

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>017</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/09/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>017</u>	1c Effective date of plan <u>03/09/2002</u>	
1b Three-digit plan number (PN) ▶	<u>017</u>				
1c Effective date of plan <u>03/09/2002</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>L-3 COMMUNICATIONS INTEGRATED SYSTEMS L.P.</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>600 THIRD AVENUE</u> <u>NEW YORK, NY 10016-1901</u> </div> <div style="width: 45%;"> <u>10001 JACK FINNEY BOULEVARD</u> <u>GREENVILLE, TX 75402</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>03-0391841</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>212-697-1111</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>334200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>03-0391841</u>	2c Sponsor's telephone number <u>212-697-1111</u>	2d Business code (see instructions) <u>334200</u>	
2b Employer Identification Number (EIN) <u>03-0391841</u>					
2c Sponsor's telephone number <u>212-697-1111</u>					
2d Business code (see instructions) <u>334200</u>					

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. Signature of plan administrator	<u>09/08/2013</u> Date	<u>PAT HEMPHILL</u> 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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 5254
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	3710
b Retired or separated participants receiving benefits.....	6b	729
c Other retired or separated participants entitled to future benefits.....	6c	776
d Subtotal. Add lines 6a , 6b , and 6c	6d	5215
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	81
f Total. Add lines 6d and 6e	6f	5296
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	3
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 Characteristics Codes in the instructions: 1A 1E 1G 3F 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

A Name of plan <u>L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>017</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>L-3 COMMUNICATIONS INTEGRATED SYSTEMS L.P.</u>	D Employer Identification Number (EIN) <u>03-0391841</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>404573755</u>
b Actuarial value	2b <u>406817658</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a <u>677</u> (1) Number of participants <u>79384609</u> (2) Funding Target
b For terminated vested participants	3b <u>770</u> <u>19897740</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>35789460</u>
(2) Vested benefits	3c(2) <u>208411070</u>
(3) Total active	3c(3) <u>3806</u> <u>244200530</u>
d Total	3d <u>5253</u> <u>343482879</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>7.15 %</u>
6 Target normal cost	6 <u>30462772</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>07/09/2013</u>
Signature of actuary		Date
<u>JEFFREY LITWIN, FSA, MAAA</u>		<u>11-03980</u>
Type or print name of actuary		Most recent enrollment number
<u>SIBSON CONSULTING</u>		<u>212-251-5000</u>
Firm name		Telephone number (including area code)
<u>333 W 34TH STREET</u> <u>NEW YORK, NY 10001-2402</u>		
Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	68356625	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	20032878	0
9 Amount remaining (line 7 minus line 8)	48323747	0
10 Interest on line 9 using prior year's actual return of <u>3.04</u> %	1469042	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		19004641
b Interest on (a) using prior year's effective interest rate of <u>6.38</u> % except as otherwise provided (see instructions)		577741
c Total available at beginning of current plan year to add to prefunding balance		19582382
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	49792789	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	103.94 %
15 Adjusted funding target attainment percentage	15	118.43 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2012	9615000				
01/15/2013	9615000				
04/12/2013	9020000				
07/01/2013	9020000				
			Totals ►	18(b)	37270000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	34433964
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	30462772	
b Excess assets, if applicable, but not greater than line 31a	31b	13541990	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	16920782	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	16693000	0	16693000
36 Additional cash requirement (line 34 minus line 35)	36	227782	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	34433964	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	34206182	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	16693000	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>017</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>L-3 COMMUNICATIONS INTEGRATED SYSTEMS L.P.</u>	D Employer Identification Number (EIN) <u>03-0391841</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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 ☐

(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 ☐

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)

(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 ☐

(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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name: MICHAEL KARLIN	b EIN: 06-0839113
c Position: SVP & CONSULTING ACTUARY	
d Address: SIBSON CONSULTING 333 W 34TH STREET NEW YORK, NY 10001-2402	e Telephone: 212-251-5000

Explanation: THE ENROLLED ACTUARY WAS CHANGED DUE TO A REASSIGNMENT OF RESPONSIBILITIES WITHIN THE SAME FIRM.

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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>017</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>L-3 COMMUNICATIONS INTEGRATED SYSTEMS L.P.</u>	D Employer Identification Number (EIN) <u>03-0391841</u>

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: L-3 COMM. CORPORATION MASTER TRUST

b Name of sponsor of entity listed in (a): L-3 COMMUNICATIONS CORPORATION

c EIN-PN <u>13-3937436-020</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>481043260</u>
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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)
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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)
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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)
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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)
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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)
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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)
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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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN	B Three-digit plan number (PN) ►	017
C Plan sponsor's name as shown on line 2a of Form 5500 L-3 COMMUNICATIONS INTEGRATED SYSTEMS L.P.	D Employer Identification Number (EIN) 03-0391841	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	28157000	27655000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	395286041	481043260
	(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)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	423443041	508698260

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	522276	479436
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	522276	479436

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	422920765	508218824
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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)	39614000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		39614000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		56212738
(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		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		95826738

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8241559	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		8241559
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	2287120	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2287120
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10528679

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		85298059
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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: PRICEWATERHOUSECOOPERS, LLP

(2) EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)		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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2012</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN		B Three-digit plan number (PN) ► 017
C Plan sponsor's name as shown on line 2a of Form 5500 L-3 COMMUNICATIONS INTEGRATED SYSTEMS L.P.		D Employer Identification Number (EIN) 03-0391841
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-7074646		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 20
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2012 v. 120126		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 47% Investment-Grade Debt: 15% High-Yield Debt: 0.0% Real Estate: 5% Other: 33%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

L-3 COMMUNICATIONS INTEGRATED SYSTEMS
RETIREMENT PLAN

Financial Statements as of
and for the Years Ended
December 31, 2012 and 2011

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
INDEX TO FINANCIAL STATEMENTS**

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Note: Supplemental schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted as the conditions under which they are required are not present.



