Shares	3,432	4,673
	KIMBERLY-CLARK CORP	Common stock, 73 Shares	9,357	7,365
	KKR & CO INC	Common stock, 195 Shares	22,448	24,859
	KLA CORP	Common stock, 18 Shares	15,364	21,871
	L3HARRIS TECHNOLOGIES INC	Common stock, 96 Shares	20,250	28,183
	LAM RESEARCH CORP	Common stock, 255 Shares	18,890	43,651
	LINDE PLC	Common stock, 96 Shares	32,217	40,933
	M&T BANK CORP	Common stock, 86 Shares	15,143	17,327
	MASTERCARD INC	Common stock, 148 Shares	52,292	84,490
	MCCORMICK & CO INC/MD	Common stock, 131 Shares	9,712	8,922
	MCDONALD'S CORP	Common stock, 37 Shares	8,608	11,308
	MCKESSON CORP	Common stock, 17 Shares	12,634	13,945
	MERCK & CO INC	Common stock, 148 Shares	13,307	15,578
	META PLATFORMS INC	Common stock, 269 Shares	83,163	177,564
*	METLIFE INC	Common stock, 158 Shares	12,520	12,473
	MICROCHIP TECHNOLOGY INC	Common stock, 74 Shares	5,126	4,715
	MICRON TECHNOLOGY INC	Common stock, 154 Shares	12,600	43,953
	MICROSOFT CORP	Common stock, 1065 Shares	185,860	515,055
	MID-AMERICA APARTMENT COMMUNIT	Common stock, 162 Shares	24,664	22,503
	MONDELEZ INTERNATIONAL INC	Common stock, 420 Shares	27,001	22,609
	MONOLITHIC POWER SYSTEMS INC	Common stock, 6 Shares	2,798	5,438

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	MONSTER BEVERAGE CORP	Common stock, 362 Shares	19,931	27,755
	MORGAN STANLEY	Common stock, 53 Shares	6,883	9,409
	MOTOROLA SOLUTIONS INC	Common stock, 22 Shares	8,462	8,433
	MSCI INC	Common stock, 10 Shares	5,385	5,737
	NASDAQ INC	Common stock, 202 Shares	13,672	19,620
	NETFLIX INC	Common stock, 374 Shares	21,883	35,066
	NEXTERA ENERGY INC	Common stock, 530 Shares	34,472	42,548
	NIKE INC	Common stock, 366 Shares	26,760	23,318
	NVIDIA CORP	Common stock, 3248 Shares	121,065	605,751
	NVR INC	Common stock, 3 Shares	21,961	21,878
	NXP SEMICONDUCTORS NV	Common stock, 34 Shares	7,786	7,380
	OLD DOMINION FREIGHT LINE INC	Common stock, 109 Shares	19,122	17,091
	OMNICOM GROUP INC	Common stock, 125 Shares	10,124	10,094
	ORACLE CORP	Common stock, 228 Shares	33,392	44,439
	O'REILLY AUTOMOTIVE INC	Common stock, 261 Shares	19,806	23,806
	PALANTIR TECHNOLOGIES INC	Common stock, 312 Shares	35,245	55,458
	PALO ALTO NETWORKS INC	Common stock, 163 Shares	28,430	30,025
	PARKER-HANNIFIN CORP	Common stock, 32 Shares	14,454	28,127
	PAYCHEX INC	Common stock, 44 Shares	6,728	4,936
	PAYPAL HOLDINGS INC	Common stock, 131 Shares	9,293	7,648
	PENTAIR PLC	Common stock, 86 Shares	7,092	8,956
	PEPSICO INC	Common stock, 56 Shares	9,137	8,037
	PHILIP MORRIS INTERNATIONAL IN	Common stock, 298 Shares	34,964	47,799
	PHILLIPS 66	Common stock, 158 Shares	20,741	20,388
	PROCTER & GAMBLE CO/THE	Common stock, 186 Shares	27,682	26,656
	PROGRESSIVE CORP/THE	Common stock, 139 Shares	23,398	31,653
	PROLOGIS INC	Common stock, 118 Shares	13,332	15,064
	PRUDENTIAL FINANCIAL INC	Common stock, 48 Shares	5,532	5,418
	PTC INC	Common stock, 54 Shares	10,803	9,407

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	QNITY ELECTRONICS INC	Common stock, 196 Shares	16,052	16,003
	QUALCOMM INC	Common stock, 148 Shares	24,020	25,315
	REGENERON PHARMACEUTICALS INC	Common stock, 40 Shares	24,998	30,875
	REPUBLIC SERVICES INC	Common stock, 59 Shares	12,689	12,504
	RESMED INC	Common stock, 20 Shares	4,892	4,817
	ROBINHOOD MARKETS INC	Common stock, 106 Shares	13,153	11,989
	ROSS STORES INC	Common stock, 81 Shares	11,582	14,591
*	RTX CORP	Common stock, 258 Shares	25,995	47,317
	S&P GLOBAL INC	Common stock, 69 Shares	30,879	36,059
	SALESFORCE INC	Common stock, 126 Shares	28,898	33,379
	SBA COMMUNICATIONS CORP	Common stock, 84 Shares	18,835	16,248
	SEAGATE TECHNOLOGY HOLDINGS PL	Common stock, 74 Shares	14,675	20,379
	SERVICENOW INC	Common stock, 186 Shares	25,418	28,493
	SIMON PROPERTY GROUP INC	Common stock, 152 Shares	24,599	28,137
	SMURFIT WESTROCK PLC	Common stock, 587 Shares	25,630	22,699
	SOLSTICE ADVANCED MATERIALS IN	Common stock, 158 Shares	6,805	7,676
	STARBUCKS CORP	Common stock, 230 Shares	21,619	19,368
	STATE STREET CORP	Common stock, 39 Shares	3,703	5,031
	STEEL DYNAMICS INC	Common stock, 133 Shares	17,517	22,537
	STRYKER CORP	Common stock, 47 Shares	15,984	16,519
	SYNCHRONY FINANCIAL	Common stock, 51 Shares	4,315	4,255
	SYNOPSYS INC	Common stock, 25 Shares	8,668	11,743
	TAKE-TWO INTERACTIVE SOFTWARE	Common stock, 23 Shares	3,404	5,889
	TARGET CORP	Common stock, 53 Shares	5,140	5,181
	TE CONNECTIVITY PLC	Common stock, 40 Shares	5,372	9,100
	TERADYNE INC	Common stock, 21 Shares	4,104	4,065
	TESLA INC	Common stock, 346 Shares	87,950	155,603
	TEXAS INSTRUMENTS INC	Common stock, 125 Shares	23,305	21,686
	THERMO FISHER SCIENTIFIC INC	Common stock, 87 Shares	41,006	50,412

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	TJX COS INC/THE	Common stock, 239 Shares	23,094	36,713
	T-MOBILE US INC	Common stock, 132 Shares	26,173	26,801
	TRANE TECHNOLOGIES PLC	Common stock, 47 Shares	11,291	18,292
	TRUIST FINANCIAL CORP	Common stock, 177 Shares	7,422	8,710
	UBER TECHNOLOGIES INC	Common stock, 287 Shares	22,309	23,451
	UNION PACIFIC CORP	Common stock, 138 Shares	22,354	31,922
	UNITED PARCEL SERVICE INC	Common stock, 41 Shares	4,144	4,067
	UNITED RENTALS INC	Common stock, 8 Shares	3,106	6,475
*	UNITEDHEALTH GROUP INC	Common stock, 123 Shares	39,806	40,604
	VERALTO CORP	Common stock, 165 Shares	16,032	16,464
	VERISK ANALYTICS INC	Common stock, 19 Shares	3,673	4,250
	VERIZON COMMUNICATIONS INC	Common stock, 366 Shares	15,211	14,907
	VICI PROPERTIES INC	Common stock, 855 Shares	25,484	24,043
	VISA INC	Common stock, 177 Shares	37,330	62,076
	VISTRA CORP	Common stock, 123 Shares	14,971	19,844
	VULCAN MATERIALS CO	Common stock, 18 Shares	4,654	5,134
	WALMART INC	Common stock, 662 Shares	39,195	73,753
	WALT DISNEY CO/THE	Common stock, 366 Shares	38,551	41,640
	WATERS CORP	Common stock, 25 Shares	9,412	9,496
	WELLS FARGO & CO	Common stock, 659 Shares	30,215	61,419
	WEST PHARMACEUTICAL SERVICES I	Common stock, 34 Shares	8,849	9,355
	WESTERN DIGITAL CORP	Common stock, 123 Shares	12,879	21,189
	WESTINGHOUSE AIR BRAKE TECHNOL	Common stock, 54 Shares	9,031	11,526
	WILLIAMS COS INC/THE	Common stock, 394 Shares	22,625	23,683
	WILLIAMS-SONOMA INC	Common stock, 52 Shares	9,932	9,287
*	WILLIS TOWERS WATSON PLC	Common stock, 13 Shares	4,208	4,272
	WORKDAY INC	Common stock, 90 Shares	22,378	19,330
	WW GRAINGER INC	Common stock, 12 Shares	8,644	12,109
		Subtotal common stock	**4,906,231**	**7,977,988**

