

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <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: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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.) ☒ 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>HARRIS CORPORATION SALARIED RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1929</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1929</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1929</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) <u>HARRIS CORPORATION</u> <div style="display: flex; justify-content: space-between;"> <div><u>1025 WEST NASA BOULEVARD</u> <u>MELBOURNE, FL 32919</u></div> <div><u>1025 WEST NASA BOULEVARD</u> <u>MELBOURNE, FL 32919</u></div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0276860</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>321-724-3554</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0276860</u>	2c Plan Sponsor's telephone number <u>321-724-3554</u>	2d Business code (see instructions) <u>333200</u>	
2b Employer Identification Number (EIN) <u>34-0276860</u>					
2c Plan Sponsor's telephone number <u>321-724-3554</u>					
2d Business code (see instructions) <u>333200</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.	10/08/2019	ANDREA HARTMAN
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☐ Same as Plan Sponsor EMPL. BEN. COM. HARRIS CORP 1025 WEST NASA BOULEVARD MELBOURNE, FL 32919-0001	3b Administrator's EIN 34-0276860 3c Administrator's telephone number 321-724-3554 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 42639
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 3582 6a(2) 3276 6b 22570 6c 12499 6d 38345 6e 3492 6f 41837 6g 6h 5
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 1C 1E 1I 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 _____

<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>2018</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
▶ 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 HARRIS CORPORATION SALARIED RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HARRIS CORPORATION	D Employer Identification Number (EIN) 34-0276860
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 2018			
2	Assets:			
a	Market value.....	2a	4777605167	
b	Actuarial value	2b	4522292180	
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	25473	3254408222	3254408222
b	For terminated vested participants	13584	660076420	660076420
c	For active participants	3582	506446763	531959541
d	Total	42639	4420931405	4446444183
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.60 %	
6	Target normal cost	6	28571915	

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.

<div>SIGN HERE</div>		
Signature of actuary		09/27/2019
SCOTT BERGER		Date
Type or print name of actuary		17-06644
BUCK GLOBAL, LLC		Most recent enrollment number
Firm name		201-902-2300
500 PLAZA DRIVE SECAUCUS, NJ 07096-1533		Telephone number (including area code)
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)	0	319932945
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	137166814
9 Amount remaining (line 7 minus line 8)		182766131
10 Interest on line 9 using prior year's actual return of <u>16.48</u> %		30119858
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		254256017
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>5.81</u> %		6802883
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		22605091
c Total available at beginning of current plan year to add to prefunding balance		283663991
d Portion of (c) to be added to prefunding balance		283663991
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	496549980

Part III Funding Percentages

14 Funding target attainment percentage	14	90.53%
15 Adjusted funding target attainment percentage	15	101.69%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.71%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ 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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	28571915	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	420701983		36090804
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	64662719	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	64662719	64662719
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40		

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

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan 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>		<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018					
A Name of plan HARRIS CORPORATION SALARIED RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HARRIS CORPORATION				D Employer Identification Number (EIN) 34-0276860	
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: INVESTMENT MASTER TRUST OF EXELIS					
b Name of sponsor of entity listed in (a): HARRIS CORPORATION					
c EIN-PN 36-6668234-300		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4242976534		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan HARRIS CORPORATION SALARIED RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HARRIS CORPORATION		
		D Employer Identification Number (EIN) 34-0276860

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)	272000000	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	4744069016	4242976534
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5016069016	4242976534

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	475777	447902
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	475777	447902

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5015593239	4242528632
---	-----------	------------	------------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-426421777
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-426421777

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	346068232	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	574598	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		346642830
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		346642830

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-773064607
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **BUCHBINDER TUNICK & COMPANY LLP** (2) EIN: **13-1578842**

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4154068. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>HARRIS CORPORATION SALARIED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HARRIS CORPORATION</u>	D Employer Identification Number (EIN) <u>34-0276860</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
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>36-3046063</u> <u>36-6668234</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>134</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
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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: 53.4% Investment-Grade Debt: 16.8% High-Yield Debt: 1.1% Real Estate: 0.0% Other: 28.7%

- 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):

HARRIS CORPORATION SALARIED RETIREMENT PLAN

Financial Statements

For the Years Ended December 31, 2018 and 2017



HARRIS CORPORATION SALARIED RETIREMENT PLAN
Financial Statements
For the Years Ended December 31, 2018 and 2017

INDEX

	Page
Independent Auditor's Report	1 - 2
Financial Statements	
Statements of Net Assets Available for Pension Benefits	3
Statements of Changes in Net Assets Available for Pension Benefits	4
Notes to the Financial Statements	5 - 21

INDEPENDENT AUDITOR'S REPORT

To the Trustees of and Participants in
the Harris Corporation Salaried Retirement Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Harris Corporation Salaried Retirement Plan (the "Plan"), which comprise the statements of net assets available for pension benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for pension benefits for the years 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding Harris Corporation Salaried Retirement Plan's net assets available for pension benefits as of December 31, 2018, and the changes therein for the year then ended and its financial status as of December 31, 2017 and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Buchbinder Tunick & Company

BUCHBINDER TUNICK & COMPANY LLP

Bethesda, MD
October 8, 2019

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Statements of Net Assets Available for Pension Benefits
December 31, 2018 and 2017
(In Thousands)

	2018	2017
Assets:		
Investments, at fair value - Plan's interest in the Master Trust	\$ 4,057,439	\$ 4,523,039
Employer contribution receivable	-	272,000
Net assets held in 401(h) account	185,538	221,030
Total assets	4,242,977	5,016,069
Liabilities:		
Accrued expenses	448	476
Accounts related to obligations of 401(h) account	185,538	221,030
Total liabilities	185,986	221,506
Net assets available for pension benefits	\$ 4,056,991	\$ 4,794,563

See notes to financial statements.