Independent Auditor's Report

To the Participants and Administrator of the
L-3 Communications Integrated Systems Retirement Plan:

We have audited the accompanying financial statements of L-3 Communications Integrated Systems Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of January 1, 2012, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility 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; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2012 and changes therein for the year then ended and its financial status as of December 31, 2011, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

PricewaterhouseCoopers LLP

September 4, 2013

L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2012 and 2011
(Dollars in thousands)

	<u>2012</u>	<u>2011</u>
Assets:		
Interest in Master Trust, at fair value	\$457,874	\$377,814
Net assets held in 401(h) account	23,151	18,306
Employer contributions receivable.....	<u>27,655</u>	<u>27,309</u>
Total assets	<u>508,680</u>	<u>423,429</u>
Liabilities:		
Accrued expenses	461	507
Amounts related to obligation of 401(h) account	<u>23,151</u>	<u>18,306</u>
Total liabilities	<u>23, 612</u>	<u>18,813</u>
Net assets available for benefits	<u><u>\$485,068</u></u>	<u><u>\$404,616</u></u>

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

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011
(Dollars in thousands)**

	<u>2012</u>	<u>2011</u>
Additions:		
Interest in Master Trust investment income.....	\$ 53,611	\$ 11,330
Employer contributions	<u>37,270</u>	<u>35,622</u>
Total additions.....	<u>90,881</u>	<u>46,952</u>
Deductions:		
Benefit payments.....	8,210	6,185
Plan expenses	<u>2,219</u>	<u>2,264</u>
Total deductions	<u>10,429</u>	<u>8,449</u>
Net increase.....	80,452	38,503
Net assets available for benefits, beginning of year.....	<u>404,616</u>	<u>366,113</u>
Net assets available for benefits, end of year.....	<u><u>\$485,068</u></u>	<u><u>\$404,616</u></u>

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

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS AND
CHANGES IN ACCUMULATED PLAN BENEFITS
AS OF AND FOR THE YEAR ENDED JANUARY 1, 2012
(Dollars in thousands)**

Statement of Accumulated Plan Benefits:	January 1, 2012
Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving benefits	\$ 71,102
Other participants	194,690
Total vested benefits	265,792
Non-vested benefits	30,172
Total actuarial present value of accumulated plan benefits	<u>\$ 295,964</u>
Statement of Changes in Accumulated Plan Benefits:	Year Ended January 1, 2012
Actuarial present value of accumulated	
plan benefits as of January 1, 2011	\$285,005
Increase (decrease) during the period attributable to:	
Benefits accumulated and actuarial experience	32,013
Increase for interest due to decrease in discount period.....	21,375
Benefits paid.....	(6,185)
Change in actuarial assumptions ⁽¹⁾	(36,244)
Net increase.....	10,959
Actuarial present value of accumulated	
plan benefits as of January 1, 2012	<u>\$ 295,964</u>

⁽¹⁾ See Note 4 for changes in the more significant assumptions underlying the actuarial computations for the year ended January 1, 2012.

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

L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS-continued
(Dollars in thousands)

1. *Plan Description*

The following brief description of the L-3 Communications Integrated Systems Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

The Plan was established effective March 8, 2002 in connection with the acquisition of the Aircraft Integration Systems (“AIS”) business of Raytheon Company (“Raytheon”) by L-3 Communications Corporation (the “Company”), a wholly owned subsidiary of L-3 Communications Holdings, Inc. On that date, certain participants in certain pension plans (“the Prior Plans”) of Raytheon became participants in the Plan. Following the acquisition, AIS was renamed L-3 Communications Integrated Systems, L.P.

The Plan is a defined benefit plan covering employees at certain locations of the Company. Participation in the Plan commenced after the completion of one year of service and the attainment of age 21. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The Plan is frozen with respect to new participants hired on or after January 1, 2007. As such, any employees hired on or after January 1, 2007 are not eligible to participate in the Plan.

2. *Summary of Significant Accounting Policies*

Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting.

Interest in Master Trust

Investment assets of the Plan are maintained in the L-3 Communications Corporation Master Trust (the “Master Trust”) administered by The Bank of New York (“BNY”) Mellon, as Trustee. The Plan participates in the Master Trust along with other defined benefit plans sponsored by the Company (collectively, the “L-3 Participating Plans”). The only investment of the Plan is its undivided interest in the net assets of the Master Trust. The fair value of the Plan’s interest in the Master Trust is determined based on the beginning of year value of the Plan’s undivided interest in the trust plus actual contributions and allocated investment income (loss) less actual distributions and actual administrative expenses. Assets held in the Master Trust primarily consist of corporate equity securities, commingled trust funds and mutual funds, and corporate bonds. See Note 6 for a description of the valuation methodologies of the assets of the Master Trust.

L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS-continued
(Dollars in thousands)

The Master Trust records investment transactions on the trade-date, dividend income on the ex-dividend date, interest income as earned and determines realized gains and losses on sales of securities based on the average cost method.

Net Investment Income from Master Trust

The net investment income from the Master Trust includes interest and dividend income and net appreciation or depreciation in the fair value of investments, which includes net gains or losses realized upon disposition of investments and net unrealized appreciation or depreciation of investments. The net investment income or loss is allocated to the L-3 Participating Plans based upon the relationship of each plan's respective monthly balances in the investment pool to the total investments of the Master Trust, as determined on a monthly basis.

401(h) Account

Effective September 13, 2003, the Plan was amended to include a medical benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). A separate account has been established and is maintained in the Master Trust for the net assets related to the medical benefit component (401(h) account). In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in this Plan's obligations in the Statement of Accumulated Plan Benefits but are reported as obligations in the financial statements of the health and welfare benefit plan. Plan participants do not contribute to the 401(h) account. Employer contributions to the 401(h) account are determined annually and are at the discretion of the Company.

Benefit Payments

Benefit payments are recorded when paid.

Plan Expenses

The administrative expenses of the Plan are paid for by the Plan. Administrative expenses are allocated to the Plan at the direction of the Company based upon the Plan's respective portion of the expense. Investment management fees of the Master Trust are allocated to the L-3 Participating Plans based upon the relationship of each plan's respective monthly balances in the investment pool to the total investments of the Master Trust, as determined on a monthly basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make significant estimates and assumptions that affect the reported amounts of assets, liabilities,

L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS-continued
(Dollars in thousands)

benefit obligations, and changes therein, disclosures of contingent assets, liabilities and benefit obligations, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results will differ from those estimates.

