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).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
L-3 COMMUNICATIONS PENSION PLAN FOR CERTAIN DIVISIONS

1b Three-digit plan number (PN) ▶ 008

1c Effective date of plan 03/31/1998

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
L-3 COMMUNICATIONS CORPORATION

600 THIRD AVENUE
NEW YORK, NY 10016-1901

600 THIRD AVENUE
NEW YORK, NY 10016-1901

2b Employer Identification Number (EIN)
13-3937436

2c Plan Sponsor's telephone number
212-697-1111

2d Business code (see instructions)
334200

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.	09/08/2015	KEVIN WEISS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	646
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	129
b	Retired or separated participants receiving benefits	**6b**	243
c	Other retired or separated participants entitled to future benefits	**6c**	255
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	627
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	21
f	Total. Add lines **6d** and **6e**.	**6f**	648
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 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)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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 PENSION PLAN FOR CERTAIN DIVISIONS

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
L-3 COMMUNICATIONS CORPORATION

D Employer Identification Number (EIN)
13-3937436

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	101680041
b Actuarial value	**2b**	92820729

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	254	48955916	48955916
b For terminated vested participants	260	12698483	12698483
c For active participants	132	26938185	29031225
d Total	646	88592584	90685624

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**	6.50%
6 Target normal cost	**6**	1963419

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

06/10/2015
Date

AIDA DOMLIJA, FSA, MAAA
Type or print name of actuary

14-06955
Most recent enrollment number

SIBSON CONSULTING
Firm name

212-251-5000
Telephone number (including area code)

333 W 34TH STREET
NEW YORK, NY 10001-2402
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4427720
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4097975
9	Amount remaining (line 7 minus line 8)	0	329745
10	Interest on line 9 using prior year's actual return of 19.93%	0	65718
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2295202
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.33 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		457434
	c Total available at beginning of current plan year to add to prefunding balance		2752636
	d Portion of (c) to be added to prefunding balance		2752636
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3148099

Part III Funding Percentages

14	Funding target attainment percentage	14	98.88 %
15	Adjusted funding target attainment percentage	15	102.35 %
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	90.00 %
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
04/14/2015	387000				
			Totals ► 18(b)	387000	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	356918

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 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**	1963419
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1012994	884722
b Waiver amortization installment		

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**	2848141

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2848141	2848141

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	356918

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

a Total (excess, if any, of line 37 over line 36)	**38a**	356918
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	356918
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 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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
L-3 COMMUNICATIONS PENSION PLAN FOR CERTAIN DIVISIONS

B Three-digit plan number (PN) ▶ 008

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
L-3 COMMUNICATIONS CORPORATION

D Employer Identification Number (EIN)
13-3937436

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3937436-020	M	104972046

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)

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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
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a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
L-3 COMMUNICATIONS PENSION PLAN FOR CERTAIN DIVISIONS

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
L-3 COMMUNICATIONS CORPORATION

D Employer Identification Number (EIN)
13-3937436

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2521000	387000
(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)	99239552	104972046
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	101760552	105359046
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	120587	127883
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	120587	127883
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	101639965	105231163

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)	387000	
	(B) Participants	2a(1)(B)	0	
	(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)		387000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		8753324
(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		9140324
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4889680	
(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)		4889680
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)	659446	
(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)		659446
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5549126
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3591198
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] 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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under 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).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
L-3 COMMUNICATIONS PENSION PLAN FOR CERTAIN DIVISIONS

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
L-3 COMMUNICATIONS CORPORATION

D Employer Identification Number (EIN)
13-3937436

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** 1

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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 PENSION PLAN FOR CERTAIN DIVISIONS

Financial Statements as of
and for the Years Ended
December 31, 2014 and 2013

L-3 COMMUNICATIONS PENSION PLAN FOR CERTAIN DIVISIONS
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Statements of Accumulated Plan Benefits and Changes in Accumulated Plan Benefits as of and for the Year Ended January 1, 2014	5
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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 Administrator of the L-3 Communications Pension Plan for Certain Divisions:

We have audited the accompanying financial statements of L-3 Communications Pension Plan for Certain Divisions (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, 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, 2014 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, 2014 and changes therein for the year then ended and its financial status as of December 31, 2013, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

PricewaterhouseCoopers LLP

August 31, 2015

PricewaterhouseCoopers LLP, 300 Madison Avenue, New York, NY 10017
T: (646) 471 3000, F: (813) 286 6000, www.pwc.com/us

L-3 COMMUNICATIONS PENSION PLAN FOR CERTAIN DIVISIONS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2014 AND 2013
(Dollars in thousands)