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Statements of Changes in Net Assets Available for Pension Benefits
For the Years Ended December 31, 2018 and 2017
(In Thousands)

	2018	2017
(Reductions) additions in net assets attributed to:		
Plan's interest in the Master Trust investment (loss) income	\$ (363,330)	\$ 664,478
Employer contributions	-	316,233
Total (reductions) additions	(363,330)	980,711
Deductions in net assets attributed to:		
Benefits paid to participants and beneficiaries	346,068	348,080
Purchase of annuity contract	575	23,159
Administrative expenses	27,599	30,670
Total deductions	374,242	401,909
Net (decrease) increase	(737,572)	578,802
Net assets available for pension benefits:		
Beginning of year	4,794,563	4,215,761
End of year	\$ 4,056,991	\$ 4,794,563

See notes to financial statements.

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements
December 31, 2018 and 2017

Note 1 - Description of Plan

The following description of the Harris Corporation Salaried Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined benefit plan covering salaried employees of Harris Corporation (the "Company"). Retirement income is provided through a percentage formula using final average compensation, benefit service, and an adjustment for social security. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Master Trust

The Northern Trust Company (the "Trustee" or "Northern Trust") serves as trustee of the Plan and administers the Plan's investment assets. The Plan's assets consist of an undivided interest in an investment account of the Master Trust, EIN 36-6668234, a master trust established by the Company and administered by the Trustee. The Master Trust includes the combined assets of the Plan, as well as several other employee benefit plans of the Company. Although assets of the Plan are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the net (loss) gain of the investment account to the participating plans. The net investment (loss) income of the investment assets is allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans. A schedule of the Master Trust assets has been filed with the U.S. Department of Labor and includes the Plan's proportionate share of such assets at December 31, 2018 and 2017.

Eligibility

All Company salaried employees that were hired prior to December 31, 2011, are eligible to participate upon the completion of one year of service and are at least age 21.

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 1 - Description of Plan (Continued)

Pension Benefits

Participants are eligible for monthly benefit payments upon reaching age 65. The normal monthly benefit payments are determined by multiplication of the participant's final average compensation by a benefit rate, which depends upon the period of credited service, by the total number of years of credited service, not to exceed 40 years, less applicable social security offset. A participant is 100% vested after three years of service. Prior to that time, the participant is not vested. The amount of the pension benefit (service credits) accrued under the Plan as of December 31, 2016, is frozen as of that date.

Participants are eligible to receive early retirement benefits between the ages of 55 and 65 upon the completion of 10 years of service. Early retirement benefits are computed in a manner similar to normal retirement at age 65, except that they are reduced by certain factors, as outlined in the Plan document, for each month that the early retirement date precedes the normal retirement date.

Death and Disability Benefits

A married covered employee who is a vested participant is automatically covered by the vested spouse's benefit that provides for spousal survivorship benefits in the event of the employee's death prior to becoming eligible for early or normal retirement benefits. Also, a participant who is eligible for early or normal retirement is automatically covered by a preretirement survivor's benefit that provides for survivorship benefits payable to the participant's named beneficiary in the event of the participant's death prior to benefit commencement date.

Plan Amendment

On June 10, 2013, the Plan was amended effective December 31, 2016, to freeze all benefit accruals for all persons entitled to benefits under the Plan and specifically to stop the accrual of "Benefit Service" and the crediting of "Compensation", as such terms are defined in the Plan document, on and after January 1, 2017, for any and all persons entitled to benefits thereunder. As a result, the Plan implemented a new cash balance formula that will apply to certain active participants which will provide credits to each participant's cash balance account equal to a percentage of compensation plus interest. The credits will cease upon termination of employment and interest will continue to accrue until the cash balance is distributed.

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 1 - Description of Plan (Continued)

401(h) Account

The Plan includes a medical benefit (health and welfare) component in addition to normal retirement benefits, to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC or the "Code"). A separate account has been established and maintained in the Plan for the net assets related to the health and welfare component ("401(h) Account"). In accordance with Section 401(h) of the Code, the Plan's investments in the 401(h) Account may not be used for, or diverted to, any purpose other than providing health and welfare benefits to retirees and participants. Any assets transferred to the 401(h) Account from the Plan in a qualified transfer of excess pension plan assets (and any income allocable thereto) that are not used during the plan year must be transferred out of the account to the Plan. The related obligations for health and welfare benefits are not included in this Plan's actuarial present value of accumulated plan benefits but are reflected as obligations in the financial statements of Exelis Salaried Medical and Dental Plan, the Company's health and welfare benefit plan. Plan participants do not contribute to the 401(h) Account. Employer contributions or qualified transfers to the 401(h) Account are determined annually at the discretion of the Plan Sponsor.

In December 2012, the 401(h) Account was segregated into two 401(h) subaccounts. One for the funding designated for retiree medical expenses and the other for retiree prescription drug expenses. The Company began drawing down funds from the 401(h) Account to pay for qualified retiree medical and prescription costs in December 2012 and anticipates continuing drawing funds from the 401(h) Account going forward.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis 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, 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.

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties

The Plan, through the Master Trust, utilizes various investment instruments, including common stock, U.S. government securities, corporate debt instruments, limited partnerships, collective trust funds, registered investment companies, and other investments. Investment securities, 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 will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition

The Plan's interest in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. Fair value of a financial instrument is the amount 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 3 for 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 (depreciation) 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

Administrative expenses of the Plan are paid by the Master Trust on behalf of the Plan, as provided in the Plan document and the Master Trust agreement. Administrative expenses generally consist of consulting fees, auditing fees, recordkeeping fees, and investment management fees. The Plan Sponsor provides accounting and other administrative services to the Plan and Master Trust at no charge.

Subsequent Events

The Plan has evaluated subsequent events and transactions through October 8 2019, the date that the financial statements were available to be issued.

On June 29, 2019, Harris Corporation completed its merger with L3 Technologies, Inc. ("L3") to create L3Harris Technologies, Inc. The Company continues to be the Plan Sponsor of the Plan.

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 3 - Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. It defines fair value as an exit price, which is the price that would be received for an asset or paid to transfer a liability in the Plan's principal or most advantageous market for the asset or liability, in an orderly transaction between market participants on the measurement date.

The fair value hierarchy generally requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability and are developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the entity's own assumptions based on market data and the entity's judgments about the assumptions that market participants would use in pricing the asset or liability, and are to be developed based on the best information available in the circumstances.

