

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
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	
	☒ a single-employer plan;	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report;	☒ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☐ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>ARINC INCORPORATED RETIREMENT INCOME PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</u>
		1c Effective date of plan	<u>01/01/1952</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN) <u>53-0023720</u> 2c Plan Sponsor's telephone number <u>410-266-4000</u> 2d Business code (see instructions) <u>517000</u>		
<u>ARINC INCORPORATED</u>			
<u>2551 RIVA ROAD</u> <u>ANNAPOLIS, MD 21401-7435</u>			

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2016	ROSA BARONE
	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)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE PENSION ADMINISTRATION COMMITTEE 2551 RIVA ROAD ANNAPOLIS, MD 21401-7435	3b Administrator's EIN 53-0023720
	3c Administrator's telephone number 410-266-4000
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2258
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) 664
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 0
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 8
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 1B 1C 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan ARINC INCORPORATED RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 ARINC INCORPORATED	D Employer Identification Number (EIN) 53-0023720	

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

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	016729A	0	01/01/2015	12/31/2015

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

b Balance at the end of the previous year	7b	980363
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	37243	
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	37243
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1017606
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	53655	
(2) Administration charge made by carrier	7e(2)	6263	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	957688	

▶ **TRANSFERRED TO OTHER PLAN**

(5) Total deductions	7e(5)	1017606
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan ARINC INCORPORATED RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ARINC INCORPORATED	D Employer Identification Number (EIN) 53-0023720

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

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	016729B	0	01/01/2015	12/31/2015

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

b Balance at the end of the previous year	7b	2071194
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	76508	
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	76508
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d Total of balance and additions (add lines 7b and 7c(6))	7d	2147702
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	248370	
(2) Administration charge made by carrier	7e(2)	12338	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	1886994	

▶ **TRANSFERRED TO OTHER PLAN**

(5) Total deductions	7e(5)	2147702
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
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 ARINC INCORPORATED RETIREMENT INCOME PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ARINC INCORPORATED	D Employer Identification Number (EIN) 53-0023720
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2015			
2	Assets:			
	a Market value	2a	269884311	
	b Actuarial value	2b	254616989	
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	950	114321422	114321422
	b For terminated vested participants	661	39883514	39883514
	c For active participants	664	68231518	69909313
	d Total	2275	222436454	224114249
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	6.13%	
6	Target normal cost	6	1849842	

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		03/30/2016
Signature of actuary		Date
STEPHEN S. JONES		14-06347
Type or print name of actuary		Most recent enrollment number
MERCER		202-331-5200
Firm name		Telephone number (including area code)
1050 CONNECTICUT AVENUE NW SUITE 700 WASHINGTON, DC 20036		
Address of the firm		

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)	2751080	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	2751080	0
10	Interest on line 9 using prior year's actual return of <u>15.10</u> %	415413	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.37</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	3166493	0

Part III	Funding Percentages		
14	Funding target attainment percentage.....	14	112.19 %
15	Adjusted funding target attainment percentage	15	113.61 %
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	109.13 %
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
Totals ▶		18(b)
		0
18(c)		0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0	
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No			
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	1849842	
b Excess assets, if applicable, but not greater than line 31a	31b	1849842	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan ARINC INCORPORATED RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ARINC INCORPORATED	D Employer Identification Number (EIN) 53-0023720	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	329902	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEYFARTH SHAW

36-2152202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	82578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 50	NONE	51557	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

FIDELITY INVESTMENTS

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 64 65	NONE	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER INVESTMENT MANAGEMENT

30-0282430

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: DELOITTE & TOUCHE LLP	b EIN: 13-3891517
c Position: ACCOUNTANT	
d Address: 4840 NORTH RIVER BLVD., N.E. SUITE 400 CEDAR RAPIDS, IA 52411	e Telephone: 319-362-7987

Explanation: PLAN SPONSOR CONSOLIDATED SERVICE PROVIDERS

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>ARINC INCORPORATED RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ► <u>002</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ARINC INCORPORATED</u>	D Employer Identification Number (EIN) <u>53-0023720</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US SMALL/MID CAP GROWTH EQUI</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>03-0566611-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US LARGE CAP CORE PASSIVE EQ</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>03-0566613-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US SMALL/MID CAP VALUE EQUIT</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>03-0566616-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER NON-US CORE EQUITY PORTFOLIO</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>03-0566617-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND II</u>				
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>				
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER ACTIVE LONG CORP INV PORTFOL</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>45-6178743-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER EMERGING MARKETS EQUITY PORT</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>				
c EIN-PN <u>32-6219484-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER LONG STRIPS INVESTMENT PORTF**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY**c** EIN-PN 80-6243236-019**d** Entity
code C**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

0

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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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
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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
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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
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan ARINC INCORPORATED RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 ARINC INCORPORATED	D Employer Identification Number (EIN) 53-0023720	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	267037660	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	3051557	0
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	270089217	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	204906	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	204906	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	269884311	0
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

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)	113751	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		113751

(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)		0
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(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)		-5943710
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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		93683
d Total income. Add all income amounts in column (b) and enter total	2d		-5736276

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18920942	
(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)		18920942
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)	412480	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	207322	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		619802
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19540744

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-25277020
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		244607291

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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	N/A	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.)		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.)		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X			
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
ROCKWELL COLLINS PENSION PLAN	52-2314475	001

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>ARINC INCORPORATED RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ARINC INCORPORATED</u>	D Employer Identification Number (EIN) <u>53-0023720</u>

Part I	Distributions
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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	<u>0</u>
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): <u>25-6350136</u>		
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	<u>74</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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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
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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.
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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: <u>52.0</u> % Investment-Grade Debt: <u>35.0</u> % High-Yield Debt: <u>4.0</u> % Real Estate: <u>0.0</u> % Other: <u>9.0</u> % 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):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

ARINC, Inc. Retirement Income Plan

EIN #: 53-0023720, Plan #: 002

Financial Statements as of and for the Years Ended
December 31, 2015 and 2014, Supplemental Schedules as
of and for the Year Ended December 31, 2015, and Report
of Independent Certified Public Accountants

ARINC, INC. RETIREMENT INCOME PLAN

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FINANCIAL STATEMENTS:	
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Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2015 and 2014	4
Notes to Financial Statements as of and for the Years Ended December 31, 2015 and 2014	5-15
SUPPLEMENTAL SCHEDULE:	16
Form 5500, Schedule H, Part IV, Line 4j — Schedule of Reportable Transactions for the Year Ended December 31, 2015	17
NOTE: All other schedules required by Section 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 have been omitted because they are not applicable.	



REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

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Trustees
ARINC, Inc. Retirement Income Plan

Report on the financial statements

We have audited the accompanying financial statements of ARINC, Inc. Retirement Income Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for 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 these 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 these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 8, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entities meet the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from these entities as of December 31, 2015, and for the year then ended, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter—Supplementary information

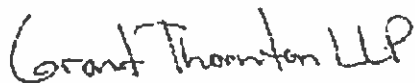
The supplemental schedule of reportable transactions for the year ended December 31, 2015 is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Other Matter—2014 Financial Statements

The financial statements of the Plan as of and for the year ended December 31, 2014, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the certified information. Their report, dated July 23, 2015, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in Note 8, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Grant Thornton LLP". The signature is written in a cursive, flowing style.

Minneapolis, MN
July 25, 2016

ARINC, INC. RETIREMENT INCOME PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ASSETS:		
Investments, at fair value:		
Collective Trusts	\$ -	\$ 267,037,660
Insurance company general account contracts	-	<u>3,051,557</u>
Total investments	<u>-</u>	<u>270,089,217</u>
LIABILITIES:		
Accrued administrative expenses	<u>-</u>	<u>204,906</u>
Total liabilities	<u>-</u>	<u>204,906</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 269,884,311</u>

See notes to financial statements.

ARINC, INC. RETIREMENT INCOME PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of:		
Real estate investments	\$ 93,683	\$ 24,228
Collective trusts	(5,943,710)	36,828,750
Interest on investments	113,751	110,069
Rental income	<u>-</u>	<u>1,344,129</u>
Total additions, net of investment income (loss)	<u>(5,736,276)</u>	<u>38,307,176</u>
DEDUCTIONS:		
Benefits paid to participants or beneficiaries	18,920,942	43,411,847
Administrative expenses	<u>619,802</u>	<u>1,321,165</u>
Total deductions	<u>19,540,744</u>	<u>44,733,012</u>
TRANSFER OUT OF THE PLAN	<u>244,607,291</u>	<u>-</u>
NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(269,884,311)	(6,425,836)
NET ASSETS AVAILABLE FOR BENEFITS — Beginning of year	<u>269,884,311</u>	<u>276,310,147</u>
NET ASSETS AVAILABLE FOR BENEFITS — End of year	<u>\$ -</u>	<u>\$ 269,884,311</u>

See notes to financial statements.

ARINC, INC. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

1. DESCRIPTION OF THE PLAN

The ARINC, Inc. Retirement Income Plan (the Plan) is a defined benefit plan established in 1952, by ARINC, Incorporated (the Company). The Plan is qualified under the Employee Retirement Income Security Act of 1974, as amended (ERISA) and the Pension Protection Act of 2006 (PPA). The Plan is made up of two sub-plans: the Salaried Sub-Plan, which has been amended through June 2012, and the Union Sub-Plan, which has been amended through January 2013.

On December 31, 2015, the Plan merged into and became a sub-plan of the Rockwell Collins Pension Plan. All Plan assets and pension liabilities (see Note 3) were transferred to the Rockwell Collins Pension Plan.

The following description of the Plan is prior to the plan merger:

Investment Manager, Plan Trustee and Asset Custodians — Bank of New York Mellon (the Trustee) serves as the trustee of the Plan. The Trustee, along with investment managers, manages the Plan's investment assets. State Street Bank and Trust Company (a Custodian) serves as the custodian of the collective trust funds that are managed by Mercer Investment Management.

The authority to manage, control and interpret the Plan was entrusted with the Pension Committee appointed by the Board of Directors of the Company. Effective December 23, 2013, the Company was purchased by Rockwell Collins, Inc. (Rockwell Collins). As a result, during 2014, the Pension Committee members were replaced by the Rockwell Collins Employee Benefit Plan Committee's members, and the Pension Committee was dissolved.

Eligibility — Substantially all active employees of the Company are eligible to participate in the Plan except for non union employees hired after March 31, 2006, and those employed by ARINC Managed Services, LLC and ARINC Technical Services, LLC.

Plan Benefits:

Nonunion Employees (Salaried Sub-Plan) — Retirement benefits are payable upon the later of reaching age 65 or the fifth year of participation in the Plan. Provisions for early retirement are available for participants at age 55 provided they have five years of vested service and have not yet attained normal retirement age. The accrued benefit amount under the traditional annuity component of the Plan was determined, in general, based upon the participant's final average compensation integrated with Social Security covered compensation, multiplied by credited service up to 25 years, as defined by the Plan document. The traditional annuity component of the Plan was frozen on December 31, 1998 and, except for certain electing participants, the accrued benefit of all active employees was converted to a cash balance account on January 1, 1999. The accrued benefit amount under the cash balance component of the Plan was determined based upon the participant's earnings, contribution crediting rate as determined by the individual's age and the interest crediting rate as defined by the Plan document. The cash balance component was frozen on March 31, 2006, except that interest continues to be credited to the participant's cash balance account. The calculated benefit may be paid in the form of a life annuity, a lump sum payment (if a cash balance

participant), a joint and survivor annuity or another acceptable optional form as outlined in the Plan document. Participants are vested after the completion of three years of vesting service, as defined by the Plan document.

Union Employees (Union Sub-Plan) — Retirement benefits are payable upon reaching age 65. However, if the participant was employed after December 31, 1993, retirement benefits are payable upon the later of reaching age 65 or the fifth year of participation in the Plan. Provisions for early retirement are available for participants at age 55 provided they have five years of vesting service and have not yet attained normal retirement age. The prior plan accrued benefit amount (as of December 31, 2002) was determined based on years of benefit service and the participant's final average compensation, as defined by the Plan document. Effective January 1, 2003, the benefit formula was revised to be equal to a dollar amount multiplied by years of benefit service capped at 30 years if the first day of employment was after December 31, 1986. The calculated benefit may be paid in the form of a life annuity, a joint and survivor annuity or another acceptable optional form as outlined in the Plan document. Participants are vested after the completion of five years of vesting service, as defined by the Plan document.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates and assumptions.

Risks and Uncertainties — The Plan provides for investment securities that, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur and materially affect the amounts reported in the financial statements.

Plan contributions and the actuarial present value of accumulated plan benefits are prepared based upon certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions could be material to the financial statements.

Investment Valuation and Income Recognition — The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Administrative Expenses — Trustee fees, accounting and audit fees, insurance agency fees, Pension Benefit Guarantee Corporation (PBGC) fees and actuarial fees are paid by the Plan and presented as a deduction from net assets available for benefits in arriving at the net increase (decrease) in net assets available for benefits.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and active employees or their beneficiaries. Benefits payable under all circumstances, which include retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered up to the valuation date. Benefits to be provided via fully allocated annuity contracts are excluded from both Plan assets and accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent actuary, and it is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money, through discounts for interest, and the probability of payment, by means of decrements such as death, disability, withdrawal or retirement, between the valuation date and the expected date of payment.