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	UNITED STATES TREASURY	U S TREASURY NOTE, 2.250% 11/15/2027 DD 11/15/17	370,248	376,503
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.875% 05/15/2028 DD 05/15/18	29,834	29,579
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.125% 11/15/2028 DD 11/15/18	82,418	79,134
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.000% 11/15/2026 DD 11/15/16	113,498	118,416
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.625% 08/15/2029 DD 08/15/19	40,739	37,361
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.625% 05/15/2030 DD 05/15/20	358,819	316,181
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.125% 02/15/2031 DD 02/15/21	52,879	48,475
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.625% 05/15/2031 DD 05/15/21	124,472	107,629
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.625% 07/31/2026 DD 07/31/21	103,979	103,239
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.375% 11/15/2031 DD 11/15/21	464,373	427,394
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.500% 03/31/2027 DD 03/31/22	97,895	98,766
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.875% 05/15/2032 DD 05/15/22	144,468	136,912
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.625% 07/31/2029 DD 07/31/22	339,877	348,358
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.125% 11/15/2032 DD 11/15/22	569,737	562,198
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 11/30/2027 DD 11/30/22	300,845	302,169
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.625% 03/31/2028 DD 03/31/23	210,033	210,599
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 06/30/2030 DD 06/30/23	305,405	310,992
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.500% 07/15/2026 DD 07/15/23	99,770	100,513
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.625% 09/15/2026 DD 09/15/23	124,282	125,914
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.500% 11/15/2033 DD 11/15/23	51,422	51,717
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.375% 12/15/2026 DD 12/15/23	227,092	226,769
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 12/31/2028 DD 12/31/23	49,617	50,303
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.000% 01/31/2029 DD 01/31/24	74,703	75,985
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.000% 02/15/2034 DD 02/15/24	172,115	174,774
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.250% 02/28/2031 DD 02/29/24	49,697	51,203
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.500% 05/31/2029 DD 05/31/24	217,100	221,291
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 08/15/2034 DD 08/15/24	194,769	192,371
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 08/31/2031 DD 08/31/24	227,716	224,516

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	UNITED STATES TREASURY	U S TREASURY NOTE, 4.125% 10/31/2026 DD 10/31/24	224,165	225,963
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.250% 11/15/2034 DD 11/15/24	154,500	162,006
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.250% 01/31/2030 DD 01/31/25	224,745	230,159
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.625% 02/15/2035 DD 02/15/25	141,827	145,617
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 05/15/2028 DD 05/15/25	228,302	231,302
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 06/30/2027 DD 06/30/25	235,073	235,928
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 07/31/2030 DD 07/31/25	235,451	236,936
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 07/31/2027 DD 07/31/25	84,897	85,502
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.625% 10/31/2030 DD 10/31/25	199,117	199,344
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.000% 11/15/2035 DD 11/15/25	119,091	118,537
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 11/30/2032 DD 11/30/25	118,519	118,800
		Subtotal U.S. government securities	**7,163,489**	**7,099,355**
	ABBVIE INC	ABBVIE INC, 4.800% 03/15/2029 DD 02/26/24	39,596	41,012
	ABBVIE INC	ABBVIE INC, 4.950% 03/15/2031 DD 02/26/24	20,016	20,701
	AGREE LP	AGREE LP, 4.800% 10/01/2032 DD 08/22/22	23,964	25,191
	AMCOR GROUP FINANCE PLC	AMCOR GROUP FINANCE PLC, 5.450% 05/23/2029 DD 05/23/24	55,288	56,889
	AMGEN INC	AMGEN INC, 5.150% 03/02/2028 DD 03/02/23	64,836	66,543
	AMGEN INC	AMGEN INC, 5.250% 03/02/2033 DD 03/02/23	20,100	20,731
	ARDN 2025-ARCP MOR ARCP A 144A	ARDN 2025-ARCP MOR ARCP A 144A, VAR RT 06/15/2035 DD 06/17/25	100,000	100,156
	ARTHUR J GALLAGHER & CO	ARTHUR J GALLAGHER & CO, 5.150% 02/15/2035 DD 12/19/24	14,765	15,191
	AT&T INC	AT&T INC, 4.350% 03/01/2029 DD 02/19/19	107,254	100,569
	BANK 2017-BNK4 BNK4 A4	BANK 2017-BNK4 BNK4 A4, 3.625% 05/15/2050 DD 04/01/17	71,130	74,284
	BANK 2017-BNK8 BNK8 A4	BANK 2017-BNK8 BNK8 A4, 3.488% 11/15/2050 DD 11/01/17	26,872	29,360
	BANK OF AMERICA CORP	BANK OF AMERICA CORP, VAR RT 01/24/2031 DD 01/24/25	190,000	196,299
	BANK OF AMERICA CORP	BANK OF AMERICA CORP, VAR RT 02/12/2036 DD 02/12/25	30,000	31,324
	BAXTER INTERNATIONAL INC	BAXTER INTERNATIONAL INC, 4.450% 02/15/2029 DD 12/04/25	24,983	25,080
	BENCHMARK 2018-B7 MORTGA B7 A4	BENCHMARK 2018-B7 MORTGA B7 A4, VAR RT 05/15/2053 DD 11/01/18	111,649	115,518
	BENCHMARK 2019-B14 MORT B14 A5	BENCHMARK 2019-B14 MORT B14 A5, 3.049% 12/15/2062 DD 11/01/19	111,441	113,768