The Plan determines the fair market value of its investment in securities based on the established fair value definition and hierarchy levels. The three levels within its hierarchy that may be used to measure fair value are:

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

Level 2: Observable inputs, including Level 1 prices that have been adjusted; quoted prices for similar assets or liabilities; quoted prices in markets that are less active than traded exchanges; and other inputs that are observable or can be substantially corroborated by observable market data.

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

Asset Valuation Techniques

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 3 - Fair Value Measurements (Continued)

Domestic and international equity:

Domestic and international equity includes common and preferred stocks, domestic listed and foreign listed equity securities, unit trust equities, stapled securities, open-ended and closed-ended mutual funds, exchange-traded funds (registered investment companies), and these are generally valued at the closing price reported on the major market on which the individual securities are traded at the measurement date.

Fixed income investments:

Fixed income investments include U.S. Government securities, corporate bonds and municipal obligations, which are generally valued using pricing models that use verifiable, observable market data such as interest rates, benchmark yield and bids provided by brokers or dealers, or quoted prices of securities with similar characteristics.

The fair value of the Level 3 investments is determined using the discounted cash flow technique. The unobservable inputs used in this valuation include the 30-year treasury base yield, which ranges between 2.49% and 3.00%, and a broker spread, which ranges between 2.00% and 2.85%, to determine the pricing yield for each security.

Cash and cash equivalents:

Cash and cash equivalents are primarily comprised of short-term money market funds valued at cost, which approximate fair value, or valued at quoted market prices of identical instruments.

Limited partnerships:

Limited partnership funds include buy-out (developing companies), mezzanine (funds providing mezzanine loans to companies), venture capital (start-up companies), distressed asset (distressed companies undergoing bankruptcies, etc.), commodities (businesses in commodity related sectors), real estate (residential, commercial, and industrial real estate), international equity and venture capital, and are typically limited partnership investment structures and/or joint ventures. Limited partnership valuations are based on the valuation of the underlying investments, which include inputs such as cost, operating results, discounted future cash flows and market-based comparable data. Net asset value (NAV) is used as a practical expedient to estimate fair value.

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 3 - Fair Value Measurements (Continued)

Hedge funds:

Hedge funds include equity long/short, event driven, multi-strategy and fund of funds, and are typically limited partnership investment structures. Limited partnership interests in hedge funds are primarily valued using a market approach based on net asset value (NAV) calculated by the funds and are not publicly available. NAV is used as a practical expedient to estimate fair value.

Common collective trusts:

Common collective trusts (CCTs) are valued at NAV and are arrangements in which the funds of individual trusts are pooled to avail themselves of professional investment management and achieve greater diversification of investment, stability of income, or other investment objectives. CCTs are reported at NAV, as of the measurement date. NAV is used as a practical expedient to estimate fair value.

The following table sets forth by level within the fair value hierarchy a summary of the Master Trust's investments measured at fair value on a recurring basis at December 31, 2018 (in thousands):

	December 31, 2018			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total
Asset category:				
Domestic equity	\$ 1,022,840	\$ -	\$ -	\$ 1,022,840
International equity	780,731	-	-	780,731
Fixed income investments	-	1,421,677	15,498	1,437,175
Cash and cash equivalents	2,160	83,717	-	85,877
Limited partnerships at NAV*				427,230
Hedge funds at NAV*				269,311
Common collective trusts at NAV*				588,767
Total	\$ 1,805,731	\$ 1,505,394	\$ 15,498	4,611,931
Receivables (payables), net				11,686
Total fair value of Master Trust assets				\$ 4,623,617

*Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in Note 6.

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 3 - Fair Value Measurements (Continued)

The following table sets forth by level within the fair value hierarchy a summary of the Master Trust's investments measured at fair value on a recurring basis at December 31, 2017 (in thousands):

	December 31, 2017			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total
Asset category:				
Domestic equity	\$ 1,144,901	\$ -	\$ -	\$ 1,144,901
International equity	932,214	-	-	932,214
Fixed income investments	-	1,264,706	4,048	1,268,754
Cash and cash equivalents	5,440	217,879	-	223,319
Limited partnerships at NAV*				591,253
Hedge funds at NAV*				329,644
Common collective trusts at NAV*				669,989
Total	\$ 2,082,555	\$ 1,482,585	\$ 4,048	5,160,074
Receivables (payables), net				2,870
Total fair value of Master Trust assets				\$ 5,162,944

*Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in Note 6.

The following table sets forth a summary of the changes in the fair value of the Master Trust's Level 3 investments for the year ended December 31, 2018 (in thousands):

	Fixed Income Investments
Beginning balance - January 1, 2018	\$ 4,048
Total gains and (losses)	(499)
Principal paydowns	(51)
Purchases	12,000
Ending balance - December 31, 2018	<u>\$ 15,498</u>

The amount of total gains or (losses) for the period included in changes in net assets attributable to the change in unrealized gains or (losses) related to assets still held at December 31, 2018

\$ (499)

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 3 - Fair Value Measurements (Continued)

The following table sets forth a summary of the changes in the fair value of the Master Trust's Level 3 investments for the year ended December 31, 2017 (in thousands):

	Fixed Income Investments
Beginning balance - January 1, 2017	\$ 4,048
Purchases	-
Ending balance - December 31, 2017	<u>\$ 4,048</u>

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2018 (in thousands):

December 31, 2018	Fair Value	Unfunded Commitments	Frequency (If Eligible)	Redemption Notice Period
Limited partnerships (a):				
Buyout funds	\$ 203,631	\$ 243,503	N/A	N/A
Distressed asset investments	34,859	12,453	N/A	N/A
Venture capital funds	45,994	4,445	N/A	N/A
Mezzanine funds	6,526	6,397	N/A	N/A
Commodities	25,070	-	N/A	N/A
Real estate	840	4,932	N/A	N/A
International equity	110,310	-	Monthly	30 days
	<u>\$ 427,230</u>	<u>\$ 271,730</u>		
Hedge funds:				
Multi-strategy (c)	\$ 18,717	\$ -	See (c)	See (c)
Fund of funds (d)	202,990	-	Quarterly	See (b)
Long/short (e)	6,405	-	Quarterly	See (b)
Event driven (f)	41,199	-	Quarterly	See (b)
	<u>\$ 269,311</u>	<u>\$ -</u>		
Common collective trusts	<u>\$ 588,767</u>	<u>\$ -</u>	Daily	See (b)