Risks and Uncertainties

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

The investments held in the Master Trust are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the investments and related allocation reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Subsequent Events

The Plan continued to evaluate events after the Statement of Net Assets Available for Benefits date through September 4, 2013, the date the financial statements were available to be issued.

3. Contributions

Generally, the Company's funding policy is to contribute amounts in accordance with the Internal Revenue Code ("IRC") and the minimum funding requirements under ERISA. There were no contributions required from the Company in 2012 and 2011 to the Plan under the minimum funding requirements of ERISA. Contributions are calculated using the Projected Unit Credit Actuarial Cost Method. Under this method, the total actuarial liability for participants is the actuarial present value as of the valuation date of all benefits attributed by the pension benefit formula to employee service rendered prior to that date, which assumes the normal cost will increase each year for each employee as he or she approaches retirement age. The yield (interest, dividends, and net realized and unrealized gains and losses) on investments of the Plan serves to adjust future contributions that will be required to provide for the defined level of benefits. The funding target is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.

4. Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS-continued
(Dollars in thousands)

For those participants of the Plan who did not participate in the Prior Plans, the Plan provides a monthly benefit of 1.0% of a participants Average Monthly Compensation multiplied by years of benefit service up to 35 years plus 0.4% of Average Monthly Compensation in excess of 150% of Social Security Covered Compensation multiplied by years of benefit service up to 35 years. Average Monthly Compensation is derived from the 60 consecutive months for which compensation was the highest out of the last 180 consecutive months. Social Security Covered Compensation is defined as one-twelfth of the average of the social security taxable wage bases for each calendar year during the 35-year period ending with the calendar year in which the participant retires or terminates employment with the Company. Benefits vest 100% after 5 years of service and are payable at age 65. Service in the Prior Plans is considered as service under the Plan.

The following table presents the various grandfathered benefit provisions of the Plan. These benefit provisions are consistent with the benefit provisions of the Prior Plans and have been grandfathered to those employees who previously participated in such Prior Plans.

<u>Specific Group Covered</u>	<u>Normal Benefit</u>
Former participants in the Raytheon E-Systems, Inc. Richardson/Waco Retirement Plan	<p>Richardson employees:</p> <p>1.2% of Average Monthly Compensation times years of benefit service up to ten years plus 1.6% of Average Monthly Compensation times the years of benefit service in excess of ten years.</p> <p>Waco employees:</p> <p>1% of Average Monthly Compensation times years of benefit service up to 35 years plus 0.4% of Average Monthly Compensation in excess of 150% of Social Security Covered Compensation times years of benefit service up to 35 years.</p>
Former participants in the Raytheon Company Pension Plan for Salaried Employees	<p>The greater of 1 or 2:</p> <ol style="list-style-type: none"> 1) Final Average Earnings, as defined, less the Estimated Primary Social Security Benefit, as defined, times 1.8% for the first 20 years of participation and 1.2% for each year of participation in excess of 20 years. 2) Four hundred ninety two dollars times years of service.
Former participants in the Raytheon TI Systems Employees Pension Plan	<p>The greater of 1 or 2:</p> <ol style="list-style-type: none"> 1) 1.5% of Average Credited Earnings, as defined, times years of benefit service, minus a retirement age factor times Final Average Earnings, as defined, times projected service at normal retirement age times the ratio of service at termination to projected service at normal retirement age. 2) Eighty four dollars times years of benefit service.

L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS-continued
(Dollars in thousands)

Former participants in the E-Systems, Inc. Salaried Participants Retirement Plan

The greatest of 1, 2 or 3:

- 1) 1.2% of Average Monthly Compensation times years of benefit service up to ten years plus 1.6% of Average Monthly Compensation times the years of benefit service in excess of ten years.
- 2) Twelve dollars times months of benefit service.
- 3) If the participant has reached age 50 before January 1, 1991, then 1.5% times Average Monthly Compensation times years of benefit service, less 0.5% of the Primary Social Security Benefit, as defined, times years of benefit service

Former participants in the non-contributory benefit structure in the Raytheon Non-Bargaining Pension Plan

1.5% of the Final Average Monthly Compensation, as defined, times years of benefit accrual service up to 35 years plus 0.5% of Final Average Monthly Compensation for each year of participation in excess of 35 years, minus 0.6% of Final Average Monthly Compensation not in excess of Covered Compensation up to 35 years.

The Plan permits early retirement for participants at ages 55 to 64 with at least 5 or 10 years of service, depending on which set of grandfathered benefit provisions is applicable to the participant. Under all provisions, the benefit may begin at the date of early retirement, reduced by a certain percentage for each year by which commencement of benefits precedes the normal retirement date. Retirees may elect to receive their pension benefits in the form of a joint and survivor annuity or a life annuity payable monthly from the date of retirement. Under the joint and survivor annuity, if a vested participant dies prior to the date pension payments commence, the surviving spouse of the deceased vested participant receives benefits equal to 50% of the amount which would have been payable to the retiree under a joint and survivor annuity. Under the life annuity, there are no continuing payments after the death of the retiree. If participants are terminated before completing 5 years of service, they forfeit the right to receive their accumulated benefits.

L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS-continued
(Dollars in thousands)

The actuarial present value of the accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2012 and 2011 were:

Mortality basis	RP-2000 Annuitant and Non-Annuitant Tables with static projection through the valuation date plus another 7 years for annuitants and 15 years for non-annuitants.
Retirement	Retirement at ages 55 through 70, at varying rates, with 100% by age 70.
Discount rate for the determination of the present value of accumulated plan benefits	2012 – 8.25%; 2011 – 7.5%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated Plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2012.

L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS-continued
(Dollars in thousands)

5. Master Trust Investments

The fair value of the assets and liabilities of the Master Trust at December 31, 2012 and 2011 is presented in the table below. The Plan's percentage interest in the Master Trust was 25.8% at December 31, 2012 and 25.7% at December 31, 2011. The 401(h) account's percentage interest in the Master Trust was 1.3% at December 31, 2012 and 1.2% at December 31, 2011, respectively.