The actuarial assumptions used in the January 1, 2015, and 2014 valuations are as follows:

Discount Rate:	6.75%
Mortality:	RP-2014 table-+ (sex distinct) and the MP-2014 projection scale adjusted to reflect convergence to an ultimate annual rate of mortality improvement of 0.75% by 2022
Retirement:	Weighted average retirement age – 62

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits at January 1, 2015 and 2014, is summarized as follows:

	<u>2015</u>	<u>2014</u>
Vested benefits:		
Participants currently receiving payments	\$ 117,129,403	\$ 117,110,197
Participants not yet receiving payments	<u>104,932,633</u>	<u>130,807,467</u>
	222,062,036	247,917,664
Nonvested benefits	<u>1,570,973</u>	<u>1,637,380</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 223,633,009</u>	<u>\$ 249,555,044</u>

The changes in the actuarial present value of accumulated plan benefits are as follows for the year ended January 1, 2015:

Actuarial present value of accumulated plan benefits at January 1, 2014	\$ 249,555,044
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial gains	2,228,386
Increase for interest due to decrease in the discount period	15,257,720
Benefits paid	(43,411,847)
Change of assumptions and methods	<u>3,706</u>
Net decrease	<u>(25,922,035)</u>
Actuarial present value of accumulated plan benefits at January 1, 2015	<u>\$ 223,633,009</u>

4. FUNDING POLICY

Annual funding is based on an actuarial determination that provides for current funding of normal costs and funding of unfunded past service costs over seven years. The Company met the minimum funding required by ERISA for 2015 and 2014.

5. PLAN TERMINATION

The Company reserves the right to terminate, freeze or amend the Plan, if necessary. In the event the Plan is terminated, the assets of the Plan, after withdrawal for expenses, will be allocated as prescribed by ERISA and its related regulations generally to provide benefits in the following order: (1) benefits called for under the Plan for those retired participants who have been receiving benefit payments for three years or who have been eligible to receive such payments for three years; (2) other vested benefits insured by the PBGC; (3) all other vested benefits not insured by the PBGC; and (4) all nonvested benefits under the Plan. Any remaining assets, after making the allocations described above, are to be returned to the Company.

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether a particular participant's accumulated plan benefit will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at the time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations, occurring during 2015 and 2014 that ceiling was \$5,011 and \$4,943, respectively. That ceiling applies to pensioners who elect to receive their benefits in the

form of a single life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants, or for those who elect to receive their benefits in some form more valuable than a single life annuity, the corresponding ceilings are actuarially adjusted downward. For all benefits greater than the PBGC ceiling, the benefits will not be guaranteed for the excess.

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

6. INVESTMENTS REPRESENTING 5% OR MORE OF NET ASSETS

The Plan's investments representing 5% or more of net assets available for benefits as of December 31, 2014, are as follows:

Description of Investment

Mercer Active Long Corporate Bond	\$ 72,081,460
Mercer Passive Long Strips	64,239,347
Mercer US Large Cap Passive Equity	48,535,729
Mercer Non-US Core Equity	36,287,551
Mercer Emerging Markets Equity	21,947,645

7. NET APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS

For the years ended December 31, 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) generated net appreciation in the fair value of investments as follows:

	<u>2015</u>	<u>2014</u>
Net appreciation (depreciation) in fair value of investments at fair value:		
Collective trusts	\$ (5,943,710)	\$ 36,828,750
Real estate	<u>93,683</u>	<u>24,228</u>
Net appreciation (depreciation) in fair value of investments	<u>\$ (5,850,027)</u>	<u>\$ 36,852,978</u>

8. INFORMATION CERTIFIED BY TRUSTEE AND CUSTODIAN

The Company has elected a limited scope audit as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following is a summary of the unaudited information regarding the Plan as of and for the years ended December 31, 2015 and 2014, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by the Trustee and a Custodian of the Plan and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee and Custodian that such information is complete and accurate.

	2015	2014
Statements of Net Assets Available for Benefits:		
Investments:		
Collective trusts	\$ -	\$ 267,037,660
Insurance company general account contracts	-	3,051,557
Statements of Changes in Net Assets Available for Benefits:		
Net appreciation (depreciation) in fair value of:		
Collective trusts	(5,943,710)	36,828,750
Interest on investments	113,751	110,069

Supplemental schedules: All investment balances and information included in the supplemental schedules, except for the investment in real estate, are included in the certifications.

9. FAIR VALUE MEASUREMENT

Financial Accounting Standards Board (FASB), Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 — Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.

Level 2 — Inputs to the valuation methodology include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets and model-derived valuations whose significant inputs are observable.

Level 3 — Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The instruments fair value measurement level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used as of December 31, 2015 and 2014. The following is a description of the valuation methodologies used for assets measured at fair value:

Collective Trusts — The interest in MGI IDAS ARINC Investment Portfolio is valued based on a daily net asset value (NAV) measurement. Other collective trusts are valued at the NAV of units of a bank collective trust. Unit values are determined by the bank sponsoring such funds by dividing the fund's net assets at fair value by its units outstanding at the valuation dates. The NAV, as provided by the trustee, is used as a practical expedient to estimate 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. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Insurance Company General Account Contracts — Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations.

Real Estate — Valued based on independent appraisal of property held or actual net sales price, if sold during the year or soon after year-end. The real estate was sold during 2014 and was valued at the net sales price.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014:

	Level 1	Level 2	Level 3	Total
Collective trusts	\$ -	\$ 267,037,660	\$ -	\$ 267,037,660
Insurance company general account contracts	-	-	3,051,557	3,051,557
Total	\$ -	\$ 267,037,660	\$ 3,051,557	\$ 270,089,217

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2015 and 2014:

	Insurance Company General Account Contracts	
December 31, 2015		
Balance, beginning of year	\$ 3,051,557	
Interest credited	113,751	
Disbursements to pay benefits	(302,024)	
Contract expense charges	(18,602)	
Transfer to Rockwell Collins Pension Plan	(2,844,682)	
	<u>\$ -</u>	
December 31, 2014		
Balance, beginning of year	\$ 3,308,967	\$ 81,200,000
Unrealized gain	-	24,228
Interest credited	130,010	-
Disbursements to pay benefits	(367,479)	-
Contract expense charges	(19,941)	-
Sale of real estate	-	(81,224,228)
	<u>\$ 3,051,557</u>	<u>\$ -</u>

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no investments held by the Plan that changed hierarchy levels during the year ended December 31, 2014.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements — The following table represents the Plan’s Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and ranges of values for those inputs.

As of December 31, 2014					
Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted-Average
Guaranteed investment contract	\$ 3,051,557	Discounted cash flows	Earnings at guaranteed rate Composite market value factor	3.2% - 4.8% 1.065198	4.2%

In estimating fair value of the investments in Level 3, the EBPC may use third party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the EBPC evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments and overall credit ratings.

10. NET ASSET VALUE (NAV) PER SHARE

The following table sets forth a summary of the Plan’s investments with a reported NAV as of December 31, 2014.