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 3 - Fair Value Measurements (Continued)

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2017 (in thousands):

December 31, 2017	Fair Value	Unfunded Commitments	Frequency (If Eligible)	Redemption Notice Period
Limited partnerships (a):				
Buyout funds	\$ 288,219	\$ 217,065	N/A	N/A
Distressed asset investments	67,839	25,287	N/A	N/A
Venture capital funds	54,083	5,310	N/A	N/A
Mezzanine funds	14,834	6,397	N/A	N/A
Commodities	28,744	5	N/A	N/A
Real estate	2,451	4,932	N/A	N/A
International equity	135,083	-	Monthly	30 days
	<u>\$ 591,253</u>	<u>\$ 258,996</u>		
Hedge funds:				
Multi-strategy (c)	\$ 39,677	\$ -	See (c)	See (c)
Fund of funds (d)	221,849	-	Quarterly	See (b)
Long/short (e)	30,272	-	Quarterly	See (b)
Event driven (f)	37,846	-	Quarterly	See (b)
	<u>\$ 329,644</u>	<u>\$ -</u>		
Common collective trusts	<u>\$ 669,989</u>	<u>\$ -</u>	Daily	See (b)

(a) Limited partnership interests in private equity funds are not redeemable from the general partner. Private equity interests can be sold through a secondary sale to a third party. Distributions are generally received through the liquidation of the underlying assets of the funds. These partnerships (except for commodities, real estate, and international equity) are expected to be liquidated in approximately the next three to ten years.

(b) Redemption restrictions vary, within 30 to 91 days, by investment management agreement but are based on the initial investment date and take into account liquidity terms, notice periods, redemption schedules, withdrawal with or without penalties and lock-ups, if any. In certain cases, full redemption may be extended over a period of time.

(c) The multi-strategy hedge funds have an objective to add value from mispriced securities. These funds have entered into full redemption requests and are expected to be liquidated over the next year.

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 3 - Fair Value Measurements (Continued)

- (d) Fund of funds hedges invest in a variety of investments, mainly other hedge funds, of different styles with the goal of generating diversified returns in all types of market environments.
- (e) The partnership's objective is to preserve capital and to seek maximum, long-term, capital appreciation commensurate with reasonable risk. The partnership seeks to achieve this through long and short positions in equity or debt securities of public U.S. and non-U.S. issuers (including securities convertible into equity or debt securities), and derivative instruments.
- (f) Event driven funds are single direct funds attempting to generate returns in all types of market environments with appropriate amounts of risk.

Changes in Fair Value Levels

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 evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets. For the years ended December 31, 2018 and 2017, there were no significant transfers in or out of Levels 1, 2, or 3.

Note 4 - Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2018 and 2017.

Note 5 - Accumulated Plan Benefits

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

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 5 - Accumulated Plan Benefits (Continued)

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

The following amounts were calculated as of the latest actuarial valuation date, which was January 1, 2018.

The actuarial present value of accumulated plan benefits as of January 1, 2018 is as follows (in thousands):

Vested accumulated plan benefits:	
Retired participants and/or beneficiaries currently receiving benefits	\$ 2,830,296
Other participants	<u>932,608</u>
Total vested accumulated plan benefits	3,762,904
Nonvested accumulated plan benefits	<u>20,793</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 3,783,697</u></u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended January 1, 2018, are as follows (in thousands):

Actuarial present value of accumulated plan benefits at January 1, 2017	\$ 3,853,595
Increase (decrease) during the year attributable to:	
Benefits accumulated and other	36,033
Benefits paid	(348,080)
Assumption changes	(19,227)
Annuity purchase	(23,160)
Interest	<u>284,536</u>
Actuarial present value of accumulated plan benefits at January 1, 2018	<u><u>\$ 3,783,697</u></u>

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 5 - Accumulated Plan Benefits (Continued)

The actuarial cost method used to measure the present value of accumulated plan benefits is the accrued benefit method. The significant actuarial assumptions used in the January 1, 2018 valuations were:

Mortality: For 2018, the mortality assumption used is based on the RP-2014 Mortality Table with the Buck Modified MP-2017 projection scale. The Buck Modified Projection Scale is a modified version of MP-2017 improvement scale using a long-term improvement rate of 0.75%.

Retirement age: Age 65.

Investment return: 7.75% per annum for 2018.

Discount rate: 7.75% per annum for 2018.

Actuarial assumptions for the period before normal retirement include factors for mortality, termination of employment, early retirement, and disability.

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

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 6 - Interest in Master Trust

The net assets of the Master Trust at December 31, 2018 and 2017 are summarized in thousands as follows:

	<u>2018</u>	<u>2017</u>
Assets:		
Investments:		
Common collective trusts	\$ 660,722	\$ 838,476
Common and preferred stocks	1,572,750	1,776,147
Corporate debt	778,068	664,612
U.S. Government securities	594,490	552,688
Partnerships/joint ventures	427,230	591,253
Hedge funds	269,311	329,644
Registered investment companies	50,518	67,104
Other	227,556	285,318
Cash and cash equivalents	31,286	54,832
	<u>4,611,931</u>	<u>5,160,074</u>
Receivables (payables), net	<u>11,686</u>	<u>2,870</u>
Total assets of the Master Trust	<u>\$ 4,623,617</u>	<u>\$ 5,162,944</u>
Plan's interest in net assets of the Master Trust	<u>\$ 4,057,439</u>	<u>\$ 4,523,039</u>
Plan's interest in the Master Trust as a percentage of the total	<u>87.75 %</u>	<u>87.61 %</u>
401(h) Account's interest in net assets of Master Trust	<u>\$ 185,538</u>	<u>\$ 221,030</u>
401(h) Account's interest in the Master Trust as a percentage of the total	<u>4.01%</u>	<u>4.28%</u>

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 6 - Interest in Master Trust (Continued)

The net investment earnings and change in net assets of the Master Trust for the years ended December 31, 2018 and 2017 are summarized below in thousands:

	<u>2018</u>	<u>2017</u>
Net (depreciation) appreciation in fair value of investments	\$ (498,525)	\$ 676,487
Interest income	45,178	33,889
Dividend income	37,440	31,563
Other income	14,093	13,995
Net transfers	(90,530)	70,135
Administrative expenses	<u>(46,983)</u>	<u>(32,036)</u>
(Decrease) increase in net assets	<u><u>\$ (539,327)</u></u>	<u><u>\$ 794,033</u></u>
Net assets:		
Beginning of year	<u>\$ 5,162,944</u>	<u>\$ 4,368,911</u>
End of year	<u><u>\$ 4,623,617</u></u>	<u><u>\$ 5,162,944</u></u>
Plan's interest in the Master Trust investment (loss) income	<u>\$ (363,330)</u>	<u>\$ 664,478</u>
401(h) Account's interest in the Master Trust's investment (loss) income	<u><u>\$ (16,811)</u></u>	<u><u>\$ 33,810</u></u>

Note 7 - Exempt Party-in-Interest Transactions

Certain Master Trust investments are shares of registered investment companies managed by the Trustee. These assets and related transactions qualify as exempt party-in-interest transactions.

Certain administrative functions are performed by officers and employees of the Company (who may also be a participant in the Plan) at no cost to the Plan or Master Trust. These transactions are not deemed prohibited party-in-interest transactions because they are covered by the statutory administrative exemptions from the IRC and ERISA's rules on prohibited transactions.

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 8 - Federal Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated June 15, 2018, that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The plan administrator believes that the Plan is currently designed and is currently being operated in compliance with the applicable requirements of the IRC and the 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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. 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 2015.

In March 2018, the Plan filed a Voluntary Correction Program (VCP) application with the IRS to resolve certain issues identified by plan management regarding a group of participants who had passed their required minimum distribution age and had not taken distributions. The IRS approved the Plan's request in April 2018 and waived the related excise taxes.

Note 9 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

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

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty while other benefits may not be provided for at all.

HARRIS CORPORATION SALARIED RETIREMENT PLAN
Notes to the Financial Statements (Continued)
December 31, 2018 and 2017

Note 10 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for pension benefits per the financial statements to the net assets available for pension benefits per the Form 5500 at December 31, 2018 and 2017 in thousands:

	<u>2018</u>	<u>2017</u>
Net assets available for pension benefits per the financial statements	\$ 4,056,991	\$ 4,794,563
Net assets held in defined benefit plan - 401(h) Account	<u>185,538</u>	<u>221,030</u>
Net assets available for pension benefits per Form 5500	<u>\$ 4,242,529</u>	<u>\$ 5,015,593</u>

The net assets of the 401(h) Account included in Form 5500 are not available to pay pension benefits but can be used only to pay retiree health benefits. The following is a reconciliation of the changes in net assets available for pension benefits per the financial statements to the net income per the Form 5500 for the years ended December 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
(Decrease) increase in net assets available for pension benefits per the financial statements	\$ (737,572)	\$ 578,802
Net (decrease) increase 401(h) Account	<u>(35,492)</u>	<u>18,414</u>
Net (loss) income per Form 5500	<u>\$ (773,064)</u>	<u>\$ 597,216</u>

Note 11 - Purchase of Annuity Contract

In 2017, the Plan entered into an annuity contract with New York Life Insurance Company (insurance company). The purchased annuity is a contract under which the insurance company is obligated to pay benefits to named retired participants or their beneficiaries. Funds that have been applied to purchase annuities (that is, the insurance company, is obligated to pay the related pension benefits) are excluded from the Plan's net assets. Amounts in 2018 represent additional funds required by the insurance company to fund the contract.

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

January 1, 1976

Last Amended

January 1, 2017

Eligibility for Membership

All salaried employees age 21 with one year of service. The plan has been closed to new participants effective January 1, 2012.

Normal Retirement Allowance

Eligibility

Age 65.

Benefit

For the first 40 years of benefit service, a participant may elect either of the following benefit accruals:

1) Traditional Pension Formula

2% of final average salary (1.5% for employees who became participants after January 1, 2000) during the 5 years of service in the last 10 years giving the highest average, for each of the first 25 years of traditional formula service, plus 1.5% of such final average salary for traditional formula service between 25 and 40 years, reduced by 1.25% of the Social Security benefit multiplied by traditional formula service up to 40 years. An amendment effective January 1, 2012 provided employees a choice to accrue future benefits under (1) the Traditional Pension Formula, or (2) an age-based defined contribution plan. Effective December 31, 2016, accruals under the Traditional Pension formula ceased.

2) Pension Equity (PEP) Formula

Lump sum benefit based on the following percentages of final average salary: under age 30, 3% per year of service, age 30 - age 39, 4% per year of service, age 40 - age 49, 5% per year of service, age 50 and over, 6% per year of service. Total years credited cannot exceed 40. Effective January 1, 2012 (October 31, 2011 for ITT/Xylem employees), accrued percentage of final average salary and final average salary were frozen. Also effective January 1, 2012, the pension equity formula accruals option was no longer available and the rate of interest to be credited towards the lump sum benefit for Harris employees shall be the 10-year Treasury rate as in effect on December 31 of the prior calendar year but not less than 3.25%.

3) Cash Balance Formula

Effective January 1, 2017, a Cash Balance formula was added for certain eligible employees who were non-highly compensated employees on December 31, 2016. Participants accumulate a Cash Balance Account equal to 1% of each year's compensation plus interest credited monthly based on the 30-year Treasury rate as in effect for the month of November of the prior calendar year.

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

Schedule SB, Part V – Summary of Plan Provisions (continued)

Special Early Retirement Allowance

Eligibility

For employees who became participants before January 1, 2000, age 55 and 15 years of service or age 50 with age and service totaling 80 or more years. For employees who became participants after December 31, 1999 but before January 1, 2005, age 55 and 15 years of service.

Benefit

For pre-January 1, 2000 participants; accrued pension under the traditional formula can commence as early as age 50 and is reduced 5/12 of 1% for each month that payments commence prior to age 60, but not less than 75% of the unreduced benefit that would have been payable at age 60. For post-December 31, 1999 participants; accrued pension under the traditional formula can commence as early as age 55 and is reduced 5/12 of 1% for each month up to 48 months that payments commence prior to age 62, and further reduced 1/3 of 1% for each month up to 12 months that payments commence prior to age 58, and further reduced 1/4 of 1% for each month that payments commence prior to age 57. Social Security reduction is not applied before age 62. Accrued pension under PEP and Cash Balance formulas shall be payable in the form of a single lump sum equal to the Account Balances or an actuarially equivalent annuity.