Assets:	2014	2013
Interest in Master Trust, at fair value	$ 104,972	$ 99,240
Employer contribution receivable	387	2,521
Total assets	105,359	101,761
Liabilities:		
Accrued expenses	128	121
Net assets available for benefits	$ 105,231	$ 101,640

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

L-3 COMMUNICATIONS PENSION PLAN FOR CERTAIN DIVISIONS
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013
(Dollars in thousands)

	2014	2013
Additions:		
Interest in Master Trust investment income	$ 8,753	$ 17,068
Employer contributions	387	2,521
Total additions	9,140	19,589
Deductions:		
Benefit payments	4,890	4,549
Plan expenses	659	647
Total deductions	5,549	5,196
Net increase	3,591	14,393
Net assets available for benefits, beginning of year	101,640	87,247
Net assets available for benefits, end of year	$ 105,231	$ 101,640

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

L-3 COMMUNICATIONS PENSION PLAN FOR CERTAIN DIVISIONS
STATEMENTS OF ACCUMULATED PLAN BENEFITS AND
CHANGES IN ACCUMULATED PLAN BENEFITS
AS OF AND FOR THE YEAR ENDED JANUARY 1, 2014
(Dollars in thousands)

Statement of Accumulated Plan Benefits:	**January 1, 2014**
Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving benefits	$43,400
Other participants	32,290
Total vested benefits	75,690
Non-vested benefits	1,860
Total actuarial present value of accumulated plan benefits	$77,550

Statement of Changes in Accumulated Plan Benefits:	**Year Ended January 1, 2014**
Actuarial present value of accumulated plan benefits as of January 1, 2013	$73,231
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial experience	864
Increase for interest due to decrease in discount period	6,041
Benefits paid	(4,549)
Change in actuarial assumptions (Note 4)	1,963
Net increase	4,319
Actuarial present value of accumulated plan benefits as of January 1, 2014	$77,550

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

1. Plan Description

The following brief description of the L-3 Communications Pension Plan for Certain Divisions (the "Plan"), formerly known as the Ocean Systems Pension Plan for Salaried Employees, is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

The Plan was established effective April 1, 1998 in connection with the acquisition of the Ocean Systems division of AlliedSignal, Inc. by L-3 Communications Corporation (the "Company"), a wholly owned subsidiary of L-3 Communications Holdings, Inc. ("Holdings"). Certain participants in the Salaried Employees' Pension Plan of AlliedSignal, Inc. (the "Prior Plan") became participants in the Plan. During 1998, AlliedSignal, Inc. transferred the assets attributable to the accrued benefits of the participants from the Prior Plan to the Plan.

The Company amended and restated the Plan effective March 18, 1999 to permit employees of the Seabeam division of the Company to participate in the Plan. The Company also amended and restated the Plan effective January 1, 2000 to permit non-bargaining employees of the Space & Navigation division of the Company to participate in the Plan. Certain non-bargaining Space & Navigation employees that were participants in the Prior Plan became participants in the Plan.

The Plan is a non-contributory defined benefit plan covering employees at certain locations of the Company. Participation in the Plan commenced after completion of one year of service. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan is frozen with respect to new employees of the Ocean Systems business unit hired on or after January 1, 2006 and with respect to new employees of the Space & Navigation business unit hired on or after January 1, 2007. As such, any employees hired on or after January 1, 2006 or January 1, 2007, as applicable, are not eligible to participate in the Plan.

The Plan was amended effective January 1, 2014. The Plan amendment states, if a Plan participant is transferred to any business unit within the Company on or after January 1, 2014, any service and compensation earned by the participant of the Plan from the date of transfer until the date of the participant's termination of employment with the Company will be treated as though earned by the participant at the business unit of the Plan. The Plan amendment does not affect the benefits of a Plan participant who continues to be employed by the Company but becomes or ceases to be a represented employee covered by a collective bargaining agreement.

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.

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 ending monthly balances in the investment pool to the total investments of the Master Trust, as determined on a monthly basis.

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 ending 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,

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 may 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.

Reclassifications

Certain reclassifications have been made to prior year amounts to conform to the current year presentation.

Recently Issued Accounting Standards

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, which eliminates the requirement for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation by general type. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate, but will no longer be required to be disaggregated and disclosed by general type. ASU 2015-12 also removes the requirement to disaggregate investments of employee benefit plans by nature, characteristics and risks and will require that these investments be grouped only by general type. This update is effective for the interim and fiscal periods beginning after December 15, 2015. The adoption of this standard will not impact the Plan's statements of net assets available for benefits, statements of changes in net assets available for benefits or statements of accumulated plan benefits and changes in accumulated plan benefits.