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	BOEING CO/THE	BOEING CO/THE, 5.150% 05/01/2030 DD 05/04/20	41,087	41,141
	BOEING CO/THE	BOEING CO/THE, 6.528% 05/01/2034 DD 11/01/24	27,640	27,718
	BROADCOM INC	BROADCOM INC, 4.200% 10/15/2030 DD 09/29/25	74,925	75,027
	CARVANA AUTO RECEIVABLES N2 B	CARVANA AUTO RECEIVABLES N2 B, 0.750% 03/10/2028 DD 06/03/21	3,513	3,441
	CARVANA AUTO RECEIVABLES P3 A3	CARVANA AUTO RECEIVABLES P3 A3, 4.610% 11/10/2027 DD 09/08/22	16,454	16,473
	CHARTER COMMUNICATIONS OPERATI	CHARTER COMMUNICATIONS OPERATI, 2.250% 01/15/2029 DD 10/12/21	16,594	18,737
	CHENIERE ENERGY PARTNERS LP	CHENIERE ENERGY PARTNERS LP, 4.500% 10/01/2029 DD 04/01/20	14,559	15,037
	CITIBANK NA	CITIBANK NA, 4.576% 05/29/2027 DD 05/29/25	60,028	60,619
	CITIGROUP COMMERCIAL M GC43 A4	CITIGROUP COMMERCIAL M GC43 A4, 3.038% 11/10/2052 DD 11/01/19	26,881	23,599
	CITIGROUP INC	CITIGROUP INC, VAR RT 09/11/2031 DD 09/11/25	15,000	15,065
	CITIGROUP INC	CITIGROUP INC, VAR RT 09/11/2036 DD 09/11/25	10,000	10,115
	CONSTELLATION BRANDS INC	CONSTELLATION BRANDS INC, 4.800% 05/01/2030 DD 05/01/25	79,920	81,406
*	CVS HEALTH CORP	CVS HEALTH CORP, 1.300% 08/21/2027 DD 08/21/20	61,173	66,974
*	CVS HEALTH CORP	CVS HEALTH CORP, 5.450% 09/15/2035 DD 08/15/25	35,085	35,883
	DBGS 2018-C1 MORTGAGE TR C1 A4	DBGS 2018-C1 MORTGAGE TR C1 A4, 4.466% 10/15/2051 DD 10/01/18	65,502	60,066
	DUKE ENERGY CAROLINAS LLC	DUKE ENERGY CAROLINAS LLC, 2.550% 04/15/2031 DD 04/01/21	59,954	59,888
	DUKE ENERGY CAROLINAS NC STORM	DUKE ENERGY CAROLINAS NC STORM, 4.226% 07/01/2037 DD 09/30/25	119,998	119,872
	DUKE ENERGY PROGRESS LLC	DUKE ENERGY PROGRESS LLC, 5.050% 03/15/2035 DD 03/06/25	20,467	20,373
	ENERGY TRANSFER LP	ENERGY TRANSFER LP, 5.200% 04/01/2030 DD 03/04/25	39,918	41,238
	ESSEX PORTFOLIO LP	ESSEX PORTFOLIO LP, 5.500% 04/01/2034 DD 03/14/24	25,492	25,939
	FLORIDA POWER & LIGHT CO	FLORIDA POWER & LIGHT CO, 5.050% 04/01/2028 DD 03/03/23	45,234	46,153
	FLORIDA POWER & LIGHT CO	FLORIDA POWER & LIGHT CO, 4.800% 05/15/2033 DD 05/18/23	49,523	51,044
	FORD CREDIT AUTO OWNER TR D A3	FORD CREDIT AUTO OWNER TR D A3, 4.610% 08/15/2029 DD 11/22/24	99,997	101,105
	GENERAL MOTORS FINANCIAL CO IN	GENERAL MOTORS FINANCIAL CO IN, 5.350% 01/07/2030 DD 01/07/25	74,912	77,505
	GLOBAL PAYMENTS INC	GLOBAL PAYMENTS INC, 4.875% 11/15/2030 DD 11/14/25	24,992	25,055
	GOLDMAN SACHS GROUP INC/THE	GOLDMAN SACHS GROUP INC/THE, VAR RT 04/23/2031 DD 04/23/25	55,000	56,845
	HCA INC	HCA INC, 5.000% 03/01/2028 DD 02/21/25	24,983	25,473
	HCA INC	HCA INC, 5.625% 09/01/2028 DD 08/23/18	45,421	46,434
	HEALTHCARE REALTY HOLDINGS LP	HEALTHCARE REALTY HOLDINGS LP, 3.750% 07/01/2027 DD 06/08/17	74,507	74,492

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	HEALTHCARE REALTY HOLDINGS LP	HEALTHCARE REALTY HOLDINGS LP, 3.625% 01/15/2028 DD 07/15/22	25,265	24,664
	HIGHWOODS REALTY LP	HIGHWOODS REALTY LP, 3.050% 02/15/2030 DD 09/13/19	25,045	23,296
	HYUNDAI AUTO RECEIVABLES B A3	HYUNDAI AUTO RECEIVABLES B A3, 4.360% 12/17/2029 DD 06/11/25	115,355	116,110
	INTERSTATE POWER AND LIGHT CO	INTERSTATE POWER AND LIGHT CO, 5.600% 06/29/2035 DD 05/19/25	25,643	26,062
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO, VAR RT 04/22/2036 DD 04/22/25	100,818	105,191
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO, VAR RT 04/22/2031 DD 04/22/25	220,056	227,338
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO, VAR RT 07/23/2036 DD 07/23/25	20,000	20,730
*	JPMORGAN CHASE & CO	DBJPM 20-C9 MORTGAGE TRU C9 A5, 1.926% 08/15/2053 DD 08/01/20	92,606	98,614
*	JPMORGAN CHASE & CO	JPMCC COMMERCIAL MORTG JP6 ASB, 3.283% 07/15/2050 DD 06/01/17	10,756	11,544
	KRAFT HEINZ FOODS CO	KRAFT HEINZ FOODS CO, 3.875% 05/15/2027 DD 11/15/20	34,861	34,911
	KRAFT HEINZ FOODS CO	KRAFT HEINZ FOODS CO, 5.400% 03/15/2035 DD 02/25/25	20,535	20,582
	KROGER CO/THE	KROGER CO/THE, 5.000% 09/15/2034 DD 08/27/24	38,580	40,289
	L3HARRIS TECHNOLOGIES INC	L3HARRIS TECHNOLOGIES INC, 5.400% 01/15/2027 DD 07/31/23	35,101	35,511
	MARS INC 144A	MARS INC 144A, 4.600% 03/01/2028 DD 03/12/25	30,066	30,419
	MARS INC 144A	MARS INC 144A, 4.800% 03/01/2030 DD 03/12/25	101,024	102,259
	MARS INC 144A	MARS INC 144A, 5.200% 03/01/2035 DD 03/12/25	14,978	15,449
	META PLATFORMS INC	META PLATFORMS INC, 4.875% 11/15/2035 DD 11/03/25	19,996	20,007
	MORGAN STANLEY	MORGAN STANLEY, VAR RT 04/17/2036 DD 04/17/25	190,007	194,574
	MORGAN STANLEY CAPITAL UBS9 A4	MORGAN STANLEY CAPITAL UBS9 A4, 3.594% 03/15/2049 DD 03/01/16	2,235	2,390
	MPLX LP	MPLX LP, 4.800% 02/15/2031 DD 08/11/25	39,952	40,467
	MVW 2024-1 LLC 1A A 144A	MVW 2024-1 LLC 1A A 144A, 5.320% 02/20/2043 DD 03/14/24	53,686	54,755
	NYSEG STORM FUNDING LLC	NYSEG STORM FUNDING LLC, 4.866% 05/01/2032 DD 02/11/25	99,982	102,846
	ORACLE CORP	ORACLE CORP, 5.200% 09/26/2035 DD 09/26/25	19,997	19,207
	O'REILLY AUTOMOTIVE INC	O'REILLY AUTOMOTIVE INC, 4.200% 04/01/2030 DD 03/27/20	90,829	94,809
	REINSURANCE GROUP OF AMERICA I	REINSURANCE GROUP OF AMERICA I, 5.750% 09/15/2034 DD 05/13/24	10,325	10,451
	ROPER TECHNOLOGIES INC	ROPER TECHNOLOGIES INC, 4.250% 09/15/2028 DD 08/12/25	24,994	25,099
	SBA TOWER TRUST 144A	SBA TOWER TRUST 144A, 1.631% 05/15/2051 DD 05/14/21	65,000	63,596
	SCCU AUTO RECEIVABL 1A A3 144A	SCCU AUTO RECEIVABL 1A A3 144A, 5.110% 06/15/2029 DD 07/24/24	54,997	55,371
	SCE RECOVERY FUNDING LLC	SCE RECOVERY FUNDING LLC, 0.861% 11/15/2033 DD 02/24/21	68,848	62,272