Standard Early Retirement Allowance

Eligibility

Age 55 and 10 years of service.

Benefit

Accrued pension under the traditional formula deferred to age 65 or an immediate benefit reduced 1/4 of 1% for each month that payments commence prior to age 65. (For post-December 31, 2004 participants, the reduction is 6.67% per annum for retirements between ages 60 to 65, and further reduced 3.33% per annum for retirements before age 60.) Social Security reduction is not applied before age 62 for pre-January 1, 2005 participants. Accrued pension under PEP and Cash Balance formulas shall be payable in the form of a single lump sum equal to the Account Balances or an actuarially equivalent annuity.

Vested Benefit

Eligibility

3 years of service.

Benefit

Accrued pension under the traditional formula deferred to age 65 or reduced pension after age 55. Reduction is the same as for the post-December 31, 2004 Standard Early Retirement. Accrued pension under PEP and Cash Balance formulas shall be payable in the form of a single lump sum equal to the Account Balances or an actuarially equivalent annuity.

Vested Spouse Benefit

Eligibility

Death after becoming eligible for a vested benefit and prior to Benefit Commencement. Benefit commences no earlier than earliest retirement date which could have been elected by deceased participant.

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

Schedule SB, Part V – Summary of Plan Provisions (continued)

Benefit

Traditional Pension Formula - Accrued pension under traditional formula at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died. For a terminated vested participant there is a charge for each year coverage is in effect after termination date up to age 65. Coverage for which a charge is made may be waived with consent of the spouse.

PEP and Cash Balance Formulas - Accrued pension under PEP and Cash Balance formulas payable to the spouse in the form of actuarially equivalent annuity over the spouse's lifetime or as a lump sum equal to the Account Balances.

Automatic Pre-Retirement Survivor Benefit

Eligibility

Death after earlier of age 65 or age 55 with 10 years of service and prior to Benefit Commencement.

Benefit

50% of accrued traditional pension at time of death, no adjustment for early commencement. Accrued pension under PEP and Cash Balance formulas in the form of actuarially equivalent annuity or lump sum payment equal to participant's full Account Balance.

Supplemental Survivor's Benefit

Eligibility

Election available upon the earlier of age 65 or age 55 with 10 years of service. Charge for coverage is 1/2 of 1% for each year in effect.

Benefit

25% of accrued traditional pension, adjusted if beneficiary is more than 5 years younger. Payable to same beneficiary as under Automatic Pre-Retirement Survivor Benefit.

Normal Form of Benefit

Single

Life annuity.

Married

Actuarial equivalent 50% joint and survivor annuity, unless elects otherwise, for vested participants and post-December 31, 2004 participants; 90% Spouse's Contingent Annuity Option for pre- January 1, 2005 participants.

Spouse's Contingent Annuity Option

- (1) 90% (adjusted for difference in ages of more than 5 years) of benefit with 50% of the unreduced benefit payable to spouse after retired member's death.
- (2) 80% (adjusted for difference in ages of more than 5 years) of benefit with the reduced benefit payable to spouse after retired member's death.

Spouse's Contingent Annuity options are not available for vested benefits for participants hired on or after January 1, 2005.

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

Schedule SB, Part V – Summary of Plan Provisions (continued)

Standard Contingent Annuity Option

- (1) 100% joint and survivor annuity.
- (2) 50 % joint and survivor annuity.
- (3) 75 % joint and survivor annuity.
- (4) 10 year certain and life annuity.

Small Lump Sum

Present value of accrued benefit totaling \$5,000 or less, paid in the form of lump sum.

Maximum Benefit

ERISA maximum as amended by the Tax Reform Act of 1986, the Retirement Protection Act of 1994 (RPA '94) and the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) and IRC Section 401(a)(17) compensation limitations as amended by the Omnibus Budget Reconciliation Act of 1993 and EGTRRA.

Special Benefits

This summary does not include special benefit provisions which may apply to a limited group of employees covered under former plans, certain frozen status members and retirement members. These provisions are taken into account in the valuation.

Summary of Changes from the January 1, 2017 Valuation

None.

[illegible]

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

Schedule SB, Line 26 – Schedule of Active Participant Data

Distribution of Active Participants with Average Frozen Annual Annuity Amounts as of January 1, 2018 – Age by Service

Attained Age	Years of Service																			
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
	Avg. Frozen		Avg. Frozen		Avg. Frozen		Avg. Frozen		Avg. Frozen		Avg. Frozen		Avg. Frozen		Avg. Frozen		Avg. Frozen		Avg. Frozen	
	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit	No.	Benefit
Under 25																				
25 - 29					19															
30 - 34			4		93	\$ 1,646	48	\$ 3,165												
35 - 39			5		71	\$ 2,275	100	\$ 4,551	26	\$ 11,719	1									
40 - 44	1				55	\$ 2,345	55	\$ 6,027	45	\$ 11,319	24	\$ 20,428								
45 - 49	2		2		56	\$ 2,089	66	\$ 5,580	42	\$ 12,241	44	\$ 19,387	16							
50 - 54	1		2		79	\$ 3,494	77	\$ 7,931	58	\$ 15,324	62	\$ 22,387	48	\$ 42,183	52	\$ 43,275	4			
55 - 59	3		5		82	\$ 3,320	126	\$ 9,979	64	\$ 15,151	55	\$ 25,810	58	\$ 41,392	132	\$ 45,971	98	\$ 58,707	2	
60 - 64	2		3		35	\$ 3,004	68	\$ 8,660	47	\$ 16,645	22	\$ 27,227	27	\$ 39,604	56	\$ 44,759	61	\$ 56,760	15	
65 - 69			2		11		22	\$ 12,226	14		9		3		6		10		10	
70 & up					11		5		3		1		1		3		1		5	

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

Schedule SB, Line 26 – Schedule of Active Participant Data

Distribution of Active Participants with Average Non-Accruing Account Balances as of January 1, 2018 – Age by Service