	2012	2011
Corporate equity securities	\$ 1,114,363	\$ 860,292
Commingled trust funds and mutual funds	556,650	524,547
Corporate bonds	101,019	82,858
Forward contracts.....	(107)	264
Accrued income	3,741	3,701
Unsettled trades, net.....	288	758
	<u>\$ 1,775,954</u>	<u>\$ 1,472,420</u>

The following presents the investment income of the Master Trust for the years ended December 31, 2012 and 2011.

	2012	2011
Net appreciation of investments.....	\$ 166,841	\$ 9,565
Interest.....	7,724	6,674
Dividends	33,021	29,848
Other	78	256
	<u>\$ 207,664</u>	<u>\$ 46,343</u>

The following presents the net appreciation (depreciation) in fair value of the Master Trust's investments, including realized gains and losses, and the unrealized appreciation and depreciation of investments for the years ended December 31, 2012 and 2011.

	2012	2011
Corporate equity securities	\$ 129,976	\$ 15,978
Commingled trust funds and mutual funds	26,453	(3,523)
Corporate bonds	10,371	(3,087)
Forward contracts.....	(360)	246
Other	401	(49)
	<u>\$ 166,841</u>	<u>\$ 9,565</u>

L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS-continued
(Dollars in thousands)

6. Fair Value Measurements

The Plan adopted the standards for fair value measurements. The provisions of the standards are applicable to all of the Plan's assets and liabilities that are measured and recorded at fair value. The Benefit Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodian. The standards establish a framework for measuring fair value and expand related disclosures. The standards define fair value 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. It establishes a fair value hierarchy that gives the highest priority to observable inputs and the lowest priority to unobservable inputs. The three levels of the fair value hierarchy are described below.

Level 1: Quoted market prices available in active markets for identical assets or liabilities as of the reporting date. The Plan's Level 1 assets include equity securities, a mutual fund classified under Fixed Income – Investment Grade and Real Estate Investment Trusts, all of which fair value is derived from quoted market prices.

Level 2: Pricing inputs other than quoted prices in active markets included in Level 1, which are either directly or indirectly observable as of the reporting date. The fair value is determined using a valuation model based on observable market inputs. The Plan's Level 2 assets primarily include commingled trust funds and corporate high-yield bonds.

Level 3: Pricing inputs that are generally unobservable inputs and not corroborated by market data. The Plan has no Level 3 assets.

The table below reports by level, within the fair value hierarchy, the assets held in the Master Trust at fair value as of December 31, 2012 and 2011, including a description of the valuation methodologies. As required by the standards, each asset is classified based on the lowest level of input that is significant to the fair value measurement. There were no transfers during the year between levels 1, 2 or 3.

L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS-continued
(Dollars in thousands)

Asset Category	Fair Value Measured at December 31, 2012				Fair Value Measured at December 31, 2011			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Equity securities ⁽¹⁾ :								
U.S. Equity	\$ 905,144	\$ —	\$ —	\$ 905,144	\$ 717,777	\$ —	\$ —	\$ 717,777
International Equity	67,605	118,590	—	186,195	65,732	101,520	—	167,252
Fixed Income —								
Investment Grade ⁽²⁾	196,806	199,003	—	395,809	188,868	188,388	—	377,256
Fixed Income —								
High Yield ⁽³⁾	—	106,785	—	106,785	—	87,023	—	87,023
Real Estate Investment								
Trusts ⁽⁴⁾	139,767	—	—	139,767	101,176	—	—	101,176
Other ⁽⁵⁾	—	42,254	—	42,254	—	21,936	—	21,936
Total	<u>\$ 1,309,322</u>	<u>\$ 466,632</u>	<u>\$ —</u>	<u>\$ 1,775,954</u>	<u>\$ 1,073,553</u>	<u>\$ 398,867</u>	<u>\$ —</u>	<u>\$ 1,472,420</u>

(1) Equity securities consist of investments in common stock of U.S. and international companies. The fair value of equity securities is based on quoted market prices available in active markets at the close of a trading day, primarily the New York Stock Exchange (NYSE), National Association of Securities Dealers Automated Quotations (NASDAQ), and various international exchanges. The Level 2 investment balance is derived from a regulated commingled equity trust fund, which fair value is based on the net asset value (NAV) at the end of each month. The NAV is calculated by the fund manager based on the fair value of the funds holdings, primarily equity securities traded in active markets, determined as of the end of each month. Withdrawals are permitted monthly based on NAV.

(2) Approximately 50% of plan assets that are invested in the Fixed Income — Investment Grade asset category consist of a mutual fund offered by a registered investment company (the “Fund”). The Fund invests in investment grade fixed income securities, mortgaged-backed securities, U.S. treasury and agency bonds and corporate bonds. This Fund is classified by the Company as a Level 1 measurement within the fair value hierarchy. The remaining 50% of plan assets are invested in a regulated commingled bond trust fund (the “Bond Fund”) and classified as Level 2. As this Bond Fund does not trade in an active market, the fair value is based on NAVs calculated by fund managers based on yields currently available on comparable bonds of issuers with similar credit ratings, quoted prices of similar bonds in an active market, or cash flows based on observable inputs. Withdrawals are permitted monthly based on NAV.

(3) Fixed Income — High Yield consists of investments in corporate high-yield bonds from various industries. The fair values of these investments are based on yields currently available on comparable bonds of issuers with similar credit ratings, quoted prices of similar bonds in an active market, or cash flows based on observable inputs.

(4) Real Estate Investment Trusts (REITs) consist of securities that trade on the major exchanges and invest directly in real estate, either through properties or mortgages.

(5) Other consists primarily of cash equivalents maintained in commingled trust funds, which invest primarily in short term, high quality money market securities such as government obligations, commercial paper, time deposits and certificates of deposit, and are classified as Level 2.

7. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July, 31, 2008 that the Plan is designed in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. The Plan administrator and the Plan’s counsel believe that the Plan is designed and is currently being operated in compliance with the applicable regulations of the IRC; therefore, no provision for income taxes has been included in the Plan’s financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability 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 by the Plan, and has concluded that as of December 31, 2012, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan

L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS-continued
(Dollars in thousands)

administrator believes it is no longer subject to income tax examinations for years prior to the year ended December 31, 2009.

The Plan recognizes accrued interest and penalties related to unrecognized tax benefits in tax expense. There were no interest and penalties included in the Plan's financial statements.

8. *Related Party Transactions*

Certain plan investments held in the Master Trust are units of a commingled trust fund managed by BNY Mellon, the Plan's trustee. As described in Note 2, the Plan (through the Master Trust) paid certain expenses related to plan operations and investment activity to various service providers. These transactions are exempt party in interest transactions under ERISA.

9. *Termination Priorities*

While the Company has not expressed any intention to do so, it is free to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated as specified by the Plan in accordance with ERISA, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Benefits attributable to participants who have retired at least three years before the termination date of the Plan or those participants who were eligible to retire and receive pension benefits at least three years before, but who did not elect to retire at that time.
- c. Benefits commencing at retirement age to participants who are eligible to receive guaranteed benefits under ERISA.
- d. All vested and non-vested benefits.

Whether participants receive all benefits to which they are entitled under the terms of the Plan should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation, up to specified limits.

10. *Reconciliation of Financial Statements to Form 5500*

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2012 and 2011:

L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS-continued
(Dollars in thousands)

	<u>2012</u>	<u>2011</u>
Net assets available for benefits per the financial statements.....	\$ 485,068	\$ 404,616
Net assets held in 401(h) account included as assets in the Form 5500.....	<u>23,151</u>	<u>18,306</u>
Net assets available for benefits per the Form 5500.....	<u>\$ 508,219</u>	<u>\$ 422,922</u>

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

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500 for the year ended December 31, 2012:

	<u>Amount per Financial Statements</u>	<u>401(h) Account</u>	<u>Amounts per Form 5500</u>
Interest in Master Trust investment income	\$53,611	\$2,602	\$56,213
Contributions	37,270	2,344	39,614
Benefit payments	8,210	32	8,242
Plan expenses	2,219	69	2,288

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

A Name of plan L-3 Communications Integrated Systems Retirement	B Three-digit plan number (PN) ►	017
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF L-3 Communications Integrated Systems L.P.	D Employer Identification Number (EIN) 03-0391841	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>			
2 Assets:			
a Market value	2a	404573755	
b Actuarial value	2b	406817658	
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	677	79384609
b For terminated vested participants.....	3b	770	19897740
c For active participants:			
(1) Non-vested benefits	3c(1)		35789460
(2) Vested benefits	3c(2)		208411070
(3) Total active.....	3c(3)	3806	244200530
d Total.....	3d	5253	343482879
4 If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	7.15%	
6 Target normal cost	6	30462772	

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

SIGN HERE	JEFFREY LITWIN Signature of actuary JEFFREY LITWIN, FSA, MAAA Type or print name of actuary SIBSON CONSULTING Firm name 333 W 34TH STREET NEW YORK NY 10001-2402 Address of the firm	<div style="text-align: right;"> Date 1103980 Most recent enrollment number 212-251-5000 Telephone number (including area code) </div>
------------------	--	---

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	30462772	
b Excess assets, if applicable, but not greater than line 31a	31b	13541990	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	16920782	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	16693000	0	16693000
36 Additional cash requirement (line 34 minus line 35)	36	227782	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	34433964	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	34206182	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	16693000	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

<u>Age</u>	<u>Rate</u>	<u>Probability of Retiring</u>	<u>Age x Probability</u>
55	10.00%	10.00%	5.50
56	5.00%	4.50%	2.52
57	5.00%	4.28%	2.44
58	7.00%	5.69%	3.30
59	7.00%	5.29%	3.12
60	10.00%	7.03%	4.22
61	10.00%	6.32%	3.86
62	15.00%	8.54%	5.29
63	15.00%	7.26%	4.57
64	15.00%	6.17%	3.95
65	35.00%	12.23%	7.95
66	20.00%	4.54%	3.00
67	20.00%	3.63%	2.44
68	20.00%	2.91%	1.98
69	20.00%	2.33%	1.60
70	100.00%	9.30%	6.51
			62.25

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Change in Actuarial Assumptions

Assumption changes since prior valuation:	<u>Assumption Type</u>	<u>Current Assumption</u>	<u>Prior Assumption</u>
	Turnover	Age/Sex based schedule (rates cutoff at age 52)	Age/Sex/Service based schedule
	Retirement	Age based schedule (lowered started at age 65)	Age based schedule
	Disability	None	Age based schedule
	Salary scale	4.00%	Age based schedule
	Form of payment	Straight Life Annuity if not married; 100% J&S if married	Straight Life Annuity (SLA)
<i>The above changes were based on Sibson Consulting's November 2011 analysis to better reflect anticipated plan experience. The assumption changes did not result in a decrease in the ERISA funding shortfall for the current plan that would require IRS approval.</i>			

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Summary of Plan Provisions

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

PLAN STATUS: THE PLAN IS CLOSED TO EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2007. EMPLOYEES HIRED PRIOR TO JANUARY 1, 2007 WILL RECEIVE ONGOING ACCRUALS	
Applicable provisions:	
	Employees who were eligible participants at the effective date will have their benefits determined in accordance with the terms of the plan stated below that correspond to their participation status in the former Raytheon Company Pension Plan for Salaried Employees. New hires after the effective date participate in the E-Systems Waco provisions.
Prior Raytheon service:	
	Benefits are based on total service, including service under the prior plan. However, benefits will be offset by the accrued benefit under the prior plan at the date of acquisition.
Participation:	
	New hires shall be eligible to participate as of the first date of the month following attainment of age 21 and completion of 1,000 hours of service if such 1,000 hours are completed either during the 12-month period beginning with the employee's employment commencement date, or during any calendar year following his commencement date.
Section 415 limit:	
	\$200,000 (previously, \$195,000)
Section 401(a)(17) limit:	
	\$250,000 (previously, \$245,000)
Normal form of payment:	
	Single life annuity, if single; 50% joint and survivor, if married