In May 2015, the FASB issued ASU 2015-7, which removes the requirement for reporting entities to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. ASU 2015-7 also removes the requirement to make certain disclosures for all investments that are measured at fair value using the net asset value per share as a practical expedient. This update is effective for interim and fiscal periods beginning after December 15, 2016. The adoption of this standard will not impact the Plan's statements of net assets available for benefits, statements of changes in net

assets available for benefits or statements of accumulated plan benefits and changes in accumulated plan benefits.

Subsequent Events

The Plan continued to evaluate events after the Statement of Net Assets Available for Benefits date through August 31, 2015, 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") that are at least equal to the minimum funding requirements under ERISA. There was no minimum funding requirement in 2014 and 2013. The Company's contributions met or exceeded the minimum funding requirements of ERISA in 2014 and 2013. Minimum contributions are calculated using the Unit Credit Actuarial Cost Method, as prescribed by law. Under this method, the liability is measured on an accrued-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year. Assuming all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the minimum required contribution is generally designed to achieve the following: (1) if the plan is underfunded, funding at the minimum level would achieve 100% funding within seven years, and then contributions would equal the target normal cost, or (2) if the plan is overfunded, there will be no required contributions unless the target normal cost exceeds the overfunding.

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.

For participants of the Ocean Systems and Space & Navigation divisions of the Company, the Plan provides a monthly benefit of 2.0% of Final Average Compensation for the first 25 years of service, plus 0.5% of Final Average Compensation for service in excess of 25 years, minus 2.0% of estimated social security benefits for the first 25 years of service. Final Average Compensation is the average of total compensation earned during the 5 consecutive years that produce the highest total compensation, divided by 60, or the monthly average of compensation for the 60 consecutive highest paid calendar months out of the last 120 calendar months. For participants of the Seabeam division of the Company, the Plan provides a benefit of 0.65% of earnings plus an additional 0.65% of earnings above the integration level, as defined in the plan document, for each Plan year credited service is earned. Benefits vest 100% after 5 years of service and are payable at age 65. All participants in the Plan who were employees of the Seabeam division of the Company were either term vested or in payment status as of December 31, 2009. Service in the Prior Plan is considered as service under the Plan.

For participants of the Ocean Systems and Space & Navigation divisions of the Company, the Plan permits early retirement for participants at age 55 with at least 5 years of service. The benefit may begin at the date of early retirement, reduced by 1/6% for each of the first 60 months prior to age 65, plus an additional 1/3% for each of the next 60 months prior to age 65. At age 62, benefits are reduced further to offset for Social Security. The Plan also provides early retirement benefits for those participants whose years of age and service total 80. For participants of the Seabeam division of the Company, the Plan permits early retirement for participants at age 55 with at least 10 years of service. The benefit may begin at the date of early retirement, reduced by an actuarial equivalence using an interest rate of 6%. 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 benefits 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.

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, 2014 and 2013 were:

Mortality basis	2014: Total Collar RP-2014 Mortality Table (adjusted back to 2006), projected generationally with the 2014 SSA Intermediate – Cost Projections Scale. 2013: RP2000 Annuitant and Non-Annuitant Tables (sex-specific) with static projection through the valuation date plus another 7 years for annuitants and 15 years for non-annuitants.
Retirement	Retirement starting at 55, at varying rates with 100% by age 70.
Interest rate for the determination of the present value of accumulated plan benefits	8.25%

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, 2014.

5. Master Trust Investments

The fair value of the assets and liabilities of the Master Trust at December 31, 2014 and 2013 is presented in the table below. The Plan's percentage interest in the Master Trust was 4.6% at December 31, 2014 and 4.7% at December 31, 2013.

	2014	2013
Equity securities	$ 1,438,681	$ 1,360,074
Fixed income securities	317,286	291,544
Mutual fund	204,037	192,642
Commingled trust fund	142,471	147,572
Short term investments	211,207	152,361
Forward contracts	23	(103)
Cash	300	702
Accrued income	5,282	5,430
Receivable for unsettled trades	3,645	4,178
Payable for unsettled trades	(22,403)	(21,257)
	$ 2,300,529	$ 2,133,143

The following presents the investment income of the Master Trust for the years ended December 31, 2014 and 2013.

	2014	2013
Net appreciation of investments	$ 139,515	$ 320,057
Interest	13,533	9,875
Dividends	37,835	35,802
Other	55	409
	$ 190,938	$ 366,143

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, 2014 and 2013.