Attained Age	Years of Service																			
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
	Avg. Account		Avg. Account		Avg. Account		Avg. Account		Avg. Account		Avg. Account		Avg. Account		Avg. Account		Avg. Account		Avg. Account	
	No.	Balance	No.	Balance	No.	Balance	No.	Balance	No.	Balance	No.	Balance	No.	Balance	No.	Balance	No.	Balance	No.	Balance
Under 25																				
25 - 29					5															
30 - 34					12		8													
35 - 39			1		21	\$ 5,905	54	\$ 15,284	29	\$ 21,724	2									
40 - 44					12		31	\$ 12,887	52	\$ 26,680	14		1							
45 - 49					15		34	\$ 14,722	44	\$ 32,737	35	\$ 44,528	14							
50 - 54					18		23	\$ 18,333	35	\$ 39,318	27	\$ 52,463	27	\$ 45,196	18		2			
55 - 59					15		41	\$ 21,570	43	\$ 45,654	24	\$ 46,944	20	\$ 45,351	23	\$ 80,329	17			
60 - 64					13		22	\$ 28,551	21	\$ 38,419	5		9		7		10		7	
65 - 69					4		7		11		1		2		3		3		3	
70 & up					1		2		2								1		1	

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA as amended by PPA, MAP-21, HATFA and BBA.

Funding interest rates

For 2018 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.75%	3.92%
Second Segment Rate	3.76%	5.52%
Third Segment Rate	4.66%	6.29%
Effective Rate	3.92%	5.60%

For 2017 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.52%	4.16%
Second Segment Rate	3.80%	5.72%
Third Segment Rate	4.79%	6.48%
Effective Rate	3.98%	5.81%

* Used for maximum tax deduction.

**Used for minimum funding and benefit restriction purposes.

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1¹, applied on a static basis.

Mortality for purposes of calculating lump sums

2018 IRS 417(e) Applicable Mortality Table

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan related expenses to be paid from plan assets during the year.

¹ Based on the option under 1.430(h)(3)-1(f)(2) to defer the updated mortality basis to 2019.

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

These assumptions are based on the plan sponsor's anticipated experience. Actual experience is reviewed each year and compared to the assumption. Changes are then made, as appropriate, based on this review.

Salary increase assumption

Age	Annual Rate
25	6.959%
30	5.381
35	4.445
40	3.595
45	3.098
50	2.842
51	2.789
52	2.738
53	2.688
54	2.640
55	2.626
56	2.581
57	2.536
58	2.493
59	2.450
60	2.409
61	2.401
62	2.361
63	2.324
64	2.317
65	2.279
66+	2.250

Frequency of optional payment forms

Optional Form	Probability for	
	Retirement from Active Employment	Retirement from Deferred Vested Status
50% J&S	0%	40%
75% J&S	0%	0%
100% J&S	30%	0%
Life Annuity	40%	60%
90%/50% Sp CA	30%	0%
10 Year C&L	0%	0%
Lump Sum (PEP and Cash Balance only)	100%	100%

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Expenses

Plan related expenses from the prior year, excluding PBGC premium paid, plus current year's PBGC premium. This amount is equal to \$28,004,402 for the 2018 plan year.

Marital percentage

85% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Retirement rates

Age	Normal Retirement Rates	Standard Early Retirement Rates	Special Early Retirement Rates
50	-	-	6.53%
51	-	-	6.38%
52	-	-	6.27%
53	-	-	6.18%
54	-	-	6.11%
55	-	6.05%	7.50%
56	-	6.08%	8.00%
57	-	6.11%	8.50%
58	-	6.21%	9.00%
59	-	6.29%	9.50%
60	-	8.45%	10.00%
61	-	8.56%	15.00%
62	-	8.89%	25.00%
63	-	9.25%	15.00%
64	-	9.61%	10.00%
65	50.00%	-	-
66	30.00%	-	-
67	30.00%	-	-
68	30.00%	-	-
69	30.00%	-	-
70	100.00%	-	-

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Age	Rates
25	0.03%
30	0.03%
35	0.03%
40	0.04%
45	0.08%
50	0.21%
55	0.45%
60	1.01%
65	0.00%

Withdrawal rates for active participants not eligible for retirement

Age	Non-vested Rates	Vested Rates
25	22.54%	14.54%
30	19.45%	11.45%
35	17.16%	9.16%
40	15.64%	8.64%
45	14.50%	7.50%
50	13.53%	6.53%
55	6.05%	6.05%
60	8.45%	8.45%
65	0.00%	0.00%

Higher rates of withdrawal for non-vested are used during the first, second, and third years of employment for employees hired before age 45.

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2018 Expected Return	7.75%	6.29%	6.29%
2017 Expected Return	7.75%	6.48%	6.48%
2016 Expected Return	8.00%	6.81%	6.81%

The expected asset return assumption was based on an analysis of long term expected returns for the asset classes in which the plan's assets were invested as of the measurement date.

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Summary of Changes from the January 1, 2017 Valuation

- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with HATFA.
- The mortality assumption was updated according to the projection as specified in IRS Regulation 1.430(h)(3)-1¹, applied on a static basis.
- The mortality assumption used to compute lump sums was updated according to the projection specified in Revenue Ruling 2007-67.
- The assumption changes listed above increased the Funding Target by approximately \$159.5 million.

¹ Based on the option under 1.430(h)(3)-1(f)(2) to defer the updated mortality basis to 2019.

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

Schedule SB, Line 32- Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2018
January 1, 2012	Shortfall	1	\$ (75,185,153)	\$ (75,185,153)
January 1, 2013	Shortfall	2	19,536,181	38,335,431
January 1, 2014	Shortfall	3	22,088,980	63,798,694
January 1, 2015	Shortfall	4	(9,007,513)	(34,042,184)
January 1, 2016	Shortfall	5	18,095,942	83,906,348
January 1, 2017	Shortfall	6	37,396,462	201,984,234
January 1, 2018	Shortfall	7	<u>23,165,905</u>	<u>141,904,613</u>
Total			\$ 36,090,804	\$ 420,701,983

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

Schedule SB, Line 15 – Reconciliation of Differences in Adjusted Funding Target Attainment Percentages

Funding Target	\$	4,446,444,183
Actuarial Value of Assets	\$	4,522,292,180
Prefunding Balance	\$	496,549,980
AFTAP		101.70%
Annuity Purchase during 2016 and 2017 Plan Years for NHCE	\$	23,159,500
Adjusted Actuarial Value of Assets	\$	4,545,451,680
Adjusted Funding Target	\$	4,469,603,683
Prefunding Balance	\$	496,549,980
Adjusted AFTAP		101.69%

The assets and Funding Target are increased by annuity purchases for non-HCEs during the preceding 2 years, which total \$23,159,500 for the 2 years preceding 2018 and \$0 for the 2 years preceding 2017.