	12/31/2014			Other	
Investment	Fair Value (x)	Unfunded Commitment	Redemption Frequency	Redemption Restrictions	Redemption Notice Period
Mercer Active Long Corporate Bond (a)	\$ 72,081,460	\$ -	Daily	None	None
Mercer Passive Long Strips (b)	64,239,347	-	Daily	None	2 Days
Mercer US Large Cap Passive Equity (c)	48,535,729	-	Daily	None	None
Mercer Non-US Core Equity (d)	36,287,551	-	Daily	None	None
Mercer Emerging Markets Equity (e)	21,947,645	-	Daily	None	None
EB Temp Investment Fund (f)	8,317,585	-	Daily	None	None
Mercer US Small/Mid Cap Growth (g)	8,002,387	-	Daily	None	None
Mercer US Small/Mid Cap Value (h)	7,625,956	-	Daily	None	None
Total	\$ 267,037,660				

(a) The investment objective is to maximize long-term total return. The portfolio seeks to achieve its investment objective through a “manager of managers” approach, in which the Portfolio’s assets may be managed by one or more sub-advisers with Mercer acting as the manager of managers.

(b) The investment objective seeks to match the total return of the Barclays Capital U.S. 20+ Year STRIPS Index.

(c) The investment objective is to seek long-term capital growth through matching, as closely as possible, the return of the S&P 500 Index.

(d) The investment objective is to provide long-term total return, which includes capital appreciation and income, by investing its assets in shares of the Mercer Non-US Core Equity Fund, Class Y-3.

(e) The investment objective is to provide long-term total return, which includes capital appreciation and income by investing its assets in shares of the Mercer Emerging Markets Equity Fund, Class Y-3.

(f) The investment objective of this fund is to seek as high a level of current income as is consistent with the preservation of capital and the maintenance of liquidity.

(g) The investment objective is to provide long-term total return, comprised primarily of capital appreciation, by investing its assets in shares of the Mercer US Small/Mid Cap Growth Equity Fund, Class Y-3.

(h) The investment objective is to provide long-term total return, comprised primarily of capital appreciation, by investing its assets in shares of the Mercer US Small/Mid Cap Value Equity Fund, Class Y-3.

11. FEDERAL INCOME TAX STATUS

The Plan obtained its latest determination letter on January 15, 2013, in which the Internal Revenue Service (IRS) determined the Plan and related trust were designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). Effective December 31, 2015, the Plan was merged into the Rockwell Collins Pension Plan (the Pension Plan). On February 1, 2016, a new determination letter request was submitted to the IRS for the Pension Plan, which is currently under review. On May 13, 2016, the Company filed an Application for Voluntary Correction Program (the Application) with the IRS with respect to certain operational and document errors for the Pension Plan, including errors related to the Plan prior to the merger. The Application is currently under review by the IRS. The Company and Plan management believe that the Pension Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and the Pension Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

12. PROHIBITED TRANSACTION EXEMPTION

On November 29, 2004, the Company contributed the Annapolis campus (land and buildings) valued at \$49,000,000 to the Plan, with the Company leasing the property back from the Plan. The Department of Labor granted a prohibited transaction exemption for the transaction in Federal Register, Vol. 69, No. 226 on November 24, 2004.

On January 29, 2014, the Plan entered into an agreement to sell the real estate investment in the Annapolis campus (land and buildings) to a third party for \$81,224,228. A realized gain of \$24,228 was recorded in 2014. The sale closed in March 2014.

13. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The investment in real estate is considered a party-in-interest investment as the Company leased the property from the Plan through March 31, 2014. See Note 12 for disclosure of the sale of the investment in real estate in 2014.

Certain Plan investments are managed by the Trustee and these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services are included as a reduction of the return earned on each investment fund.

14. SUBSEQUENT EVENTS

Management has evaluated all subsequent events and transactions through July 25, 2016, the date the financial statements were available to be issued. The Plan determined there were no material events that require adjustment to, or disclosure in, these financial statements.

* * * * *

SUPPLEMENTAL SCHEDULES

ARINC, INC. RETIREMENT INCOME PLAN

EIN #: 53-0023720

Plan #: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2015

Identity of Party Involved	Purchase Price	Selling Price	Number of Transactions	Cost of Asset	Gain/Loss	Net Gain
SINGLE TRANSACTIONS						
Mercer:						
EB Temp Investment Fund	\$ 44,370,024			\$ 2,811,181		
EB Temp Investment Fund	45,629,976			241,660,314		
EB Temp Investment Fund	53,575,572			16,000,540	\$ 5,336,121	
EB Temp Investment Fund	53,000,000			9,988,784	3,549,020	
EB Temp Investment Fund	41,682,817			10,066,666	3,773,082	
EB Temp Investment Fund		\$ 2,802,181		21,961,911	2,331,404	
EB Temp Investment Fund		241,660,314		11,923,678	1,444,685	
EB Temp Investment Fund		21,336,661		15,953,062	2,572,210	
Mercer Long Strips Fixed Income		13,537,804		13,411,736	(45,614)	
Mercer Long Strips Fixed Income		13,839,748				
Mercer Long Strips Fixed Income		24,293,315				
Mercer Active Long Corporate Bond		13,368,363				
Mercer Active Long Corporate Bond		18,525,272				
Mercer Large Cap Passive		13,366,122				
Mercer Non-US Core Equity						
SERIES IN SAME SECURITY						
THE BANK OF NEW YORK						
MELLON COMPANY**,						
EB Temp Investment Fund	253,755,813		89			
EB Temp Investment Fund		259,272,820	47			
EB Temp Investment Fund	1,842		12	259,272,820		
Mercer:						
Mercer Long Strips Fixed Income		61,930,453	5	45,436,484	16,493,969	
Mercer Active Long Corporate Bond		70,161,310	8	62,797,725	7,363,585	
Mercer Emerging Markets Equity		20,790,474	5	24,274,984	(3,484,510)	
Mercer US Large Cap Passive		51,551,758	7	44,141,188	7,410,570	
Mercer Non-US Core Equity		40,544,158	7	40,421,817	122,341	

*Party-in-interest.

See accompanying Independent Auditors' Report.

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25		2									2
25–29		7	2								9
30–34		9	11	9	1						30
35–39		3	8	26	12						49
40–44			7	33	30	7					77
45–49		2	9	32	38	15	11	2			109
50–54		2	5	42	45	25	29	11			159
55–59		1	8	34	30	15	25	13	3	2	131
60–64			4	12	12	14	5	2	3		52
65–69			4	8	8	7	3	3	1	3	37
70 & up					3	1	1		1	3	9
Total		26	58	196	179	84	74	31	8	8	664

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for January 1, 2015 Funding Valuation****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment		
• Look-back months	4		
		Stabilized	Nonstabilized
• First 5 years		4.72%	1.15%
• Next 15 years		6.11%	4.06%
• Over 20 years		6.81%	5.15%

Rationale: Funding discount rates are prescribed by the IRS with the specific methodology selected by IMS.

