# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**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 instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
L3 COMMUNICATION SYSTEMS-EAST PENSION PLAN FOR BARGAINING UNIT EMPLOYEES

**1b** Three-digit plan number (PN) ▶ 005

**1c** Effective date of plan 05/01/1997

**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)
L3 TECHNOLOGIES, INC.

600 THIRD AVENUE
NEW YORK, NY 10016-1901

ONE FEDERAL STREET
CAMDEN, NJ 08103

**2b** Employer Identification Number (EIN)
13-3937436

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

**2d** Business code (see instructions)
334200

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/11/2019 | RICHARD E. MAGNUS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** | EIN |
| | | **4d** | PN |
| **5** | Total number of participants at the beginning of the plan year | **5** | 347 |
| **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)** | 109 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 96 |
| **b** | Retired or separated participants receiving benefits | **6b** | 162 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 70 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 328 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 13 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 341 |
| **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** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

1A 3F 3H

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**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

▶ **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
L3 COMMUNICATION SYSTEMS-EAST PENSION PLAN FOR BARGAINING UNIT EMPLOYEES

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
L3 TECHNOLOGIES, INC.

**D** Employer Identification Number (EIN)
13-3937436

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

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

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2018

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 59304703 |
| **b** Actuarial value | **2b** | 56029174 |

**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 | 159 | 24493639 | 24493639 |
| **b** For terminated vested participants | 79 | 7104326 | 7104326 |
| **c** For active participants | 109 | 22150004 | 23958388 |
| **d** Total | 347 | 53747969 | 55556353 |

**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** | 5.70 % |
| **6** Target normal cost | **6** | 1625201 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary — Date: 09/16/2019

MICHAEL ACCARDO, FSA, MAAA — Type or print name of actuary

17-05390 — Most recent enrollment number

SIBSON CONSULTING — Firm name

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

333 W 34TH STREET
NEW YORK, NY 10001-2402

Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 1591159 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 1298000 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 293159 |
| 10 | Interest on line 9 using prior year's actual return of 15.76 % | 0 | 46202 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 1897124 |
| 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 5.89% | | 35288 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 204565 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 2136977 |
| d | Portion of (c) to be added to prefunding balance | | 2136977 |
| 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 | 2476338 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 96.39% |
| 15 | Adjusted funding target attainment percentage | 15 | 100.85% |
| 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 | 95.64% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/12/2019 | 45000 | 0 | | | |
| 07/15/2019 | 501000 | 0 | | | |
| 09/13/2019 | 9711000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 10257000 | 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 | 9340391 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 3.92% | 5.52% | 6.29% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 64 |

**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** | 1625201 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 2003517 | 376625 |
| **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** | 2001826 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 1914917 | 1914917 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 86909 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 9340391 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 9253482 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 1914917 |
| **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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2018**<br>**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
L3 COMMUNICATION SYSTEMS-EAST PENSION PLAN FOR BARGAINING UNIT EMPLOYEES

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
L3 TECHNOLOGIES, INC.

**D** Employer Identification Number (EIN)
13-3937436

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SIBSON/MGC

333 WEST 34TH STREET
NEW YORK, NY 10001

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 50 | NONE | 61763 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

WELLINGTON TRUST COMPANY

04-2755549

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 50 28 | NONE | 36166 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

INDEPENDENT FRANCHISE PARTNERS LLP

98-0682628

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 50 28 | NONE | 35521 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

GRANT THORNTON

36-6055558

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 24873 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

ATLANTA CAPITAL MANAGEMENT

58-2236910

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 50 28 | NONE | 18688 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

SEGAL CONSULTING

13-1835864

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 17 50 | NONE | 16904 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

CONDUENT HUMAN RESOURCE SERVICES

101 WOODCREST ROAD
CHERRY HILL, NJ 08003

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 50 15 | NONE | 16858 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

NOMURA CORP RESEARCH AND ASSET MGM

13-3607885

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 50 | NONE | 16221 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

LSV ASSET MANAGEMENT

23-2772200

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 50 | NONE | 15359 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

HEITMAN REAL ESTATE SECURITIES

36-4265577

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 50 | NONE | 14987 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

WELLINGTON MANAGEMENT COMPANY

04-2683227

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 50 | NONE | 14572 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

T. ROWE PRICE ASSOCIATES, INC

52-0556948

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 50 | NONE | 13441 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

CHAMPLAIN INVESTMENT PARTNERS

20-1367417

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 50 | NONE | 13105 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

BNY MELLON

225 LIBERTY STREET
NEW YORK, NY 10286

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 21 50 | NONE | 11646 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

PALISADE CAPITAL MANAGEMENT, LLC

22-3330049

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 50 | NONE | 7613 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

MITCHELL SILBERBERG & KNUPP LLP

11377 WEST OLYMPIC BOULEVARD
LOS ANGELES, CA 90064

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 29 50 | NONE | 7081 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name: MICHAEL ACCARDO
**b** EIN: 06-0839113
**c** Position: VP AND CONSULTING ACTUAR
**d** Address: 333 W 34TH ST
NEW YORK, NY 10001-2402
**e** Telephone: 212-251-5000

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**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
L3 COMMUNICATION SYSTEMS-EAST PENSION PLAN FOR BARGAINING UNIT EMPLOYEES

**B** Three-digit plan number (PN) ▶ 005

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
L3 TECHNOLOGIES, INC.