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Summary of Plan Provisions *continued*

Optional form of payment:	
E-Systems Waco Benefit Structure:	Joint and 50% survivor annuity. Joint and 75% survivor annuity.
All Other Benefit Structures:	Joint and 50% survivor annuity. Joint and 75% survivor annuity. Joint and 100% survivor annuity. Life annuity with period certain guarantee of 5 years (except Raytheon Salaried). Life annuity with period certain guarantee of 10 years. Social Security level Income Annuity (Raytheon Salaried only).
Lump sum benefits:	
Benefits with present value less than or equal to \$1,000 are automatically cashed out. If the present value of the benefit is greater than \$1,000 but less than or equal to \$5,000, a lump sum is offered to the participant. If the present value of the benefit is greater than \$5,000 but less than or equal to \$20,000, the participant may elect to receive a lump sum, an immediate annuity, or a deferred annuity.	

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Summary of Plan Provisions *continued*

Raytheon Salaried	
Normal retirement:	
Eligibility:	Age 65
Amount:	The greater of: (1) 1.8% x years of service up to 20 x Final Average Earnings (FAE) over Social Security benefit + 1.2% x years of service over 20 x excess of Final Average Earnings (FAE) over Social Security benefit. (2) \$492 per year of participation service
Compensation:	Base pay, incentive pay, overtime pay, commission
Average Compensation:	FAE: Average of highest consecutive 60 months out of last 120 months
Early retirement:	
Eligibility:	Age 55 with 10 years of service
Amount:	7% reduction for each year retirement precedes age 60
Normal form:	
	Life annuity. Actuarially equivalent 50% Joint and Survivor for married participants.
Vesting:	
Eligibility:	5 years.
Amount:	Eligible for unreduced pension at age 65 and reduced pension at age 55 (with 10 years of service).
Pre-retirement death benefits:	
	Surviving spouse eligible to receive benefit payable if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died.
Benefit credit:	
	From date of participation
Disability:	
	Members continue to accrue benefits during Long Term Disability.

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Summary of Plan Provisions *continued*

Raytheon TI	
Normal retirement:	
Eligibility:	Age 65 with 5 years of service
Amount:	The greater of: (1) $1.5\% \times \text{years of service} \times \text{Average Credited Earnings (ACE) offset by Retirement Age Factor} \times \text{Final Average Earnings (FAE)} \times \text{years of projected service at NRA (not more than 35)} \times \text{ratio of service at termination to projected service at NRA (not to exceed 1)}$. (2) $\$84 \times \text{years of service}$
Compensation:	Base pay, incentive pay, overtime pay, hazard pay
Average Compensation:	ACE: Average of highest 5 consecutive calendar years FAE: The lesser of (a) average compensation for the 3-year period up to the year of termination (not more than the Social Security wage base) and (b) the average of Social Security wage bases during 35 years up to participant's Social Security Retirement Age
Retirement age factor:	For employees born before 1938: 0.75%; between 1938 and 1954: 0.70%; after 1954: 0.65%
Early retirement:	
Eligibility:	Age 60 with 5 years of service or age 55 with 20 years of service
Amount:	1/3% reduction for each of the first 60 months prior to age 65; 7/24% reduction for each of the next 60 months. Different factors apply to offset.
Normal form:	
	Life annuity. Actuarially equivalent 50% Joint and Survivor for married participants.
Vesting:	
Eligibility:	5 years.
Amount:	Eligible for unreduced pension at age 65 and reduced pension at age 60.
Pre-retirement death benefits:	
	Surviving spouse eligible to receive benefit payable if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died.

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Summary of Plan Provisions *continued*

Raytheon TI <i>Continued</i>	
Benefit credit:	
	Equal to participation service (without age requirement of prior TI plan)
Disability:	
	Disabled employees with 5 or more years of vesting service are eligible for an annuity deferred to Normal Retirement Age computed based on compensation at the time of disability and service projected to Normal Retirement Age.

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Summary of Plan Provisions *continued*

E-Systems Waco	
Normal retirement:	
Eligibility:	Age 65 and 5 years of service
Amount:	1% x Average Monthly Compensation (AMC) x years of benefit service up to 35 + 0.4% of AMC in excess of 150% of Covered Compensation x years of benefit service up to 35.
Compensation:	Base pay
Average Compensation:	AMC: Average of highest consecutive 60 months out of last 180 months
Early retirement:	
Eligibility:	Age 60 with 10 years of service
Amount:	6% reduction for each year retirement precedes age 62
Normal form:	
	Straight life annuity. Actuarially equivalent 50% Joint and Survivor for married participants.
Vesting:	
Eligibility:	5 years.
Amount:	Eligible for unreduced pension at age 65 and reduced pension at age 60 (with 10 years of service).
Pre-retirement death benefits:	
	Surviving spouse eligible to receive benefit payable if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died.
Benefit credit:	
	From date of hire after 1/1/1990
Disability:	
	N/A

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Summary of Plan Provisions *continued*

E-Systems Richardson																	
Normal retirement:																	
Eligibility:	Age 65																
Amount:	1.2% x Average Monthly Compensation (AMC) x years of benefit service up to 10 + 1.6% of AMC x years of benefit service over 10, not less than \$144 times years of benefit service.																
Compensation:	Base pay, incentive pay and overtime pay, commission																
Average Compensation:	AMC: Average of highest consecutive 60 months out of last 120 months																
Early retirement:																	
Eligibility:	Age 55 with 10 years of service (age 52 with 10 years of service if terminated due to layoff).																
Amount:	Early retirement reduction:	<table><tr><th>Age</th><th>Rate</th></tr><tr><td>60</td><td>100%</td></tr><tr><td>59</td><td>99</td></tr><tr><td>58</td><td>96</td></tr><tr><td>57</td><td>91</td></tr><tr><td>56</td><td>84</td></tr><tr><td>55</td><td>75</td></tr></table>	Age	Rate	60	100%	59	99	58	96	57	91	56	84	55	75	
Age	Rate																
60	100%																
59	99																
58	96																
57	91																
56	84																
55	75																
Normal form:																	
	5 year certain and life. Actuarially equivalent 50% Joint and Survivor for married participants.																
Vesting:																	
Eligibility:	5 years.																
Amount:	Eligible for unreduced pension for married participants at age 65 and reduced pension at age 55 (with 10 years of service)																
Pre-retirement death benefits:																	
	Surviving spouse eligible to receive benefit payable if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died.																
Benefit credit:																	
	From date of hire after 1/1/1990																
Disability:																	
	N/A																