RTX Retiree Health Plan
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As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	SOUTH BOW USA INFRASTRUCTURE H	SOUTH BOW USA INFRASTRUCTURE H, 4.911% 09/01/2027 DD 03/01/25	20,000	20,186
	T-MOBILE USA INC	T-MOBILE USA INC, 4.800% 07/15/2028 DD 05/11/23	94,594	96,748
	T-MOBILE USA INC	T-MOBILE USA INC, 5.125% 05/15/2032 DD 03/27/25	29,965	30,913
	TMUST 2024-1A A 144A	TMUST 2024-1A A 144A, 5.050% 09/20/2029 DD 02/14/24	99,987	100,604
	UBS AG/LONDON	UBS AG/LONDON, 5.650% 09/11/2028 DD 09/11/23	35,775	36,546
	UNITEDHEALTH GROUP INC	UNITEDHEALTH GROUP INC, 4.000% 05/15/2029 DD 05/20/22	38,475	39,982
	UNITEDHEALTH GROUP INC	UNITEDHEALTH GROUP INC, 5.350% 02/15/2033 DD 10/28/22	30,695	31,305
	VENTAS REALTY LP	VENTAS REALTY LP, 5.000% 01/15/2035 DD 09/09/24	44,481	45,126
	VERIZON COMMUNICATIONS INC	VERIZON COMMUNICATIONS INC, 1.750% 01/20/2031 DD 11/20/20	51,880	48,443
	VIRGINIA POWER FUEL SECURITIZA	VIRGINIA POWER FUEL SECURITIZA, 5.088% 05/01/2029 DD 02/14/24	24,049	24,207
	WASTE MANAGEMENT INC	WASTE MANAGEMENT INC, 4.950% 03/15/2035 DD 11/04/24	20,431	20,349
	WEBSTER FINANCIAL CORP	WEBSTER FINANCIAL CORP, VAR RT 09/11/2035 DD 09/11/25	30,043	30,000
	WELLS FARGO & CO	WELLS FARGO & CO, VAR RT 04/23/2031 DD 04/23/25	49,997	51,656
	WEPCO ENVIRONMENTAL TRUST 1 A	WEPCO ENVIRONMENTAL TRUST 1 A, 1.578% 12/15/2035 DD 05/12/21	72,986	65,854
	WILLIAMS COS INC/THE	WILLIAMS COS INC/THE, 5.300% 08/15/2028 DD 08/10/23	84,731	87,532
		Subtotal corporate debt	**4,700,279**	**4,763,597**
		Total assets (held at end of year)	**17,465,058**	**20,535,999**

*Denotes a party-in-interest to the Plan

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Schedule H - Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2025

Single transactions in excess of 5% of beginning of year plan assets:

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
JPM	JP Morgan US Treasury Variable Rate Money Market Fund	$ 1,090,060	$ —	$ —	$ 1,090,060	$ —
JPM	JP Morgan US Treasury Variable Rate Money Market Fund	—	1,300,767	1,300,767	1,300,767	—

A series of transactions in excess of 5% of beginning of year plan assets:

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
JPM	JP Morgan US Treasury Variable Rate Money Market Fund	$ 5,339,819	$ —	$ —	$ 5,339,819	$ —
JPM	JP Morgan US Treasury Variable Rate Money Market Fund	—	5,125,003	5,125,003	5,125,003	—

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Single transactions in excess of 5% of beginning of year plan assets:

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
JPM	JP Morgan US Treasury Variable Rate Money Market Fund	$ 1,090,060	$ —	$ —	$ 1,090,060	$ —
JPM	JP Morgan US Treasury Variable Rate Money Market Fund	—	1,300,767	1,300,767	1,300,767	—

A series of transactions in excess of 5% of beginning of year plan assets:

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
JPM	JP Morgan US Treasury Variable Rate Money Market Fund	$ 5,339,819	$ —	$ —	$ 5,339,819	$ —
JPM	JP Morgan US Treasury Variable Rate Money Market Fund	—	5,125,003	5,125,003	5,125,003	—

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	JP MORGAN US TRES INC IJPM199	JP MORGAN US TRES INC IJPM199, VAR RT 12/31/2049 DD 11/09/12	695,059	695,059
		Subtotal money market funds	**695,059**	**695,059**
	ABBOTT LABORATORIES	Common stock, 345 Shares	40,029	43,225
	ABBVIE INC	Common stock, 243 Shares	40,663	55,523
	ACCENTURE PLC	Common stock, 19 Shares	5,662	5,098
	ADOBE INC	Common stock, 12 Shares	4,278	4,200
	ADVANCED MICRO DEVICES INC	Common stock, 127 Shares	20,046	27,198
	AGILENT TECHNOLOGIES INC	Common stock, 34 Shares	4,693	4,626
	AIR PRODUCTS AND CHEMICALS INC	Common stock, 85 Shares	23,400	20,997
	ALLIANT ENERGY CORP	Common stock, 338 Shares	18,614	21,973
	ALLSTATE CORP/THE	Common stock, 101 Shares	16,587	21,023
	ALPHABET INC	Common stock, 578 Shares	46,600	181,376
	ALPHABET INC	Common stock, 867 Shares	96,599	271,371
	AMAZON.COM INC	Common stock, 1395 Shares	147,279	321,994
	AMERICAN ELECTRIC POWER CO INC	Common stock, 246 Shares	24,450	28,366
	AMERICAN EXPRESS CO	Common stock, 92 Shares	16,529	34,035
	AMERICAN INTERNATIONAL GROUP I	Common stock, 230 Shares	13,483	19,677
	AMERIPRISE FINANCIAL INC	Common stock, 40 Shares	12,532	19,614
	AMGEN INC	Common stock, 29 Shares	8,769	9,492
	AMPHENOL CORP	Common stock, 168 Shares	11,897	22,704
	ANALOG DEVICES INC	Common stock, 68 Shares	13,800	18,442
	AON PLC	Common stock, 67 Shares	21,750	23,643
	APOLLO GLOBAL MANAGEMENT INC	Common stock, 63 Shares	9,934	9,120
	APPLE INC	Common stock, 2093 Shares	196,183	569,006
	APPLIED MATERIALS INC	Common stock, 162 Shares	27,980	41,632
	APPLOVIN CORP	Common stock, 37 Shares	20,566	24,931
	ARCH CAPITAL GROUP LTD	Common stock, 188 Shares	14,173	18,033

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	ARISTA NETWORKS INC	Common stock, 248 Shares	18,423	32,495
	ARTHUR J GALLAGHER & CO	Common stock, 61 Shares	17,926	15,786
	AT&T INC	Common stock, 165 Shares	3,459	4,099
	AUTODESK INC	Common stock, 14 Shares	4,081	4,144
	AUTOMATIC DATA PROCESSING INC	Common stock, 81 Shares	19,948	20,836
	AUTOZONE INC	Common stock, 4 Shares	14,208	13,566
	AVALONBAY COMMUNITIES INC	Common stock, 98 Shares	17,688	17,768
	AXON ENTERPRISE INC	Common stock, 10 Shares	3,972	5,679
	BANK OF AMERICA CORP	Common stock, 572 Shares	19,037	31,460
*	BANK OF NEW YORK MELLON CORP/T	Common stock, 271 Shares	14,031	31,460
	BERKSHIRE HATHAWAY INC	Common stock, 214 Shares	54,716	107,567
	BIO-TECHNE CORP	Common stock, 137 Shares	7,656	8,057
	BLACKROCK INC	Common stock, 26 Shares	27,279	27,829
	BLACKSTONE INC	Common stock, 45 Shares	6,300	6,936
	BLOCK INC	Common stock, 178 Shares	11,857	11,586
	BOEING CO/THE	Common stock, 171 Shares	30,270	37,128
	BOOKING HOLDINGS INC	Common stock, 6 Shares	25,568	32,132
	BOSTON SCIENTIFIC CORP	Common stock, 342 Shares	19,219	32,610
	BRISTOL-MYERS SQUIBB CO	Common stock, 139 Shares	6,860	7,498
	BROADCOM INC	Common stock, 687 Shares	52,684	237,771
	BUNGE GLOBAL SA	Common stock, 91 Shares	8,008	8,106
	CADENCE DESIGN SYSTEMS INC	Common stock, 37 Shares	12,092	11,565
	CAPITAL ONE FINANCIAL CORP	Common stock, 17 Shares	4,162	4,120
	CARDINAL HEALTH INC	Common stock, 66 Shares	10,546	13,563
	CARNIVAL CORP	Common stock, 618 Shares	13,615	18,874
	CARRIER GLOBAL CORP	Common stock, 235 Shares	12,599	12,417
	CATERPILLAR INC	Common stock, 53 Shares	24,979	30,362
	CHARLES SCHWAB CORP/THE	Common stock, 303 Shares	22,711	30,273
	CHARTER COMMUNICATIONS INC	Common stock, 44 Shares	10,348	9,185
	CHEVRON CORP	Common stock, 355 Shares	50,585	54,106