Mortality sponsor elections

• Healthy and Disabled participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
	Rationale: Assumption prescribed by IRS with the specific methodology selected by IMS.

417(e) lump sums

Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.

Rationale: Assumption prescribed by IRS with the specific methodology selected by IMS.

Cash balance plans

• Interest accumulation rate	4.50%
	Rationale: The assumption of 4.50% is a long-term average rate reflecting the expected interest accumulations as 5-year Treasury bonds as yields climb to a 4.85% long-term assumption over a five year period (1.85% real return over inflation of 3.00%), with a provision for the 4.00% floor rate in the near term.
• Whipsaw calculations	No
• Annuity conversion	
— Mortality table	2015 IRC Section 417(e) unisex mortality
— Interest rate basis	Funding segment rates

Other economic assumptions

• Salary increases	4.00% per year
	Rationale: This assumption historically has been used for the plan and has not produced significant gains or losses. Further, based on facts and circumstances discussed with management, significant future changes in the rate of salary growth do not seem likely.
• Flat-dollar benefit increases	Not applicable

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- Social Security wage base 3.75% per year
Rationale: This assumption is based on inflation plus estimated real wage increases in the U.S. economy (75 bps).
- Inflation 3.00% per year
Rationale: This assumption is based on the long-term expectations for inflation published from time to time in Mercer Investment Consulting's Capital Market Outlook (2.50%) increased by 0.50% to account for possible adverse deviation.
- Expected investment return 6.75% for 2013 and 2014 and 6.50% for 2015
Rationale: This assumption is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Market Outlook for the plan's target asset mix. The assumption is net of an adjustment of 20 bps for investment expenses under passive management.
- Expenses \$908,000 added to current year normal cost
Rationale: The expense assumption is an average of actual administrative expense, excluding PBGC premiums, for the last 3 years, plus the expected PBGC premium for the current year.
- Cost of Living adjustments The benefits for participants in the Salaried Plan that are in pay status or terminated vested status that are eligible for an annual cost-of-living adjustment are assumed to increase at 3.00% per year once benefits commence. For such participants, their annual benefit is capped at 200% of their original benefit at first commencement date.
Rationale: This assumption is equal to the assumption for inflation.

Demographic assumptions

- Withdrawal See table of sample rates.
Rationale: Significant, one-time events occurring in recent years prevent reliable experience studies from being performed. The withdrawal assumption has been used historically and has not produced a pattern of large experience gains or losses.
- Disability incidence None assumed

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Retirement age	Attained age	Male	Female
	55	12%	12%
	56	8%	8%
	57	8%	8%
	58	5%	5%
	59	5%	5%
	60	5%	5%
	61	10%	30%
	62	30%	30%
	63	15%	15%
	64	15%	15%
	65	25%	25%
	66	15%	15%
	67	15%	15%
	68	15%	15%
	69	15%	15%
	70 and above	100%	100%

Rationale: Significant, one-time events occurring in recent years prevent reliable experience studies from being performed. The retirement age assumption has been used historically and has not produced a pattern of large experience gains or losses.

Benefit commencement age for	
— Future vested deferred	62 for annuity benefits and 65 for lump sum benefits.
— Current vested deferred	62 for annuity benefits. Salaried participants eligible for lump sums are assumed to receive them immediately in the year following termination & thereafter follow the same decrements as active participants.

Rationale: These ages produced a reasonable approximation of the rates of vested deferred commencement experienced by the plan while capturing the value of early retirement subsidies available in the annuity forms of benefit.

Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
— Percentage married	85%	75%
— Spouse age difference	3 years younger	3 years older

Rationale: Based on the actuary's experience with many plans.

Form of payment	<u>Lump sum</u>	<u>Normal Form</u>
• Active retirements*	90%	10%
• Future vested deferred*	90%	10%
• Future disabilities	N/A	N/A
• Future deaths*	100%	0%
• Current vested deferred**	100%	0%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

* 100% of Union participants elect the normal form of payment (joint and 100% survivor annuity for married participants and single life annuity for non-married participants).

** 100% of Salaried participants eligible for a lump sum elect a lump sum. 100% of other Salaried participants and Union participants elect a single life annuity.

Rationale for form of payment assumption: Experience has shown that these percentages produced a reasonable approximation of the form of payment chosen by participants experienced by the plan

Unpredictable contingent event assumptions	Not applicable.
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Table of Sample Rates

Attained age	Withdrawal	
	Male	Female
20	19.00%	24.60%
25	10.40%	14.10%
30	6.40%	9.00%
35	5.00%	7.40%
40	3.90%	5.90%
45	2.80%	4.30%
50	1.70%	2.50%
55	0.30%	0.40%

Salaried employees in first 4 years of employment are expected to withdraw at a rate of 25% per year.

Actuarial Methods for Funding**Asset Methods**

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Participant Methods***

Participants or former participants are included or excluded from the valuation as described below:

- *Participants included:* The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- *Participants excluded:* No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- *Insurance contracts:* The plan does have insurance contracts. Certain benefits are funded via participating annuity contracts in the plan's IPG contract with Prudential. Those benefits are included in the liability valuation and the value of the annuity contracts is included in plan assets.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

ARINC, INC. RETIREMENT INCOME PLAN**EIN #: 53-0023720****Plan #: 002****FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2015**

Identity of Party Involved	Purchase Price	Selling Price	Number of Transactions	Cost of Asset	Gain/Loss	Net Gain
SINGLE TRANSACTIONS						
Mercer:						
EB Temp Investment Fund	\$ 44,370,024					
EB Temp Investment Fund	45,629,976					
EB Temp Investment Fund	53,575,572					
EB Temp Investment Fund	53,000,000					
EB Temp Investment Fund	41,682,817					
EB Temp Investment Fund		\$ 2,801,181		\$ 2,801,181		
EB Temp Investment Fund		241,660,314		241,660,314		
Mercer Long Strips Fixed Income		21,336,661		16,000,540	\$ 5,336,121	
Mercer Long Strips Fixed Income		13,537,804		9,988,784	3,549,020	
Mercer Long Strips Fixed Income		13,839,748		10,066,666	3,773,082	
Mercer Active Long Corporate Bond		24,293,315		21,961,911	2,331,404	
Mercer Active Long Corporate Bond		13,368,363		11,923,678	1,444,685	
Mercer Large Cap Passive		18,525,272		15,953,062	2,572,210	
Mercer Non-US Core Equity		13,366,122		13,411,736	(45,614)	
SERIES IN SAME SECURITY						
THE BANK OF NEW YORK MELLON COMPANY*;						
EB Temp Investment Fund	253,755,813		89			
EB Temp Investment Fund		259,272,820	47	259,272,820		
EB Temp Investment Fund	1,842		12			
Mercer:						
Mercer Long Strips Fixed Income		61,930,453	5	45,436,484	16,493,969	
Mercer Active Long Corporate Bond		70,161,310	8	62,797,725	7,363,585	
Mercer Emerging Markets Equity		20,790,474	5	24,274,984	(3,484,510)	
Mercer US Large Cap Passive		51,551,758	7	44,141,188	7,410,570	
Mercer Non-US Core Equity		40,544,158	7	40,421,817	122,341	

*Party-in-interest.