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Summary of Plan Provisions *continued*

E-Systems Salaried																	
Normal retirement:																	
Eligibility:	Age 65 with 5 years of service																
Amount:	1.2% x Average Monthly Compensation (AMC) x years of benefit service up to 10 + 1.6% of AMC x years of benefit service over 10, not less than \$144 times years of benefit service.																
Compensation:	Base pay, incentive pay and overtime pay, commission																
Average Compensation:	AMC: Average of highest consecutive 60 months out of last 120 months																
Early retirement:																	
Eligibility:	Age 55 with 10 years of service																
Amount:	Early retirement reduction:	<table><tr><th>Age</th><th>Rate</th></tr><tr><td>60</td><td>100%</td></tr><tr><td>59</td><td>99</td></tr><tr><td>58</td><td>96</td></tr><tr><td>57</td><td>91</td></tr><tr><td>56</td><td>84</td></tr><tr><td>55</td><td>75</td></tr></table>	Age	Rate	60	100%	59	99	58	96	57	91	56	84	55	75	
Age	Rate																
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59	99																
58	96																
57	91																
56	84																
55	75																
Normal form:																	
5 year certain and life. Actuarially equivalent 50% Joint and Survivor for married participants.																	
Vesting:																	
Eligibility:	5 years.																
Amount:	Eligible for unreduced pension for married participants at age 65 and reduced pension at age 55 (with 10 years of service)																
Pre-retirement death benefits:																	
Surviving spouse eligible to receive benefit payable if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died.																	
Benefit credit:																	
From date of hire																	
Disability:																	
Disabled employees with 10 or more years of service are eligible for an annuity deferred to Normal Retirement Age computed based on compensation at the time of disability and service projected to Normal Retirement Age.																	

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Summary of Plan Provisions *continued*

Most Recent Plan Amendments

Plan Amendment	Effective Date	Reflected in 2012 Actuarial Valuation
1. The plan provides a 75% joint and survivor annuity as an optional form of benefit.	January 1, 2008	Yes
2. The single life annuity that is equivalent to the participant's form of benefit is developed in a manner consistent with the current IRS regulations for purposes of calculating the 415(b) limit.	January 1, 2007	Yes
3. Plan year compensation includes compensation paid by the later of 2-½ months after severance from employment and the end of the plan year for purposes of calculating the 415(b) limit.	January 1, 2007	Yes
4. Benefit accruals for Greenville Security Officers have been frozen.	January 1, 2009	Yes
5. The plan no longer provides a 66-2/3% joint and last survivor annuity as an optional form of benefit.	October 1, 2009	Yes
6. The plan excludes benefit service accruals in the year a participant transfers to this plan from the Greenville Plan if the participant already earned a year of benefit service in the Greenville Plan.	January 1, 2010	Yes
7. The compensation definition, layoff definition and death benefits while performing qualified military service were amended	January 1, 2010 (January 1, 2007 for the military service)	Yes
8. The compensation definition was amended to include amounts received during short term disability and military service as well as to include deferred compensation.	July 1, 2011	Yes
9. Pertains to plan provisions that do not impact the valuation.	January 1, 2012	Yes

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Actuarial Assumptions and Methodologies (Funding)

Interest:	<p>The interest rates used for the 2012 plan year are the 24-month average corporate bond yields for September 2011. This valuation reflects the plan sponsor decision for the 2012 plan year not to opt out of funding stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner but are then constrained to be within a corridor around a 25-year average. These discount rates are 5.54% for payments in the first 5 years, 6.85% for payments in years 6 – 20, and 7.52% for payments thereafter, which translates to an effective interest rate of 7.15%. Before reflecting funding stabilization, the discount rates are 2.06% for payments in the first 5 years, 5.25% for payments in years 6-20, and 6.32% for payments thereafter, which translates to an effective interest rate of 5.77%. (Prior year 24-month average corporate bond rates were 3.78% for payments in the first 5 years, 6.31% for payments in years 6 – 20, and 6.57% for payments thereafter, which translates to an effective interest rate of 6.38%.)</p> <p>The yield curve used to determine the PBGC variable rate premium is the same as funding, but without reflecting funding stabilization. (Prior year yield curve used to determine the PBGC variable rate premium was 1.98% for payments in the first 5 years, 5.23% for payments in years 6 – 20, and 6.52% for payments thereafter.)</p>
Mortality rates:	<p>RP2000 separate annuitant and non-annuitant healthy mortality tables (sex-specific) with static projection and no collar-adjustment. Mortality is projected through the valuation date plus another 7 years for annuitants, and through the valuation date plus another 15 years for non-annuitants. This assumption is one of the choices allowed by the regulations.</p>

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Actuarial Assumptions and Methodologies (Funding) *continued*