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	CHIPOTLE MEXICAN GRILL INC	Common stock, 537 Shares	22,616	19,869
*	CIGNA GROUP/THE	Common stock, 85 Shares	23,691	23,395
	CISCO SYSTEMS INC	Common stock, 288 Shares	16,992	22,185
	CITIGROUP INC	Common stock, 371 Shares	23,333	43,292
	CME GROUP INC	Common stock, 49 Shares	13,172	13,381
	COCA-COLA CO/THE	Common stock, 722 Shares	45,775	50,475
	COGNIZANT TECHNOLOGY SOLUTIONS	Common stock, 67 Shares	5,366	5,561
	COLGATE-PALMOLIVE CO	Common stock, 196 Shares	15,385	15,488
	CONOCOPHILLIPS	Common stock, 388 Shares	37,090	36,321
	CONTRA ABIOMED INC	Common stock, 10 Shares	—	10
	CORNING INC	Common stock, 107 Shares	3,380	9,369
	CORPAY INC	Common stock, 31 Shares	10,626	9,329
	COSTCO WHOLESALE CORP	Common stock, 68 Shares	38,794	58,639
	CROWN CASTLE INC	Common stock, 108 Shares	10,170	9,598
	CUMMINS INC	Common stock, 45 Shares	14,784	22,970
*	CVS HEALTH CORP	Common stock, 174 Shares	11,470	13,809
	DANAHER CORP	Common stock, 87 Shares	19,580	19,916
	DATADOG INC	Common stock, 92 Shares	13,102	12,511
	DEERE & CO	Common stock, 34 Shares	16,818	15,829
	DELL TECHNOLOGIES INC	Common stock, 41 Shares	4,571	5,161
	DELTA AIR LINES INC	Common stock, 373 Shares	18,303	25,886
	DEXCOM INC	Common stock, 154 Shares	14,387	10,221
	DOORDASH INC	Common stock, 79 Shares	16,642	17,892
	DOVER CORP	Common stock, 52 Shares	8,042	10,152
	DUKE ENERGY CORP	Common stock, 276 Shares	32,560	32,350
	DUPONT DE NEMOURS INC	Common stock, 549 Shares	18,340	22,070
	EATON CORP PLC	Common stock, 74 Shares	20,737	23,570
	EDWARDS LIFESCIENCES CORP	Common stock, 237 Shares	18,671	20,204
	ELECTRONIC ARTS INC	Common stock, 31 Shares	5,140	6,334
	ELEVANCE HEALTH INC	Common stock, 50 Shares	20,850	17,528

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	ELI LILLY & CO	Common stock, 115 Shares	50,614	123,588
	EMERSON ELECTRIC CO	Common stock, 228 Shares	26,474	30,260
	EQT CORP	Common stock, 322 Shares	16,859	17,259
	EQUINIX INC	Common stock, 7 Shares	5,481	5,363
	EVERGY INC	Common stock, 303 Shares	19,128	21,964
	EVERSOURCE ENERGY	Common stock, 344 Shares	21,285	23,162
	EXXON MOBIL CORP	Common stock, 417 Shares	38,037	50,182
	FAIR ISAAC CORP	Common stock, 3 Shares	5,008	5,072
	FEDEX CORP	Common stock, 76 Shares	20,466	21,953
	FIDELITY NATIONAL INFORMATION	Common stock, 172 Shares	12,317	11,431
	FIFTH THIRD BANCORP	Common stock, 509 Shares	17,391	23,826
	FISERV INC	Common stock, 74 Shares	10,640	4,971
	FORTINET INC	Common stock, 89 Shares	6,957	7,067
	FREEPORT-MCMORAN INC	Common stock, 474 Shares	19,782	24,074
	GARMIN LTD	Common stock, 22 Shares	3,483	4,463
	GE AEROSPACE	Common stock, 168 Shares	27,730	51,749
	GE HEALTHCARE TECHNOLOGIES INC	Common stock, 62 Shares	5,166	5,085
	GE VERNOVA INC	Common stock, 7 Shares	4,000	4,575
	GILEAD SCIENCES INC	Common stock, 225 Shares	22,123	27,617
	GLOBE LIFE INC	Common stock, 107 Shares	10,787	14,965
	GOLDMAN SACHS GROUP INC/THE	Common stock, 20 Shares	7,079	17,580
	HARTFORD INSURANCE GROUP INC/T	Common stock, 29 Shares	4,018	3,996
	HEWLETT PACKARD ENTERPRISE CO	Common stock, 180 Shares	3,775	4,324
	HILTON WORLDWIDE HOLDINGS INC	Common stock, 78 Shares	21,192	22,406
	HOME DEPOT INC/THE	Common stock, 174 Shares	48,174	59,873
	HONEYWELL INTERNATIONAL INC	Common stock, 188 Shares	30,877	36,677
	HOWMET AEROSPACE INC	Common stock, 122 Shares	12,353	25,012
	HUMANA INC	Common stock, 16 Shares	5,246	4,098
	INTEL CORP	Common stock, 786 Shares	20,618	29,003
	INTERCONTINENTAL EXCHANGE INC	Common stock, 120 Shares	13,327	19,435

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	INTERNATIONAL BUSINESS MACHINE	Common stock, 105 Shares	27,743	31,102
	INTUIT INC	Common stock, 68 Shares	44,871	45,045
	INTUITIVE SURGICAL INC	Common stock, 73 Shares	25,416	41,344
	IQVIA HOLDINGS INC	Common stock, 53 Shares	10,056	11,947
	JOHNSON & JOHNSON	Common stock, 395 Shares	64,558	81,745
	JOHNSON CONTROLS INTERNATIONAL	Common stock, 90 Shares	7,241	10,778
*	JPMORGAN CHASE & CO	Common stock, 316 Shares	38,438	101,822
	KENVUE INC	Common stock, 324 Shares	6,710	5,589
	KEYSIGHT TECHNOLOGIES INC	Common stock, 23 Shares	3,432	4,673
	KIMBERLY-CLARK CORP	Common stock, 73 Shares	9,357	7,365
	KKR & CO INC	Common stock, 195 Shares	22,448	24,859
	KLA CORP	Common stock, 18 Shares	15,364	21,871
	L3HARRIS TECHNOLOGIES INC	Common stock, 96 Shares	20,250	28,183
	LAM RESEARCH CORP	Common stock, 255 Shares	18,890	43,651
	LINDE PLC	Common stock, 96 Shares	32,217	40,933
	M&T BANK CORP	Common stock, 86 Shares	15,143	17,327
	MASTERCARD INC	Common stock, 148 Shares	52,292	84,490
	MCCORMICK & CO INC/MD	Common stock, 131 Shares	9,712	8,922
	MCDONALD'S CORP	Common stock, 37 Shares	8,608	11,308
	MCKESSON CORP	Common stock, 17 Shares	12,634	13,945
	MERCK & CO INC	Common stock, 148 Shares	13,307	15,578
	META PLATFORMS INC	Common stock, 269 Shares	83,163	177,564
*	METLIFE INC	Common stock, 158 Shares	12,520	12,473
	MICROCHIP TECHNOLOGY INC	Common stock, 74 Shares	5,126	4,715
	MICRON TECHNOLOGY INC	Common stock, 154 Shares	12,600	43,953
	MICROSOFT CORP	Common stock, 1065 Shares	185,860	515,055
	MID-AMERICA APARTMENT COMMUNIT	Common stock, 162 Shares	24,664	22,503
	MONDELEZ INTERNATIONAL INC	Common stock, 420 Shares	27,001	22,609
	MONOLITHIC POWER SYSTEMS INC	Common stock, 6 Shares	2,798	5,438