	2014	2013
Equity securities	$ 141,101	$ 305,758
Fixed income securities	1,521	1,583
Mutual fund	6,230	(9,053)
Commingled trust fund	(9,695)	21,431
Forward contracts	298	104
Other	60	234
	$ 139,515	$ 320,057

The Plan, through the Master Trust, may enter into foreign currency forward exchange contracts primarily to hedge against foreign currency exchange rate risks on its non-U.S dollar denominated investment securities. When entering into a foreign currency forward contract, the Plan agrees to receive or deliver a fixed quantity of foreign currency for an agreed-upon price on an agreed future date. The Plan's net equity therein, representing unrealized gain or loss on the contracts, as measured by the difference between the forward foreign exchange rates at the dates of entry in the contracts and the forward foreign exchange rates at the reporting date is included in Plan's statement of net assets available for benefits. Realized and unrealized gains and losses are included in the Plan's statement of changes in net assets available for benefits. These instruments involve market and/or credit risks. The Plan, through the Master Trust, manages exposure to credit risk by entering into foreign currency forward exchange contracts only with major institutions that are expected to fully perform under the terms of such contracts. The average notional amounts for the years ended December 31, 2014 and 2013 were $6,246 and $4,047, respectively.

At December 31, 2014 and 2013, the Plan had the following foreign currency forward exchange contracts.

	2014			2013		
	Asset	Liability	U.S. Dollar Notional	Asset	Liability	U.S. Dollar Notional
Foreign currency forward exchange contracts	$ 23	$ —	$ 3,298	$ —	$ 103	$ 4,020

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 trustee. 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 ("REITs"), 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 money market accounts, a commingled trust fund and both investment grade and high-yield fixed income securities.

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, 2014 and 2013, 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 have been no changes in the methodologies used at December 31, 2014 and 2013. There were no transfers between Levels 1, 2 or 3 during the years ended December 31, 2014 and 2013.

Asset Category	Fair Value Measured at December 31, 2014				Fair Value Measured at December 31, 2013			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Equity securities[1]:								
U.S. Equity	$ 1,189,565	$ —	$ —	$ 1,189,565	$ 1,160,574	$ —	$ —	$ 1,160,574
International Equity	87,911	142,471	—	230,382	79,779	147,572	—	227,351
Fixed Income — Investment Grade[2]	240,731	158,797	—	399,528	219,901	151,595	—	371,496
Fixed Income — High Yield[3]	—	121,795	—	121,795	—	112,690	—	112,690
REITs[4]	161,205	—	—	161,205	119,721	—	—	119,721
Other[5]	—	211,230	—	211,230	—	152,258	—	152,258
Total assets at fair value	$ 1,679,412	$ 634,293	$ —	$ 2,313,705	$ 1,579,975	$ 564,115	$ —	$ 2,144,090
Accrued income, cash and net unsettled trades				(13,176)				(10,947)
Total Master Trust Investments				$ 2,300,529				$ 2,133,143

(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 fund's holdings, primarily equity securities traded in active markets, determined as of the end of each month as a practical expedient to estimating fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Withdrawals are permitted monthly, with notice by the 20th day of each month, based on NAV.

(2) Approximately 60% at December 31, 2014 and 59% at December 31, 2013 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") and fixed income securities. The Fund invests in investment grade fixed income securities, mortgaged-backed securities, U.S. treasury and agency bonds and corporate bonds. The fund is classified by the Company as a Level 1 measurement within the fair value hierarchy, as the mutual fund trades on an active market and daily, quoted prices are available. The remaining 40% at December 31, 2014 and 41% at December 31, 2013 of plan assets are fixed income securities, primarily investment grade corporate bonds from various industries held directly by the plan. The fair value 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 and are classified as level 2.

(3) Fixed Income — High Yield consists of investments in corporate high-yield bonds from various industries. The fair value 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) REITs consist of securities that trade on the major exchanges and invest directly in real estate, either through properties or mortgages.

(5) Other is classified as level 2 consists primarily of money market accounts, which invest primarily in short term, high quality money market securities such as government obligations, commercial paper, time deposits and certificates of deposit.

7. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 11, 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, 2014, 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 administrator believes it is no longer subject to income tax examinations for years prior to the year ended December 31, 2011.

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 related party 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 Company and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation, up to specified limits.

Attachment to 2014 Schedule SB of Form 5500
Schedule B, Line 26 – Schedule of Active Participant Data
L-3 Communications Pension Plan for Certain Divisions
EIN 13-3937436 PN 008

Participants in Active Service by Age and Years of Credited Service as of January 1, 2014*

	Years of Service									
Age	Less than 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	--	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
25-29	--	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
30-34	--	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
35-39	--	--	1	3	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
40-44	--	--	1	2	--	2	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
45-49	--	1	1	7	4	3	4	--	--	--
	--	--	--	--	--	--	--	--	--	--
50-54	--	1	2	10	2	1	17	4	--	--
	--	--	--	--	--	--	--	--	--	--
55-59	--	--	6	5	3	2	7	8	1	--
	--	--	--	--	--	--	--	--	--	--
60-64	--	--	2	--	3	--	2	1	1	1
	--	--	--	--	--	--	--	--	--	--
65-69	--	--	1	2	1	--	--	1	--	1
	--	--	--	--	--	--	--	--	--	--
70 & Over	--	--	--	2	1	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--