See accompanying Independent Auditors' Report.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2015**This Form is Open to Public
Inspection**For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015▶ **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 ARINC INCORPORATED RETIREMENT INCOME PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ARINC INCORPORATED		D Employer Identification Number (EIN) 53-0023720
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value.....		2a	269884311
b Actuarial value.....		2b	254616989
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.....	950	114321422	114321422
b For terminated vested participants.....	661	39883514	39883514
c For active participants.....	664	68231518	69909313
d Total.....	2275	222436454	224114249
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	6.13%	
6 Target normal cost.....	6	1849842	

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	STEPHEN S. JONES <i>SSJ</i>	03/30/2016
Signature of actuary		Date
STEPHEN S. JONES		1406347
Type or print name of actuary		Most recent enrollment number
MERCER		202-331-5200
Firm name		Telephone number (including area code)
1050 CONNECTICUT AVENUE NW		
SUITE 700		
WASHINGTON	DC	20036
Address of the firm		

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

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

Schedule SB (Form 5500) 2015
v. 150123

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	2751080	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	2751080	0
10 Interest on line 9 using prior year's actual return of <u>15.10</u> %	415413	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.37</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	3166493	0

14	Funding target attainment percentage	14	112.19 %
15	Adjusted funding target attainment percentage	15	113.61 %
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	109.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
			Totals ►	18(b)	0	18(c)
						0

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

(4) 4th

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	1849842
b Excess assets, if applicable, but not greater than line 31a		31b	1849842
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
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 SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement Rates	(C) Assumed Number of Survivors	(D) Number of employees expected to retire (B) x (C)	(E) Number of Retirements times Age (A) x (D)
55	12.00%	10,000	1,200	66,000
56	8.00%	8,800	704	39,424
57	8.00%	8,096	648	36,918
58	5.00%	7,448	372	21,600
59	5.00%	7,076	354	20,874
60	5.00%	6,722	336	20,166
61	20.00% ³	6,386	1,277	77,909
62	30.00%	5,109	1,533	95,024
63	15.00%	3,576	536	33,795
64	15.00%	3,040	456	29,181
65	25.00%	2,584	646	41,986
66	15.00%	1,938	291	19,185
67	15.00%	1,647	247	16,554
68	15.00%	1,400	210	14,281
69	15.00%	1,190	179	12,317
70	100.00%	1,012	1,012	70,809
Total			10,000	616,024
Average				62

Note: Although only integer values are shown in columns (C), (D) and (E) of the above tables, the full content of each cell, including decimal portions, has been used in the calculations.

³ Age 61 retirement rate is 10% for males and 30% for females.

Schedule SB, Part V — Summary of Plan Provisions
Summary of Major Plan Provisions - Salaried

Effective date and plan year	Original plan: January 1, 1952 Restated plan: January 1, 1999 Plan year: January 1 through December 31
Status of the plan	The cash balance plan is frozen. The plan has ongoing benefit accruals for all active employees through the basic pension addition and the Medicare supplement, and for three active participants whose benefits are determined under Appendix A.
Significant events that occurred during the year	The plan was amended to permit certain non-cash balance terminated vested participants a one-time opportunity to elect an immediate benefit distribution as a lump sum or annuity payable as of October 1, 2014, regardless of age.
Definitions	
• Covered employees	All employees excluding any individual covered by a collective bargaining agreement of ARINC Incorporated. The plan is closed to new entrants effective April 1, 2006.
• Participation	The earlier of the first anniversary of date of hire following the completion of 1,000 Hours of Service or the first day of the Plan Year after completion of 1,000 Hours of Service in a consecutive 12-month period.
• Employee contributions	IMS pays the entire cost of the Plan. Some employees may have residual employee contribution balances from when the plan was contributory prior to July 1, 1977.
• Vesting service	A participant earns 1 year of vesting service for each plan year he works at least 1,000 hours.
• Credited service	Years and months with the employer.
• Pensionable earnings	Base pay, bonuses, overtime, and lump sums in lieu of base salary.
• Average rate of earnings	The participant's highest average Rate of Earnings on January 1st of any of three consecutive years during the last ten years before the Participant's termination of employment. Rate of Earnings for this purpose is the rate of annual basic compensation with the Employer on the January 1 preceding the determination date, excluding overtime payments, commissions, bonuses, and any other additional compensation. Only applicable for three individuals valued under Appendix A of the plan document.
• Primary Social Security benefit	Not applicable.
• Covered Compensation	An average of the Social Security wage bases for the 35 years through the year the Participant attains Social Security retirement age.
• Accrued benefit	A Participant's accrued benefit based on the cash balance benefit plus the basic pension additions. For participants valued under Appendix A of the plan document, the accrued benefit is the benefit determined in the same manner as the normal retirement benefit and based on the participant's years of credited service and final average earnings at the date the accrued benefit is being calculated.

Schedule SB, Part V — Summary of Plan Provisions**Cash Balance Benefits**

A Participant's account balance at any time shall be the sum of (a), (b), (c) and (d) below:

- (a) Initial Balance – the actuarial equivalent of the Participant's accrued benefit under the prior plan formula, expressed as a lump sum on January 1, 1999 or as determined under the rehire or transfer (from Union) provision.
- (b) Interest Accruals – for each plan year starting January 1, 1999, each Participant's Account Balance shall increase at the average yield on five-year United States Treasury notes for the month of November immediately preceding the plan year, with a minimum of 4%.
- (c) Principal Accruals – each year, Principal Accruals will be added to the Participant's Account Balance. The Principal Accrual will be a percentage of the Participant's Annual Earnings determined by the following table:

Age at Beginning of Plan Year	Accrual
Before Age 25	3.0%
25 – 29	3.6%
30 – 34	4.6%
35 – 40	5.9%
40 – 44	7.4%
45 – 49	9.2%
50 – 54	11.5%
55 – 59	14.0%
60+	16.0%

Effective April 1, 2006, Principal Accruals will no longer be added to the Participant's Account Balance.

- (d) Transition Benefits: Employees who were active as of January 1, 1999 may have been eligible to receive Transition Benefits. These Transition Benefits will be credited over a maximum of three years depending upon the employee's age at January 1, 1999. The last Transition Benefit was credited on January 1, 2001.

Normal retirement

- Eligibility Age 65
- Benefit The benefit is the actuarial equivalent of the account balance payable in the normal form. There are three active participants under Appendix A who receive a benefit based on final average earnings.