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	MONSTER BEVERAGE CORP	Common stock, 362 Shares	19,931	27,755
	MORGAN STANLEY	Common stock, 53 Shares	6,883	9,409
	MOTOROLA SOLUTIONS INC	Common stock, 22 Shares	8,462	8,433
	MSCI INC	Common stock, 10 Shares	5,385	5,737
	NASDAQ INC	Common stock, 202 Shares	13,672	19,620
	NETFLIX INC	Common stock, 374 Shares	21,883	35,066
	NEXTERA ENERGY INC	Common stock, 530 Shares	34,472	42,548
	NIKE INC	Common stock, 366 Shares	26,760	23,318
	NVIDIA CORP	Common stock, 3248 Shares	121,065	605,751
	NVR INC	Common stock, 3 Shares	21,961	21,878
	NXP SEMICONDUCTORS NV	Common stock, 34 Shares	7,786	7,380
	OLD DOMINION FREIGHT LINE INC	Common stock, 109 Shares	19,122	17,091
	OMNICOM GROUP INC	Common stock, 125 Shares	10,124	10,094
	ORACLE CORP	Common stock, 228 Shares	33,392	44,439
	O'REILLY AUTOMOTIVE INC	Common stock, 261 Shares	19,806	23,806
	PALANTIR TECHNOLOGIES INC	Common stock, 312 Shares	35,245	55,458
	PALO ALTO NETWORKS INC	Common stock, 163 Shares	28,430	30,025
	PARKER-HANNIFIN CORP	Common stock, 32 Shares	14,454	28,127
	PAYCHEX INC	Common stock, 44 Shares	6,728	4,936
	PAYPAL HOLDINGS INC	Common stock, 131 Shares	9,293	7,648
	PENTAIR PLC	Common stock, 86 Shares	7,092	8,956
	PEPSICO INC	Common stock, 56 Shares	9,137	8,037
	PHILIP MORRIS INTERNATIONAL IN	Common stock, 298 Shares	34,964	47,799
	PHILLIPS 66	Common stock, 158 Shares	20,741	20,388
	PROCTER & GAMBLE CO/THE	Common stock, 186 Shares	27,682	26,656
	PROGRESSIVE CORP/THE	Common stock, 139 Shares	23,398	31,653
	PROLOGIS INC	Common stock, 118 Shares	13,332	15,064
	PRUDENTIAL FINANCIAL INC	Common stock, 48 Shares	5,532	5,418
	PTC INC	Common stock, 54 Shares	10,803	9,407

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	QNITY ELECTRONICS INC	Common stock, 196 Shares	16,052	16,003
	QUALCOMM INC	Common stock, 148 Shares	24,020	25,315
	REGENERON PHARMACEUTICALS INC	Common stock, 40 Shares	24,998	30,875
	REPUBLIC SERVICES INC	Common stock, 59 Shares	12,689	12,504
	RESMED INC	Common stock, 20 Shares	4,892	4,817
	ROBINHOOD MARKETS INC	Common stock, 106 Shares	13,153	11,989
	ROSS STORES INC	Common stock, 81 Shares	11,582	14,591
*	RTX CORP	Common stock, 258 Shares	25,995	47,317
	S&P GLOBAL INC	Common stock, 69 Shares	30,879	36,059
	SALESFORCE INC	Common stock, 126 Shares	28,898	33,379
	SBA COMMUNICATIONS CORP	Common stock, 84 Shares	18,835	16,248
	SEAGATE TECHNOLOGY HOLDINGS PL	Common stock, 74 Shares	14,675	20,379
	SERVICENOW INC	Common stock, 186 Shares	25,418	28,493
	SIMON PROPERTY GROUP INC	Common stock, 152 Shares	24,599	28,137
	SMURFIT WESTROCK PLC	Common stock, 587 Shares	25,630	22,699
	SOLSTICE ADVANCED MATERIALS IN	Common stock, 158 Shares	6,805	7,676
	STARBUCKS CORP	Common stock, 230 Shares	21,619	19,368
	STATE STREET CORP	Common stock, 39 Shares	3,703	5,031
	STEEL DYNAMICS INC	Common stock, 133 Shares	17,517	22,537
	STRYKER CORP	Common stock, 47 Shares	15,984	16,519
	SYNCHRONY FINANCIAL	Common stock, 51 Shares	4,315	4,255
	SYNOPSYS INC	Common stock, 25 Shares	8,668	11,743
	TAKE-TWO INTERACTIVE SOFTWARE	Common stock, 23 Shares	3,404	5,889
	TARGET CORP	Common stock, 53 Shares	5,140	5,181
	TE CONNECTIVITY PLC	Common stock, 40 Shares	5,372	9,100
	TERADYNE INC	Common stock, 21 Shares	4,104	4,065
	TESLA INC	Common stock, 346 Shares	87,950	155,603
	TEXAS INSTRUMENTS INC	Common stock, 125 Shares	23,305	21,686
	THERMO FISHER SCIENTIFIC INC	Common stock, 87 Shares	41,006	50,412

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	TJX COS INC/THE	Common stock, 239 Shares	23,094	36,713
	T-MOBILE US INC	Common stock, 132 Shares	26,173	26,801
	TRANE TECHNOLOGIES PLC	Common stock, 47 Shares	11,291	18,292
	TRUIST FINANCIAL CORP	Common stock, 177 Shares	7,422	8,710
	UBER TECHNOLOGIES INC	Common stock, 287 Shares	22,309	23,451
	UNION PACIFIC CORP	Common stock, 138 Shares	22,354	31,922
	UNITED PARCEL SERVICE INC	Common stock, 41 Shares	4,144	4,067
	UNITED RENTALS INC	Common stock, 8 Shares	3,106	6,475
*	UNITEDHEALTH GROUP INC	Common stock, 123 Shares	39,806	40,604
	VERALTO CORP	Common stock, 165 Shares	16,032	16,464
	VERISK ANALYTICS INC	Common stock, 19 Shares	3,673	4,250
	VERIZON COMMUNICATIONS INC	Common stock, 366 Shares	15,211	14,907
	VICI PROPERTIES INC	Common stock, 855 Shares	25,484	24,043
	VISA INC	Common stock, 177 Shares	37,330	62,076
	VISTRA CORP	Common stock, 123 Shares	14,971	19,844
	VULCAN MATERIALS CO	Common stock, 18 Shares	4,654	5,134
	WALMART INC	Common stock, 662 Shares	39,195	73,753
	WALT DISNEY CO/THE	Common stock, 366 Shares	38,551	41,640
	WATERS CORP	Common stock, 25 Shares	9,412	9,496
	WELLS FARGO & CO	Common stock, 659 Shares	30,215	61,419
	WEST PHARMACEUTICAL SERVICES I	Common stock, 34 Shares	8,849	9,355
	WESTERN DIGITAL CORP	Common stock, 123 Shares	12,879	21,189
	WESTINGHOUSE AIR BRAKE TECHNOL	Common stock, 54 Shares	9,031	11,526
	WILLIAMS COS INC/THE	Common stock, 394 Shares	22,625	23,683
	WILLIAMS-SONOMA INC	Common stock, 52 Shares	9,932	9,287
*	WILLIS TOWERS WATSON PLC	Common stock, 13 Shares	4,208	4,272
	WORKDAY INC	Common stock, 90 Shares	22,378	19,330
	WW GRAINGER INC	Common stock, 12 Shares	8,644	12,109
		Subtotal common stock	**4,906,231**	**7,977,988**