* Only includes actives accruing benefits

Attachment to 2014 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L-3 Communications Pension Plan for Certain Divisions
EIN 13-3937436 PN 008

Actuarial Assumptions and Methodologies

<table>
<tr><td>Interest:</td><td>The interest rates used for the 2014 plan year are the 24-month average corporate bond segment rates for September 2013 (a 4-month lookback) subject to funding stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average of corporate bond rates) but are then constrained to be within a corridor around a 25-year average of those same bond rates. For 2014, the stabilization corridor is 10%. It will remain at 10% through 2017, then increase by 5% per year until it reaches 30% for 2021. The rates are as follows:
<table>
<tr><th></th><th>Payments in the First 5 Years</th><th>Payments in Years 6 – 20</th><th>Payments Thereafter</th><th>Effective Interest Rate</th></tr>
<tr><td>Current Year, reflecting stabilization (under HATFA)</td><td>4.99%</td><td>6.32%</td><td>6.99%</td><td>6.50%</td></tr>
<tr><td>Current Year, without stabilization</td><td>1.37%</td><td>4.05%</td><td>5.06%</td><td>4.39%</td></tr>
<tr><td>Prior Year, reflecting stabilization (under MAP-21)</td><td>4.94%</td><td>6.15%</td><td>6.76%</td><td>6.33%</td></tr>
<tr><td>Prior Year, without stabilization</td><td>1.75%</td><td>4.62%</td><td>5.72%</td><td>4.97%</td></tr>
</table>
The segment rates used to determine the PBGC variable rate premium are the standard PBGC premium rates. These rates are 1.25% for payments in the first 5 years, 4.57% for payments in years 6-20, and 5.60% for payments thereafter.</td></tr>
<tr><td>Mortality rates:</td><td>RP2000 separate annuitant and non-annuitant healthy mortality tables (sex-specific) with static projection using Scale AA 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.</td></tr>
<tr><td>Salary Increases:</td><td>3.50%</td></tr>
</table>

Attachment to 2014 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L-3 Communications Pension Plan for Certain Divisions
EIN 13-3937436 PN 008

Actuarial Assumptions and Methodologies *continued*

<table>
<tr><td>Taxable wage base increase:</td><td>3.00%</td></tr>
<tr><td>Sample termination rates:</td><td>
<table>
<tr><th>Age</th><th>Rates</th></tr>
<tr><td>25</td><td>24.00%</td></tr>
<tr><td>30</td><td>19.50</td></tr>
<tr><td>35</td><td>15.00</td></tr>
<tr><td>40</td><td>12.50</td></tr>
<tr><td>45</td><td>10.00</td></tr>
<tr><td>50</td><td>5.00</td></tr>
<tr><td>53</td><td>0.00</td></tr>
</table>
</td></tr>
<tr><td>Sample disability rates:</td><td>None</td></tr>
<tr><td>Retirement rates from active status:</td><td>
<table>
<tr><th>Age</th><th>Rates</th></tr>
<tr><td>55</td><td>15%</td></tr>
<tr><td>56-61</td><td>10</td></tr>
<tr><td>62</td><td>30</td></tr>
<tr><td>63-64</td><td>15</td></tr>
<tr><td>65</td><td>35</td></tr>
<tr><td>66-69</td><td>20</td></tr>
<tr><td>70</td><td>100</td></tr>
</table>
Also, a rate of 30% is assumed for the first year of 80 points eligibility attainment.
</td></tr>
<tr><td>Retirement age for terminated vested:</td><td>Age 65</td></tr>
</table>

Attachment to 2014 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L-3 Communications Pension Plan for Certain Divisions
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Actuarial Assumptions and Methodologies *continued*

Description of Weighted Average Retirement Age:	Age 61, determined as follows: The individual weighted-average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.
Percent married:	70% for male participants, 55% for female participants; with males 3 years older.
Age difference:	Husbands are three years older than their wives.
Form of payment:	Single participants are assumed to elect a life annuity, married participants are assumed to elect 50% J&S annuity.
Administrative expenses:	An expense assumption is required under the funding rules. Plan-related expenses of $575,000 are expected to be paid by the plan during the year.
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 7.52% in 2012 and 6.76% in 2013.
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:	None

Attachment to 2014 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Pension Plan for Certain Divisions
EIN 13-3937436 PN 008