Early retirement

- Eligibility Age 55 and termination of employment after completion of five or more years of Vesting Service.
- Benefit In lieu of a Deferred Vested Benefit, a Participant may choose to receive their cash balance or to receive an actuarially equivalent immediate annuity.

Schedule SB, Part V — Summary of Plan Provisions

Postponed retirement	
• Eligibility	Over age 65
• Benefit	The benefit is the Accrued Benefit determined as of the postponed retirement date.
Deferred vested	
• Eligibility	Termination of employment before attaining age 65 but after completing three years of Vesting Service (or involuntary termination within six months of full vesting).
• Benefit	A lump sum payable immediately or a deferred lump sum payable at Normal Retirement with Interest Accruals continuing until benefit commencement, but Principal Accruals ceasing at termination. An actuarially equivalent immediate or deferred annuity is also available.
Disability	
• Eligibility	Five years of Vesting Service and terminates employment due to Disability. Disability is total and permanent disability as defined in the ARINC Long Term Disability Plan.
• Benefit	The disability retirement benefit is computed as if a participant had remained active, continued to accrue the basic pension addition, and, if disabled prior to April 1, 2006, continued to receive Contribution Credits and Interest Credits under the current cash balance plan, assuming compensation is equal to the greater of (1) the Participant's full annual rate of base pay (excluding bonus) as of the date immediately preceding the date of the Disability, or (2) the Participant's Compensation during the last Plan Year ending immediately prior to the date of Disability. The benefit will be a Normal or Early Retirement Benefit (whichever applies) based on the person's Age at the date benefits are to commence.
Pre-retirement death	
• Eligibility	Three years of Vesting Service.
• Benefit	Upon the death of a Vested Participant, the Participant's account balance shall be paid to his beneficiary.
Form of benefits	
• Automatic form for unmarried participants	Single life annuity.
• Automatic form for married participants	100% joint and survivor annuity.

Schedule SB, Part V — Summary of Plan Provisions

• Optional forms	<p>A married Participant must have the consent of their spouse to elect any form other than (d) with the spouse as contingent annuitant.</p> <p>(a) Reduced benefit payable for life with 50% continuation paid to a contingent annuitant after the Participant's death; may include a guaranteed payout option.</p> <p>(b) Reduced benefit payable for life with 66-2/3% continuation paid to a contingent annuitant after the Participant's death; may include a guaranteed payout option.</p> <p>(c) Reduced benefit payable for life with 75% continuation paid to a contingent annuitant after the Participant's death; may include a guaranteed payout option.</p> <p>(d) Reduced benefit payable for life with 100% continuation paid to a contingent annuitant after the Participant's death; may include a guaranteed payout option.</p> <p>(e) Reduced benefit payable for life, with the provision that if death occurs before 120 monthly payments have been made, the remainder of the 120 monthly payments shall be paid to a contingent annuitant.</p> <p>(f) Life annuity</p> <p>(g) Account Balance in one lump sum.</p>
• Optional form conversion factors	<p>For annuities: based on 1983 GAM 70% male / 30% female and an interest rate of 7.00%.</p> <p>For lump sums: based on 417(e)(3) interest and mortality.</p>
• Cost of Living Adjustments	<p>Salaried employees hired prior to March 31, 1986 and eligible prior to December 31, 1998 who retire receive a COLA each year: COLA is equal to January increase in CPI-U. Annual limit for each participant is lesser of (a) 5%, and (b) [service prior to 1/1/1988 (up to 25 years) * 5%] plus [service after 1/1/1988 (up to 25 years total service) * 3%] divided by total service (up to 25 years). Lifetime limit for each participant is 200% of original benefit.</p>

Schedule SB, Part V — Summary of Plan Provisions**BASIC PENSION ADDITION BENEFITS¹**

Normal retirement	
• Eligibility	Age 65 and five years of Vesting Service.
• Benefit	Annual benefit equal to the maximum of: (a) \$2,587.05 multiplied by Credited Service at Retirement or Termination, divided by the greater of 25 or your projected years of Credited Service at age 65. (b) The amount of the accrued benefit under the basic pension addition benefit program as of December 31, 1998 payable at age 65.
Early retirement	
• Eligibility	Age 55 and five years of Vesting Service or age 55 and involuntary termination of employment within six months of completion of 5 years of Vesting Service.
• Benefit	Accrued pension addition benefit (based on Credited Service at retirement) reduced by 5% per year for each year commencement precedes age 65, when applicable.
Pre-Medicare supplements	
	If the sum of the early retiree's age and Credited Service is 70 or more, a Pre-Medicare supplement equal to the Basic Pension Addition is payable, in addition to the Basic Pension Addition, until the earlier of the retiree's attainment of age 65 or death. If the early retiree and his spouse are both below age 65, an additional Pre-Medicare supplement equal to the Basic Pension Addition is payable until the earliest of (1) the retiree's age 65, (2) the retiree's death, (3) the spouse's age 65, or (4) the spouse's death.
Deferred vested	
• Eligibility	Three years of Vesting Service.
• Benefit	Accrued normal retirement pension addition benefit (based on Credited Service to the date of termination) payable at age 65. Benefit is payable as early as age 55 but is reduced by 5% per year for each year commencement precedes age 65, when applicable.
Pre-retirement death	
• Eligibility	Three years of Vesting Service.
• Benefit	Accrued normal retirement pension addition benefit payable immediately, reduced by 5% per year for each year commencement precedes age 65, when applicable.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2015, the limit is \$265,000.

¹ This section describes all basic pension addition benefits. Total retirement income will consist of the sum of the applicable regular pension benefit and basic pension addition benefits.

Schedule SB, Part V — Summary of Plan Provisions

- Maximum benefits Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2015, the limit is \$210,000.
-

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #20, are included in this valuation.