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.250% 11/15/2027 DD 11/15/17	370,248	376,503
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.875% 05/15/2028 DD 05/15/18	29,834	29,579
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.125% 11/15/2028 DD 11/15/18	82,418	79,134
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.000% 11/15/2026 DD 11/15/16	113,498	118,416
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.625% 08/15/2029 DD 08/15/19	40,739	37,361
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.625% 05/15/2030 DD 05/15/20	358,819	316,181
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.125% 02/15/2031 DD 02/15/21	52,879	48,475
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.625% 05/15/2031 DD 05/15/21	124,472	107,629
	UNITED STATES TREASURY	U S TREASURY NOTE, 0.625% 07/31/2026 DD 07/31/21	103,979	103,239
	UNITED STATES TREASURY	U S TREASURY NOTE, 1.375% 11/15/2031 DD 11/15/21	464,373	427,394
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.500% 03/31/2027 DD 03/31/22	97,895	98,766
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.875% 05/15/2032 DD 05/15/22	144,468	136,912
	UNITED STATES TREASURY	U S TREASURY NOTE, 2.625% 07/31/2029 DD 07/31/22	339,877	348,358
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.125% 11/15/2032 DD 11/15/22	569,737	562,198
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 11/30/2027 DD 11/30/22	300,845	302,169
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.625% 03/31/2028 DD 03/31/23	210,033	210,599
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 06/30/2030 DD 06/30/23	305,405	310,992
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.500% 07/15/2026 DD 07/15/23	99,770	100,513
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.625% 09/15/2026 DD 09/15/23	124,282	125,914
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.500% 11/15/2033 DD 11/15/23	51,422	51,717
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.375% 12/15/2026 DD 12/15/23	227,092	226,769
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 12/31/2028 DD 12/31/23	49,617	50,303
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.000% 01/31/2029 DD 01/31/24	74,703	75,985
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.000% 02/15/2034 DD 02/15/24	172,115	174,774
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.250% 02/28/2031 DD 02/29/24	49,697	51,203
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.500% 05/31/2029 DD 05/31/24	217,100	221,291
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 08/15/2034 DD 08/15/24	194,769	192,371
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 08/31/2031 DD 08/31/24	227,716	224,516

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	UNITED STATES TREASURY	U S TREASURY NOTE, 4.125% 10/31/2026 DD 10/31/24	224,165	225,963
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.250% 11/15/2034 DD 11/15/24	154,500	162,006
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.250% 01/31/2030 DD 01/31/25	224,745	230,159
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.625% 02/15/2035 DD 02/15/25	141,827	145,617
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 05/15/2028 DD 05/15/25	228,302	231,302
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 06/30/2027 DD 06/30/25	235,073	235,928
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 07/31/2030 DD 07/31/25	235,451	236,936
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.875% 07/31/2027 DD 07/31/25	84,897	85,502
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.625% 10/31/2030 DD 10/31/25	199,117	199,344
	UNITED STATES TREASURY	U S TREASURY NOTE, 4.000% 11/15/2035 DD 11/15/25	119,091	118,537
	UNITED STATES TREASURY	U S TREASURY NOTE, 3.750% 11/30/2032 DD 11/30/25	118,519	118,800
		Subtotal U.S. government securities	**7,163,489**	**7,099,355**
	ABBVIE INC	ABBVIE INC, 4.800% 03/15/2029 DD 02/26/24	39,596	41,012
	ABBVIE INC	ABBVIE INC, 4.950% 03/15/2031 DD 02/26/24	20,016	20,701
	AGREE LP	AGREE LP, 4.800% 10/01/2032 DD 08/22/22	23,964	25,191
	AMCOR GROUP FINANCE PLC	AMCOR GROUP FINANCE PLC, 5.450% 05/23/2029 DD 05/23/24	55,288	56,889
	AMGEN INC	AMGEN INC, 5.150% 03/02/2028 DD 03/02/23	64,836	66,543
	AMGEN INC	AMGEN INC, 5.250% 03/02/2033 DD 03/02/23	20,100	20,731
	ARDN 2025-ARCP MOR ARCP A 144A	ARDN 2025-ARCP MOR ARCP A 144A, VAR RT 06/15/2035 DD 06/17/25	100,000	100,156
	ARTHUR J GALLAGHER & CO	ARTHUR J GALLAGHER & CO, 5.150% 02/15/2035 DD 12/19/24	14,765	15,191
	AT&T INC	AT&T INC, 4.350% 03/01/2029 DD 02/19/19	107,254	100,569
	BANK 2017-BNK4 BNK4 A4	BANK 2017-BNK4 BNK4 A4, 3.625% 05/15/2050 DD 04/01/17	71,130	74,284
	BANK 2017-BNK8 BNK8 A4	BANK 2017-BNK8 BNK8 A4, 3.488% 11/15/2050 DD 11/01/17	26,872	29,360
	BANK OF AMERICA CORP	BANK OF AMERICA CORP, VAR RT 01/24/2031 DD 01/24/25	190,000	196,299
	BANK OF AMERICA CORP	BANK OF AMERICA CORP, VAR RT 02/12/2036 DD 02/12/25	30,000	31,324
	BAXTER INTERNATIONAL INC	BAXTER INTERNATIONAL INC, 4.450% 02/15/2029 DD 12/04/25	24,983	25,080
	BENCHMARK 2018-B7 MORTGA B7 A4	BENCHMARK 2018-B7 MORTGA B7 A4, VAR RT 05/15/2053 DD 11/01/18	111,649	115,518
	BENCHMARK 2019-B14 MORT B14 A5	BENCHMARK 2019-B14 MORT B14 A5, 3.049% 12/15/2062 DD 11/01/19	111,441	113,768

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	BOEING CO/THE	BOEING CO/THE, 5.150% 05/01/2030 DD 05/04/20	41,087	41,141
	BOEING CO/THE	BOEING CO/THE, 6.528% 05/01/2034 DD 11/01/24	27,640	27,718
	BROADCOM INC	BROADCOM INC, 4.200% 10/15/2030 DD 09/29/25	74,925	75,027
	CARVANA AUTO RECEIVABLES N2 B	CARVANA AUTO RECEIVABLES N2 B, 0.750% 03/10/2028 DD 06/03/21	3,513	3,441
	CARVANA AUTO RECEIVABLES P3 A3	CARVANA AUTO RECEIVABLES P3 A3, 4.610% 11/10/2027 DD 09/08/22	16,454	16,473
	CHARTER COMMUNICATIONS OPERATI	CHARTER COMMUNICATIONS OPERATI, 2.250% 01/15/2029 DD 10/12/21	16,594	18,737
	CHENIERE ENERGY PARTNERS LP	CHENIERE ENERGY PARTNERS LP, 4.500% 10/01/2029 DD 04/01/20	14,559	15,037
	CITIBANK NA	CITIBANK NA, 4.576% 05/29/2027 DD 05/29/25	60,028	60,619
	CITIGROUP COMMERCIAL M GC43 A4	CITIGROUP COMMERCIAL M GC43 A4, 3.038% 11/10/2052 DD 11/01/19	26,881	23,599
	CITIGROUP INC	CITIGROUP INC, VAR RT 09/11/2031 DD 09/11/25	15,000	15,065
	CITIGROUP INC	CITIGROUP INC, VAR RT 09/11/2036 DD 09/11/25	10,000	10,115
	CONSTELLATION BRANDS INC	CONSTELLATION BRANDS INC, 4.800% 05/01/2030 DD 05/01/25	79,920	81,406
*	CVS HEALTH CORP	CVS HEALTH CORP, 1.300% 08/21/2027 DD 08/21/20	61,173	66,974
*	CVS HEALTH CORP	CVS HEALTH CORP, 5.450% 09/15/2035 DD 08/15/25	35,085	35,883
	DBGS 2018-C1 MORTGAGE TR C1 A4	DBGS 2018-C1 MORTGAGE TR C1 A4, 4.466% 10/15/2051 DD 10/01/18	65,502	60,066
	DUKE ENERGY CAROLINAS LLC	DUKE ENERGY CAROLINAS LLC, 2.550% 04/15/2031 DD 04/01/21	59,954	59,888
	DUKE ENERGY CAROLINAS NC STORM	DUKE ENERGY CAROLINAS NC STORM, 4.226% 07/01/2037 DD 09/30/25	119,998	119,872
	DUKE ENERGY PROGRESS LLC	DUKE ENERGY PROGRESS LLC, 5.050% 03/15/2035 DD 03/06/25	20,467	20,373
	ENERGY TRANSFER LP	ENERGY TRANSFER LP, 5.200% 04/01/2030 DD 03/04/25	39,918	41,238
	ESSEX PORTFOLIO LP	ESSEX PORTFOLIO LP, 5.500% 04/01/2034 DD 03/14/24	25,492	25,939
	FLORIDA POWER & LIGHT CO	FLORIDA POWER & LIGHT CO, 5.050% 04/01/2028 DD 03/03/23	45,234	46,153
	FLORIDA POWER & LIGHT CO	FLORIDA POWER & LIGHT CO, 4.800% 05/15/2033 DD 05/18/23	49,523	51,044
	FORD CREDIT AUTO OWNER TR D A3	FORD CREDIT AUTO OWNER TR D A3, 4.610% 08/15/2029 DD 11/22/24	99,997	101,105
	GENERAL MOTORS FINANCIAL CO IN	GENERAL MOTORS FINANCIAL CO IN, 5.350% 01/07/2030 DD 01/07/25	74,912	77,505
	GLOBAL PAYMENTS INC	GLOBAL PAYMENTS INC, 4.875% 11/15/2030 DD 11/14/25	24,992	25,055
	GOLDMAN SACHS GROUP INC/THE	GOLDMAN SACHS GROUP INC/THE, VAR RT 04/23/2031 DD 04/23/25	55,000	56,845
	HCA INC	HCA INC, 5.000% 03/01/2028 DD 02/21/25	24,983	25,473
	HCA INC	HCA INC, 5.625% 09/01/2028 DD 08/23/18	45,421	46,434
	HEALTHCARE REALTY HOLDINGS LP	HEALTHCARE REALTY HOLDINGS LP, 3.750% 07/01/2027 DD 06/08/17	74,507	74,492