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 new hires effective January 1, 2006 and January 1, 2007 for Ocean Systems and Space & Navigation, respectively. Employees hired prior to these dates will receive ongoing accruals.
Ocean Systems and Space and Navigation	
Normal retirement:	
Age requirement:	65
Service requirement:	5 years of participation (none if participant in prior Plan before January 1, 1988)
Monthly amount:	2.0% of final average compensation for the first 25 years of credited service plus 0.5% of final average compensation for credited service after 25 years, minus 2.0% of estimated Social Security benefit for the first 25 years of credited service. Final average compensation is the greater of the five complete calendar years that produce the highest total compensation, divided by 60, or the monthly average of compensation for the 60 consecutive highest paid calendar months out of the last 120 calendar months. Compensation is defined as base pay, plus variable pay, lump sum wage increases, shift differential, overtime, commissions or sales payments, performance awards paid through payroll, and short term incentive compensation.
Minimum monthly amount:	0.75% of final average compensation plus $8, for the first 30 years of credited service. Final average compensation is defined as stated above.
Special provisions for former participants in the Budd Company Pension Plan	The greater of the frozen benefit under the Budd Company Pension Plan determined as of March 31, 1995, and the retirement benefit accrued under this plan including service earned under the Budd Company Pension Plan as of April 1, 1995.
Regular early retirement:	
Age requirement:	55
Service requirement:	5 years of vesting service
Monthly amount payable until age 62:	Normal retirement pension accrued determined without regard to Social Security offset, reduced by 2% per year for each of the first 5 years and 4% per year for each of the next 5 years prior to age 65. Under the minimum benefit formula, the accrued benefit is reduced by 7.2% per year for each of the first 5 years and 4.8% per year for the next 5 years prior to age 65.

Summary of Plan Provisions *continued*

Monthly amount payable from age 62:	Normal retirement pension as above, offset by 2.0% of the estimated Social Security benefit for each of the first 25 years of credited service. There is no reduction under the minimum benefit formula.
80-Point Early retirement:	
Age and service requirement	Sum of age and years of vesting service must be at least 80.
Monthly amount payable until age 62:	Normal retirement pension accrued determined without regard to Social Security offset, reduced in the same way as for Regular early retirement, but not below 75%. There is no reduction under the minimum benefit formula. In addition, under the minimum formula a supplemental benefit of $385 each month is provided.
Monthly amount payable from age 62:	Normal retirement pension as above, offset by 2.0% of the estimated social security benefit for each of the first 25 years of credited service. There is no reduction under the minimum benefit formula.
Deferred retirement*:*	
	Additional accruals to actual retirement date
Disability benefit:	
Age requirement:	None
Service requirement:	None
Monthly amount:	Accrued benefit calculated based on credited service to disability date, payable at Normal Retirement Date.
Vesting:	
Age requirement:	None
Service requirement:	None, for participants hired prior to April 1, 1998 at Ocean Systems or hired prior to January 1, 2000 at Space & Navigation; 5 years for all others.

Attachment to 2014 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Pension Plan for Certain Divisions
EIN 13-3937436 PN 008

Summary of Plan Provisions *continued*

Death benefits:
Payable for death occurring after age 50: For deaths occurring in service, prior to attainment of eligibility to retire, but after full vesting: The greater of 20% of the participant's base pay at time of death and an amount equal to 50% of the benefit that would have been payable had the employee terminated on the date of death, survived until the earliest possible retirement age and retired on such date, payable for the life of the surviving spouse. For deaths occurring in service, after attainment of eligibility to retire: The greater 20% of the participant's base pay at time of death or an amount equal to 50% of the benefit that would have been payable had the employee retired on the date of his death, payable for the life of the surviving spouse. *Payable for death prior to age 50:* For deaths occurring in service, prior to attainment of eligibility to retire, but after full vesting: An amount equal to 50% of the benefit that would have been payable had the employee terminated on the date of death, survived to the earliest possible retirement age, retired on that date and elected the survivorship option, payable for the life of the surviving spouse. For deaths occurring after commencement of pension payments under a normal or early retirement: A one-time lump sum payment equal to 180% of final average monthly compensation, reduced by 10% for each year of credited service less than 10 years, but not less than $2,000.
Bridge leave of absence:
Eligibility: A participant is entitled to unpaid bridge leave of absence if, due to a reduction in force, he is within: a) 24 months of being eligible for regular early retirement, or b) 36 months of reaching 80-point early retirement eligibility, or c) 36 months of reaching normal retirement age as long as neither regular early retirement nor 80-point early retirement eligibility have been met. A participant will continue to earn vesting service and benefit service during bridge leave so that he can receive the maximum benefit available based on his age and service at the expiration of bridge leave.