Harris Corporation Salaried Retirement Plan

EIN/PN: 34-0276860 / 001

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
50	672.0901	0.0010	0.6561	32.8058
51	723.5434	0.0029	2.0788	106.0205
52	803.2343	0.0050	4.0157	208.8165
53	886.7029	0.0067	5.9154	313.5179
54	996.8552	0.0088	8.8046	475.4476
55	1,136.2391	0.0699	79.4679	4,370.7340
56	1,242.9159	0.0745	92.5655	5,183.6657
57	1,343.7721	0.0791	106.3493	6,061.9077
58	1,452.7403	0.0839	121.8867	7,069.4274
59	1,523.4338	0.0886	134.9136	7,959.9053
60	1,532.9949	0.1027	157.3818	9,442.9089
61	1,517.5794	0.1404	213.1236	13,000.5385
62	1,389.9419	0.2302	320.0323	19,841.9998
63	1,157.2750	0.1407	162.7908	10,255.8219
64	1,071.6852	0.0970	103.9041	6,649.8622
65	1,001.1203	0.5031	503.6969	32,740.2991
66	530.6525	0.3040	161.2957	10,645.5192
67	391.5816	0.3000	117.4745	7,870.7899
68	289.9213	0.3000	86.9764	5,914.3937
69	223.2819	0.3000	66.9846	4,621.9348
70	164.9539	1.0000	164.9539	11,546.7749
71	13.0000	1.0000	13.0000	923.0000
72	6.0000	1.0000	6.0000	432.0000
73	4.0000	1.0000	4.0000	292.0000
74	6.0000	1.0000	6.0000	444.0000
75	5.0000	1.0000	5.0000	375.0000
76	3.0000	1.0000	3.0000	228.0000
77	1.0000	1.0000	1.0000	77.0000
78	1.0000	1.0000	1.0000	78.0000
79	1.0000	1.0000	1.0000	79.0000
80	1.0000	1.0000	1.0000	80.0000
81	2.0000	1.0000	2.0000	162.0000
82	0.0000	1.0000	0.0000	0.0000
83	0.0000	1.0000	0.0000	0.0000
84	2.0000	1.0000	2.0000	168.0000
85	0.0000	1.0000	0.0000	0.0000
86	1.0000	1.0000	<u>1.0000</u>	<u>86.0000</u>
Total			2,661.2682	167,737.0913
Weighted Average Retirement Age = 167737.0913 / 2661.2682				63.03
Rounded Weighted Average Retirement Age				63

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

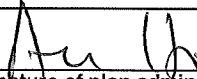
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
- ☐ the first return/report ☐ 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 HARRIS CORPORATION SALARIED RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1929
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) HARRIS CORPORATION 1025 WEST NASA BOULEVARD MELBOURNE FL 32919	2b Employer Identification Number (EIN) 34-0276860
	2c Plan Sponsor's telephone number 321-724-3554
	2d Business code (see instructions) 333200

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		12/8/19	ANDREA HARTMAN
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☐ Same as Plan Sponsor
EMPL. BEN. COM. HARRIS CORP

3b Administrator's EIN
34-0276860

3c Administrator's telephone number
321-724-3554

1025 WEST NASA BOULEVARD
MELBOURNE FL 32919-0001

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

- a** Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	5	42,639
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)	3,582
a(2) Total number of active participants at the end of the plan year	6a(2)	3,276
b Retired or separated participants receiving benefits	6b	22,570
c Other retired or separated participants entitled to future benefits	6c	12,499
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	38,345
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	3,492
f Total. Add lines 6d and 6e	6f	41,837
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	5
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 1C 1E 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>		

► **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 HARRIS CORPORATION SALARIED RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HARRIS CORPORATION	D Employer Identification Number (EIN) 34-0276860	
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>2018</u>			
2 Assets:			
a Market value.....	2a	4,777,605,167	
b Actuarial value	2b	4,522,292,180	
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	25,473	3,254,408,222	3,254,408,222
b For terminated vested participants	13,584	660,076,420	660,076,420
c For active participants	3,582	506,446,763	531,959,541
d Total	42,639	4,420,931,405	4,446,444,183
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	5.60%		
6 Target normal cost	28,571,915		

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	<div style="text-align: center;"> Scott Berger </div> <div style="text-align: center;"> Signature of actuary </div>	<div style="text-align: center;"> 09/27/2019 Date </div> <div style="text-align: center;"> 1706644 Most recent enrollment number </div> <div style="text-align: center;"> 201-902-2300 Telephone number (including area code) </div>
SCOTT BERGER Type or print name of actuary		
Buck Global, LLC Firm name		
500 PLAZA DRIVE SECAUCUS NJ 07096-1533 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, see the Instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2018
v. 171027**

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	319,932,945
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	137,166,814
9	Amount remaining (line 7 minus line 8).....	0	182,766,131
10	Interest on line 9 using prior year's actual return of <u>16.48%</u>	0	30,119,858
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		254,256,017
	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>5.81%</u>		6,802,883
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		22,605,091
	c Total available at beginning of current plan year to add to prefunding balance		283,663,991
	d Portion of (c) to be added to prefunding balance.....		283,663,991
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	496,549,980

Part III	Funding Percentages
----------	---------------------

14	Funding target attainment percentage	14	90.53%
15	Adjusted funding target attainment percentage.....	15	101.69%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.71%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

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

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?..... ☒ Yes ☐ No

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ 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	28,571,915	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	420,701,983		36,090,804
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	64,662,719	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	64,662,719	64,662,719
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under 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