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	HEALTHCARE REALTY HOLDINGS LP	HEALTHCARE REALTY HOLDINGS LP, 3.625% 01/15/2028 DD 07/15/22	25,265	24,664
	HIGHWOODS REALTY LP	HIGHWOODS REALTY LP, 3.050% 02/15/2030 DD 09/13/19	25,045	23,296
	HYUNDAI AUTO RECEIVABLES B A3	HYUNDAI AUTO RECEIVABLES B A3, 4.360% 12/17/2029 DD 06/11/25	115,355	116,110
	INTERSTATE POWER AND LIGHT CO	INTERSTATE POWER AND LIGHT CO, 5.600% 06/29/2035 DD 05/19/25	25,643	26,062
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO, VAR RT 04/22/2036 DD 04/22/25	100,818	105,191
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO, VAR RT 04/22/2031 DD 04/22/25	220,056	227,338
*	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO, VAR RT 07/23/2036 DD 07/23/25	20,000	20,730
*	JPMORGAN CHASE & CO	DBJPM 20-C9 MORTGAGE TRU C9 A5, 1.926% 08/15/2053 DD 08/01/20	92,606	98,614
*	JPMORGAN CHASE & CO	JPMCC COMMERCIAL MORTG JP6 ASB, 3.283% 07/15/2050 DD 06/01/17	10,756	11,544
	KRAFT HEINZ FOODS CO	KRAFT HEINZ FOODS CO, 3.875% 05/15/2027 DD 11/15/20	34,861	34,911
	KRAFT HEINZ FOODS CO	KRAFT HEINZ FOODS CO, 5.400% 03/15/2035 DD 02/25/25	20,535	20,582
	KROGER CO/THE	KROGER CO/THE, 5.000% 09/15/2034 DD 08/27/24	38,580	40,289
	L3HARRIS TECHNOLOGIES INC	L3HARRIS TECHNOLOGIES INC, 5.400% 01/15/2027 DD 07/31/23	35,101	35,511
	MARS INC 144A	MARS INC 144A, 4.600% 03/01/2028 DD 03/12/25	30,066	30,419
	MARS INC 144A	MARS INC 144A, 4.800% 03/01/2030 DD 03/12/25	101,024	102,259
	MARS INC 144A	MARS INC 144A, 5.200% 03/01/2035 DD 03/12/25	14,978	15,449
	META PLATFORMS INC	META PLATFORMS INC, 4.875% 11/15/2035 DD 11/03/25	19,996	20,007
	MORGAN STANLEY	MORGAN STANLEY, VAR RT 04/17/2036 DD 04/17/25	190,007	194,574
	MORGAN STANLEY CAPITAL UBS9 A4	MORGAN STANLEY CAPITAL UBS9 A4, 3.594% 03/15/2049 DD 03/01/16	2,235	2,390
	MPLX LP	MPLX LP, 4.800% 02/15/2031 DD 08/11/25	39,952	40,467
	MVW 2024-1 LLC 1A A 144A	MVW 2024-1 LLC 1A A 144A, 5.320% 02/20/2043 DD 03/14/24	53,686	54,755
	NYSEG STORM FUNDING LLC	NYSEG STORM FUNDING LLC, 4.866% 05/01/2032 DD 02/11/25	99,982	102,846
	ORACLE CORP	ORACLE CORP, 5.200% 09/26/2035 DD 09/26/25	19,997	19,207
	O'REILLY AUTOMOTIVE INC	O'REILLY AUTOMOTIVE INC, 4.200% 04/01/2030 DD 03/27/20	90,829	94,809
	REINSURANCE GROUP OF AMERICA I	REINSURANCE GROUP OF AMERICA I, 5.750% 09/15/2034 DD 05/13/24	10,325	10,451
	ROPER TECHNOLOGIES INC	ROPER TECHNOLOGIES INC, 4.250% 09/15/2028 DD 08/12/25	24,994	25,099
	SBA TOWER TRUST 144A	SBA TOWER TRUST 144A, 1.631% 05/15/2051 DD 05/14/21	65,000	63,596
	SCCU AUTO RECEIVABL 1A A3 144A	SCCU AUTO RECEIVABL 1A A3 144A, 5.110% 06/15/2029 DD 07/24/24	54,997	55,371
	SCE RECOVERY FUNDING LLC	SCE RECOVERY FUNDING LLC, 0.861% 11/15/2033 DD 02/24/21	68,848	62,272

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	SOUTH BOW USA INFRASTRUCTURE H	SOUTH BOW USA INFRASTRUCTURE H, 4.911% 09/01/2027 DD 03/01/25	20,000	20,186
	T-MOBILE USA INC	T-MOBILE USA INC, 4.800% 07/15/2028 DD 05/11/23	94,594	96,748
	T-MOBILE USA INC	T-MOBILE USA INC, 5.125% 05/15/2032 DD 03/27/25	29,965	30,913
	TMUST 2024-1A A 144A	TMUST 2024-1A A 144A, 5.050% 09/20/2029 DD 02/14/24	99,987	100,604
	UBS AG/LONDON	UBS AG/LONDON, 5.650% 09/11/2028 DD 09/11/23	35,775	36,546
	UNITEDHEALTH GROUP INC	UNITEDHEALTH GROUP INC, 4.000% 05/15/2029 DD 05/20/22	38,475	39,982
	UNITEDHEALTH GROUP INC	UNITEDHEALTH GROUP INC, 5.350% 02/15/2033 DD 10/28/22	30,695	31,305
	VENTAS REALTY LP	VENTAS REALTY LP, 5.000% 01/15/2035 DD 09/09/24	44,481	45,126
	VERIZON COMMUNICATIONS INC	VERIZON COMMUNICATIONS INC, 1.750% 01/20/2031 DD 11/20/20	51,880	48,443
	VIRGINIA POWER FUEL SECURITIZA	VIRGINIA POWER FUEL SECURITIZA, 5.088% 05/01/2029 DD 02/14/24	24,049	24,207
	WASTE MANAGEMENT INC	WASTE MANAGEMENT INC, 4.950% 03/15/2035 DD 11/04/24	20,431	20,349
	WEBSTER FINANCIAL CORP	WEBSTER FINANCIAL CORP, VAR RT 09/11/2035 DD 09/11/25	30,043	30,000
	WELLS FARGO & CO	WELLS FARGO & CO, VAR RT 04/23/2031 DD 04/23/25	49,997	51,656
	WEPCO ENVIRONMENTAL TRUST 1 A	WEPCO ENVIRONMENTAL TRUST 1 A, 1.578% 12/15/2035 DD 05/12/21	72,986	65,854
	WILLIAMS COS INC/THE	WILLIAMS COS INC/THE, 5.300% 08/15/2028 DD 08/10/23	84,731	87,532
		Subtotal corporate debt	**4,700,279**	**4,763,597**
		Total assets (held at end of year)	**17,465,058**	**20,535,999**

*Denotes a party-in-interest to the Plan