Attachment to 2014 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Pension Plan for Certain Divisions
EIN 13-3937436 PN 008

Summary of Plan Provisions *continued*

Participation:	
Age:	None
Service requirement:	From date of hire for all regular full-time employees. All other employees, after completion of one year of eligibility service (1,000 hours of service).
Credited service:	
	All service as a participant.
Vesting service:	
	All service from date of hire. Participants at Ocean Systems hired prior to 4/1/1998 are fully vested as of that date. Participants at Space and Navigation hired prior to 1/1/2000 are fully vested as of that date.
Forms of benefit:	
Optional form:	*Straight life annuity.* *100% Joint and survivor annuity* – benefit is reduced by the factor equal to 81% and reduced/increased by additional 0.5% for each full year in excess of three years by which the Participant's/Spouse's birth date precedes the birth date of the Spouse/Participant. *75% Joint and survivor annuity* – benefit is reduced by the factor equal to 85% and reduced/increased by additional 0.375% for each full year in excess of three by which the Participant's/Spouse's birth date precedes the birth date of the Spouse/Participant. *50% Joint and survivor annuity* – benefit is reduced by the factor equal to 89% and reduced/increased by an additional 0.25% for each full year in excess of three by which the Participant's/Spouse's birthday precedes the birth date of the Spouse/Participant. *Social Security level increase annuity* – it is payable in a greater amount before the date in which the Participant attains age 62, and a reduced amount after that date. The increase to the benefit payable before age 62 is equal to (1) minus (2), multiplied by (3) where: (1) is the Social Security benefit payable to the Participant at age 62, (2) is the difference in the monthly benefit payable to the Participant before age 62 and the monthly benefit payable to the Participant after age 62, calculated as a Single Life Annuity; and (3) the level income factors

Summary of Plan Provisions *continued*

<table>
<tr><td></td><td>
<table>
<tr><th>Years Early Retirement Date Precedes Normal Retirement Date</th><th>Level Income Factor</th></tr>
<tr><td>3</td><td>1.0000</td></tr>
<tr><td>4</td><td>.8900</td></tr>
<tr><td>5</td><td>.7900</td></tr>
<tr><td>6</td><td>.7100</td></tr>
<tr><td>7</td><td>.6300</td></tr>
<tr><td>8</td><td>.5600</td></tr>
<tr><td>9</td><td>.5100</td></tr>
<tr><td>10</td><td>.4600</td></tr>
<tr><td>11</td><td>.4100</td></tr>
<tr><td>12</td><td>.3700</td></tr>
<tr><td>13</td><td>.3300</td></tr>
<tr><td>14</td><td>.3000</td></tr>
<tr><td>15</td><td>.2700</td></tr>
<tr><td>16</td><td>.2500</td></tr>
<tr><td>17</td><td>.2200</td></tr>
</table>
The above table shall be interpolated for fractional year.
Ten-year certain and life annuity – the reduced monthly payment is 95% of the monthly Single life annuity**.**</td></tr>
<tr><td>*Optional lump sum:*</td><td>Benefits with present value less than or equal to $1,000 are automatically cashed out. If the present value of the benefit is over $1,000 but less than or equal to $5,000, a lump is offered to the participant. If the present value is over $5,000 but less than or equal to $20,000, the participant can elect the lump sum, an immediate annuity or a deferred annuity.</td></tr>
</table>

Attachment to 2014 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Pension Plan for Certain Divisions
EIN 13-3937436 PN 008

Summary of Plan Provisions *continued*

Seabeam	
Normal retirement:	
Age requirement:	65
Service requirement:	5 years of participation (none if participant in prior Plan before January 1, 1988)
Monthly amount:	0.65% of earnings each plan year credited service is earned plus 0.65% of earnings above the integration level each plan year credited service is earned. The integration level is $9,461 from April 1, 1999 to December 31, 1999, $13,057 for the plan year beginning January 1, 2000 and increases by 3.5% each year thereafter.
Early retirement:	
Age requirement:	55
Service requirement:	10 years of service
Monthly amount:	Normal retirement pension accrued, reduced by actuarial equivalence using the 1983 Group Annuity mortality table for males and an interest rate of 6%.
Vesting:	
Age requirement:	None
Service requirement:	5 years of service
Death benefits:	
	For deaths occurring in service, prior to attainment of eligibility to retire, but after vesting: An amount equal to 50% of the benefit that would have been payable had the employee terminated on the date of death, survived until the earliest possible retirement age, retired on such date, and elected the Survivorship Option (described below), payable for the life of the surviving spouse. For deaths occurring in service, after attainment of eligibility to retire: An amount equal to 50% of the benefit that would have been payable had the employee retired on the date of his death and elected the Survivorship Option (described below), payable for the life of the surviving spouse.
Forms of benefit:	
Optional form:	Benefit otherwise payable to employee is reduced to an actuarial equivalent amount using the 1983 Group Annuity mortality for males and an interest rate of 6%. Joint and Survivor Annuity (100%, 66-2/3% or 50%) Lump Sum Years Certain Annuity (5 or 10)