- **Most recent plan amendments included:** Amendment #21, effective July 31, 2014, permitted certain non-cash balance terminated vested participants a one-time opportunity to elect an immediate benefit distribution as a lump sum or annuity payable as of October 1, 2014, regardless of age.
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation does not include increases for current active participants over age 70½ as the effect on the valuation would be insignificant.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Sections 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions - Union**

Effective date and plan year	Original plan: January 1, 1952 Restated plan: January 1, 2013 Plan year: January 1 through December 31
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	The plan was amended to permit certain terminated vested participants a one-time opportunity to elect an immediate benefit distribution as a lump sum or annuity payable as of October 1, 2014, regardless of age.
Definitions	
• Covered employees	Any employee who is a member of a collective bargaining unit represented by the International Brotherhood of Teamsters, Chauffeurs, Warehousemen, and Helpers of America, which has negotiated with the Employer for coverage of an employee under the Plan.
• Participation	The earlier of the first anniversary of date of hire following the completion of 1,000 Hours of Service or the first day of the Plan Year after completion of 1,000 Hours of Service in a consecutive 12-month period.
• Employee contributions	IMS pays the entire cost of the Plan. Some employees may have residual employee contribution balances from when the plan was contributory prior to March 18, 1980.
• Vesting service	A participant earns vesting service on an elapsed time basis.
• Credited service	Years and months with the employer.
• Pensionable earnings	Basic hourly rate of earnings on January 1 multiplied by 2,080 hours.
• Final average earnings	The participant's average annual compensation received during the five (5) highest consecutive years out of the ten (10) years prior to termination of employment which produce the highest average. If the participant has less than five (5) years of service, the average annual compensation during all years of employment.
• Primary Social Security benefit	Not applicable.
• Covered Compensation	Not applicable.
• Accrued benefit	A Participant's accrued benefit is the benefit determined in the same manner as the normal retirement benefit and based on the participant's years of credited service and final average earnings at the date the accrued benefit is being calculated.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement		
• Eligibility	Age 65 and five years of Vesting Service.	
• Benefit	Maximum of: (a) \$1,185 multiplied by Credited Service, and (for certain electing members) (b) \$282 multiplied by Credited Service plus \$348 for each \$1,000 of Final Average Earnings in excess of \$12,000. There is a 30-year cap on service if hired after January 1, 1987.	
Early retirement		
• Eligibility	Age 55 and five years of Vesting Service.	
• Benefit	Accrued normal retirement benefit (based on Credited Service and compensation to the date of retirement) reduced according to the Early Retirement factor table provided, if commencement precedes age 62.	
	Age	Factor
	62	1.00
	61	0.97
	60	0.93
	59	0.89
	58	0.85
	57	0.81
	56	0.77
	55	0.73
Postponed retirement		
• Eligibility	Over age 65.	
• Benefit	The benefit is calculated in the same manner as the normal retirement benefit but with pay and service through the participant's actual retirement date.	
Deferred vested		
• Eligibility	Five years of Vesting Service.	
• Benefit	Accrued normal retirement benefit (based on Credited Service and compensation to the date of termination) payable at age 65. Benefit is payable as early as age 55 but is reduced according to the Early Retirement factor table provided above, if commencement precedes age 62.	

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
• Eligibility	Five years of Vesting Service.
• Benefit	100% of the reduced benefit the Participant would have received had he separated from employment the date of his death, survived to age 65 and commenced benefits in a 100% joint and survivor form. Benefits may commence to the spouse as early as the date the participant would have attained age 55, but reduced for early retirement.
Form of benefits	
• Automatic form for unmarried participants	Single life annuity.
• Automatic form for married participants	100% joint and survivor annuity.
• Optional forms	<p>A married Participant must have the consent of their spouse to elect any form other than (d) with the spouse as contingent annuitant.</p> <p>(a) Reduced benefit payable for life with 50% continuation paid to a contingent annuitant after the Participant's death, may include a guaranteed payout option.</p> <p>(b) Reduced benefit payable for life with 75% continuation paid to a contingent annuitant after the Participant's death, may include a guaranteed payout option.</p> <p>(c) Reduced benefit payable for life with 100% continuation paid to a contingent annuitant after the Participant's death, may include a guaranteed payout option.</p> <p>(d) Reduced benefit payable for life, with the provision that if death occurs before 120 monthly payments have been made, the remainder of the 120 monthly payments shall be paid to a contingent annuitant.</p> <p>(e) Social Security Level Income Option.</p> <p>(f) Lump sum payments for values under \$10,000.</p>
• Optional form conversion factors	<p>For annuities: based on 1983 GAM 70% male / 30% female and an interest rate of 7.00%.</p> <p>For lump sums: based on 417(e)(3) interest and mortality.</p>

Schedule SB, Part V — Summary of Plan Provisions**BASIC PENSION ADDITION BENEFITS²**

Normal retirement	
• Eligibility	Age 65 and five years of Vesting Service.
• Benefit	Annual benefit equal to: \$44.99 per year of Credited Service up to 15 years, plus \$191.22 per year of Credited Service over 15 years up to 25 years.
Early retirement	
• Eligibility	Age 55 and five years of Vesting Service.
• Benefit	Accrued pension addition benefit (based on Credited Service at retirement) reduced 5% per year for each year commencement precedes age 65.
Pre-Medicare supplements	If the sum of the early retiree's age and Credited Service is 70 or more, a Pre-Medicare supplement equal to the Basic Pension Addition is payable, in addition to the Basic Pension Addition, until the earlier of the retiree's attainment of age 65 or death. If the early retiree and his spouse are both below age 65, an additional Pre-Medicare supplement equal to the Basic Pension Addition is payable until the earliest of (1) the retiree's age 65, (2) the retiree's death, (3) the spouse's age 65, or (4) the spouse's death.
Deferred vested	
• Eligibility	Five years of Vesting Service.
• Benefit	Accrued normal retirement pension addition benefit (based on Credited Service to the date of termination) payable at age 65. Benefit is payable as early as age 55 but is reduced 5% per year for each year commencement precedes age 65.
Pre-retirement death	
• Eligibility	Five years of Vesting Service.
• Benefit	Accrued normal retirement pension addition benefit payable under the same terms as the preretirement death benefit for the regular pension. Reduced by 5% per year for each year commencement precedes age 65, when applicable.

² This section describes all basic pension addition benefits. Total retirement income will consist of the sum of the applicable regular pension benefit and basic pension addition benefits.

Schedule SB, Part V — Summary of Plan Provisions**Miscellaneous**

• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2015, the limit is \$265,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2015, the limit is \$210,000.

Benefits Included or Excluded - Union

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2013, are included in this valuation.

- **Most recent plan amendments included:** Plan document as restated effective January 1, 2013.
- **Plan amendments excluded:** Amendment #1, effective July 31, 2014, permitted certain terminated vested participants a one-time opportunity to elect an immediate benefit distribution as a lump sum or annuity payable as of October 1, 2014, regardless of age.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation does not include increases for current active participants over age 70½ as the effect on the valuation would be insignificant.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Sections 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan Provisions Specific to Funding***Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2014 to 2015.

Schedule SB, Line 24 — Change in Actuarial Assumptions

- The expense component of normal cost decreased from \$916,000 to \$908,000 to reflect our expectations for the current plan year.
- Interest discounts and mortality rates were updated from 2014 to 2015 in accordance with the Pension Protection Act of 2006 and the Highway and Transportation Funding Act of 2014.
- Benefit commencement age for current vested deferred was changed from 65 to 62 for the Union BPA benefit.
- Form of payment assumption for Salaried participants with cash balance benefits was changed from 87% lump sum / 13% normal form to 90% lump sum / 10% normal form.
- The expected investment return assumption was decreased from 6.75% for the 2013 and 2014 plan years to 6.50% for the 2015 plan year.