Salary Increases:	<div>4.00%</div> <div>Previously, rates were as follows:</div> <table data-bbox="1192 383 1598 894"> <tr> <th>Age</th><th>Rate</th></tr> <tr><td>20</td><td>12.0%</td></tr> <tr><td>25</td><td>10.0</td></tr> <tr><td>30</td><td>8.0</td></tr> <tr><td>35</td><td>7.0</td></tr> <tr><td>40</td><td>6.0</td></tr> <tr><td>45</td><td>5.0</td></tr> <tr><td>50</td><td>5.0</td></tr> <tr><td>55</td><td>4.0</td></tr> <tr><td>60</td><td>4.0</td></tr> <tr><td>65</td><td>4.0</td></tr> <tr><td>70</td><td>0.0</td></tr> </table>	Age	Rate	20	12.0%	25	10.0	30	8.0	35	7.0	40	6.0	45	5.0	50	5.0	55	4.0	60	4.0	65	4.0	70	0.0
Age	Rate																								
20	12.0%																								
25	10.0																								
30	8.0																								
35	7.0																								
40	6.0																								
45	5.0																								
50	5.0																								
55	4.0																								
60	4.0																								
65	4.0																								
70	0.0																								
Cost of living increases:	<div>2.50% for Social Security COLA (previously, 4.00%)</div> <div>3.50% for Social Security Wage Base (previously, 4.00%)</div>																								

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Actuarial Assumptions and Methodologies (Funding) *continued*

Sample termination rates:

Age	Termination Rate	Disability Rate
20	10.2%	N/A
25	10.2	N/A
30	7.3	N/A
35	5.4	N/A
40	4.1	N/A
45	3.3	N/A
50	2.7	N/A
55	0.0	N/A
60	0.0	N/A

Previously, rates were as follows:

	Select Period – Years of Service						
<u>Age</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>Ultimate</u>	<u>Disability*</u>
25	25.0%	26.5%	23.7%	21.4%	19.5%	10.2%	0.10%
30	18.0	19.3	17.2	15.6	14.3	7.3	0.11
35	13.8	14.5	13.0	11.8	10.8	5.4	0.12
40	10.8	11.3	10.1	9.2	8.5	4.1	0.18
45	9.0	9.3	8.3	7.6	7.0	3.3	0.28
50	7.5	7.8	7.0	6.4	5.9	2.7	0.48
55	6.3	6.5	5.9	5.4	5.0	2.2	0.87
60	5.5	5.8	5.2	4.8	4.5	1.9	1.38
64	5.5	5.5	5.0	4.6	4.3	1.8	1.88

***No disability decrement for employees in the Raytheon Salaried, Richardson, or Waco retirement plans.**

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Actuarial Assumptions and Methodologies (Funding) *continued*

Retirement rates:				
	Age	Rate	Age	Rate
	55	10.0%	63	15.0%
	56	5.0	64	15.0
	57	5.0	65	35.0
	58	7.0	66	20.0
	59	7.0	67	20.0
	60	10.0	68	20.0
	61	10.0	69	20.0
	62	15.0	70	100.0
Previously, rates were as follows:				
	Age	Rate	Age	Rate
	55	5.0%	63	15.0%
	56	5.0	64	15.0
	57	5.0	65	50.0
	58	7.0	66	50.0
	59	7.0	67	50.0
	60	10.0	68	50.0
	61	10.0	69	50.0
	62	15.0	70	100.0
Retirement from inactive status	Age 65			
Form of payment:	Life annuity for unmarried participants. 100% joint and survivor for married participants. (previously, life annuity for all participants)			

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Actuarial Assumptions and Methodologies (Funding) *continued*

Average retirement age for Schedule SB:	62.25		
Percent married:	70% for male participants, 55% for female participants		
Age difference:	For active participants, it was assumed that husbands were 3 years older than their wives.		
Administrative expenses:	\$550,000 (previously \$661,000)		
Asset method:	As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 7.50%, not to exceed the applicable third segment rate of 6.82% in 2010 and 6.57% in 2011.		
Funding method:	Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.		
Assumption changes since prior valuation:	<u>Assumption Type</u>	<u>Current Assumption</u>	<u>Prior Assumption</u>
	Turnover	Age/Sex based schedule (rates cutoff at age 52)	Age/Sex/Service based schedule
	Retirement	Age based schedule (lowered started at age 65)	Age based schedule
	Disability	None	Age based schedule
	Salary scale	4.00%	Age based schedule
	Form of payment	Straight Life Annuity if not married; 100% J&S if married	Straight Life Annuity (SLA)
	<i>The above changes were based on Sibson Consulting's November 2011 analysis. The assumption changes did not result in a decrease in the ERISA funding shortfall for the current plan that would require IRS approval.</i>		

Attachment to 2012 Schedule SB of Form 5500
Schedule SB, Line 26 – Schedule of Active Participant Data
L-3 Communications Integrated Systems Retirement Plan
EIN 03-0391841 PN 017

Participants in Active Service by Age, Years of Benefit Service and Average Salary as of January 1, 2012

Age	Years of Benefit Service									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	--	1	2	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
25-29	--	36	107	--	--	--	--	--	--	--
	--	\$57,323	\$70,325	--	--	--	--	--	--	--
30-34	--	21	240	43	2	--	--	--	--	--
	--	\$49,957	\$74,545	\$74,364	--	--	--	--	--	--
35-39	--	13	146	130	29	1	--	--	--	--
	--	--	\$78,082	\$97,263	\$106,041	--	--	--	--	--
40-44	--	20	163	85	50	39	2	--	--	--
	--	\$66,786	\$80,450	\$91,064	\$100,870	\$102,720	--	--	--	--
45-49	--	18	239	134	85	171	45	2	--	--
	--	--	\$85,294	\$91,365	\$89,701	\$114,193	\$131,357	--	--	--
50-54	--	16	206	140	91	182	115	45	--	--
	--	--	\$86,927	\$85,550	\$90,979	\$105,092	\$129,697	\$136,553	--	--
55-59	--	5	119	86	69	129	63	58	17	--
	--	--	\$83,762	\$88,416	\$94,576	\$95,536	\$115,573	\$122,222	--	--
60-64	--	4	77	51	41	97	44	23	14	--
	--	--	\$87,033	\$85,242	\$90,927	\$87,901	\$116,849	\$111,442	--	--
65-69	--	3	28	16	11	44	11	7	6	2
	--	--	\$101,338	--	--	\$95,359	--	--	--	--
70 & Over	--	--	8	1	7	9	2	2	2	5
	--	--	--	--	--	--	--	--	--	--

Note: Compensation above is limited by IRC §401(a)(17) limitation (i.e., \$250,000). Information omitted for groups of less than 20 participants.