Attachment to 2014 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Pension Plan for Certain Divisions
EIN 13-3937436 PN 008

Summary of Plan Provisions *continued*

Participation:	
	March 18, 1999 for participants in Channel Technologies Inc. Pension Plan on March 17, 1999 who became employees on March 18, 1999. January 1 or July 1 coincident with or following one year of service for all others. There are no participants remaining in the Seabeam portion of the plan. All participants that are entitled to benefits are terminated vested participants.
Credited service:	
	All service as a participant, up to 35 years.
Vesting service:	
	All service from date of hire.
Section 415 limit:	
	$210,000 (previously, $205,000)
Section 401(a)(17) limit:	
	$260,000 (previously, $255,000)
Plan effective date:	
	March 18, 1999

Attachment to 2014 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L-3 Communications Pension Plan for Certain Divisions
EIN 13-3937436 PN 008

Summary of Plan Provisions *continued*

Most Recent Plan Amendments

Plan Amendment	Effective Date	Reflected in 2014 Actuarial Valuation
Plan Restatement	January 1, 2012	Yes
Amendment No. 1: The plan was amended to satisfy benefit limitations required under Section 436 of the Internal Revenue Code	January 1, 2008	Yes
Amendment No. 2: 1. Provides continued benefit accruals to participants that transfer to other business units in the controlled group. 2. Amends definition of compensation. 3. Pertains to plan provisions that do not impact the valuation.	Various	Yes

Attachment to 2014 Schedule SB of Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases
L-3 Communications Pension Plan for Certain Divisions
EIN 13-3937436 PN 008

Schedule of Shortfall Amortization Bases as of January 1, 2014

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
2014	($6,334,392)	($6,334,392)	7	($1,060,114)
2013	5,773,666	5,090,442	6	963,578
2012	(10,001,172)	(7,717,899)	5	(1,697,445)
2011	16,280,990	9,974,843	4	2,678,703
Total		**$1,012,994**		**$884,722**

Attachment to 2014 Schedule SB of Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
L-3 Communications Pension Plan for Certain Divisions
EIN 13-3937436 PN 008

Age	Rate	Probability of Retiring	Age x Probability
55	15.00%	15.00%	8.25
56	10.00%	8.50%	4.76
57	10.00%	7.65%	4.36
58	10.00%	6.89%	3.99
59	10.00%	6.20%	3.66
60	10.00%	5.58%	3.35
61	10.00%	5.02%	3.06
62	30.00%	13.55%	8.40
63	15.00%	4.74%	2.99
64	15.00%	4.03%	2.58
65	35.00%	8.00%	5.20
66	20.00%	2.97%	1.96
67	20.00%	2.38%	1.59
68	20.00%	1.90%	1.29
69	20.00%	1.52%	1.05
70	100.00%	6.08%	4.26
	Weighted Average:		60.75

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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 Pension Plan for Certain Divisions

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
L-3 Communications Corporation

D Employer Identification Number (EIN)
13-3937436

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	101680041
b Actuarial value	**2b**	92820729

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	254	48955916	48955916
b For terminated vested participants	260	12698483	12698483
c For active participants	132	26938185	29031225
d Total	646	88592584	90685624

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**	6.50%
6 Target normal cost	**6**	1963419

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 Aida Domlija

Signature of actuary

06/10/2015
Date

AIDA DOMLIJA, FSA, MAAA
Type or print name of actuary

14-06955
Most recent enrollment number

SIBSON CONSULTING
Firm name

212-251-5000
Telephone number (including area code)

333 W 34TH STREET
NEW YORK NY 10001-2402
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4427720
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4097975
9	Amount remaining (line 7 minus line 8)	0	329745
10	Interest on line 9 using prior year's actual return of 19.93%	0	65718
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2295202
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.33%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		457434
	c Total available at beginning of current plan year to add to prefunding balance		2752636
	d Portion of (c) to be added to prefunding balance		2752636
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3148099

Part III Funding Percentages

14	Funding target attainment percentage	14	98.88%
15	Adjusted funding target attainment percentage	15	102.35%
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	90.00%
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
04/14/2015	387000				
		Totals ► 18(b)	387000	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	356918

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	4
22 Weighted average retirement age			**22**	61

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.			☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.			☐ Yes ☒ No
26 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**	1963419
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1012994	884722
b Waiver amortization installment		

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**	2848141

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2848141	2848141

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	356918
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	356918
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	356918
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**	