**D** Employer Identification Number (EIN)
13-3937436

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

**b** Name of sponsor of entity listed in (a): L3 TECHNOLOGIES, INC.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 13-3937436-020 | M | 54056000 |

**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
L3 COMMUNICATION SYSTEMS-EAST PENSION PLAN FOR BARGAINING UNIT EMPLOYEES

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
L3 TECHNOLOGIES, INC.

**D** Employer Identification Number (EIN)
13-3937436

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 2599000 | 10257000 |
| **(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) | 56787000 | 54056000 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 59386000 | 64313000 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | 97000 | 43000 |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 97000 | 43000 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 59289000 | 64270000 |

## 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) | 10257000 | |
| | **(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) | | 10257000 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | -1996000 |
| (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 | | 8261000 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2782000 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 2782000 |
| 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) | 93717 | |
| (2) Contract administrator fees | 2i(2) | 16875 | |
| (3) Investment advisory and management fees | 2i(3) | 165878 | |
| (4) Other | 2i(4) | 221530 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 498000 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 3280000 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 4981000 |
| 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: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 10000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | | X | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ 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 4150776. (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
L3 COMMUNICATION SYSTEMS-EAST PENSION PLAN FOR BARGAINING UNIT EMPLOYEES

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
L3 TECHNOLOGIES, INC.

**D** Employer Identification Number (EIN)
13-3937436

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-7074646

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3** 1

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# L3 COMMUNICATION SYSTEMS-EAST PENSION PLAN FOR BARGAINING UNIT EMPLOYEES

(formerly known as L-3 Communication Systems-East Pension Plan for Bargaining Unit Employees)

Financial Statements as of
and for the Years Ended
December 31, 2018 and 2017

**L3 COMMUNICATION SYSTEMS-EAST PENSION PLAN**
**FOR BARGAINING UNIT EMPLOYEES**
**INDEX TO FINANCIAL STATEMENTS**


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

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Participants and Administrator
L3 Communication Systems-East Pension Plan For Bargaining Unit Employees

## Report on the financial statements

We were engaged to audit the accompanying financial statements of L3 Communication Systems-East Pension Plan For Bargaining Unit Employees (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2017, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

### Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 8, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from this entity as of December 31, 2018 and 2017, and for the years then ended, stating that the certified information provided to the Plan administrator is complete and accurate.

### Disclaimer of opinion

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



"Grant Thornton" refers to Grant Thornton LLP, the U.S. member firm of Grant Thornton International Ltd (GTIL), and/or refers to the brand under which the GTIL member firms provide audit, tax and advisory services to their clients, as the context requires. GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

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

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

New York, New York
October 10, 2019

**L3 COMMUNICATION SYSTEMS-EAST PENSION PLAN**
**FOR BARGAINING UNIT EMPLOYEES**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**AS OF DECEMBER 31, 2018 AND 2017**
**(Dollars in thousands)**

| | 2018 | 2017 |
|---|---|---|
| Assets: | | |
| Interest in L-3 Communications Corporation Master Trust, at fair value | $ 54,056 | $ 56,787 |
| Employer contribution receivable | 10,257 | 2,599 |
| Total assets | 64,313 | 59,386 |
| Liabilities: | | |
| Accrued expenses | 43 | 97 |
| Net assets available for benefits | $ 64,270 | $ 59,289 |

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

**L3 COMMUNICATION SYSTEMS-EAST PENSION PLAN**
**FOR BARGAINING UNIT EMPLOYEES**
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017**
**(Dollars in thousands)**

| | 2018 | 2017 |
|---|---|---|
| Additions: | | |
| Interest in L-3 Communications Corporation Master Trust investment (loss) income | $ (1,996) | $ 7,781 |
| Employer contributions | 10,257 | 2,819 |
| Total additions | 8,261 | 10,600 |
| Deductions: | | |
| Benefit payments | 2,782 | 2,167 |
| Plan expenses | 498 | 495 |
| Total deductions | 3,280 | 2,662 |
| Transfer from another plan | — | 1,246 |
| Net increase in net assets available for benefits | 4,981 | 9,184 |
| Net assets available for benefits, beginning of year | 59,289 | 50,105 |
| Net assets available for benefits, end of year | $ 64,270 | $ 59,289 |

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

**L3 COMMUNICATION SYSTEMS-EAST PENSION PLAN**
**FOR BARGAINING UNIT EMPLOYEES**
**STATEMENTS OF ACCUMULATED PLAN BENEFITS AND**
**CHANGES IN ACCUMULATED PLAN BENEFITS**
**AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2017**
**(Dollars in thousands)**

---

**Statement of Accumulated Plan Benefits as of December 31, 2017:**

| | | |
|---|---|---|
| Actuarial present value of accumulated plan benefits | | |
| Vested benefits: | | |
| Participants currently receiving benefits | $ | 19,882 |
| Other participants | | 22,121 |
| Total vested benefits | | 42,003 |
| Non-vested benefits | | 1,510 |
| Total actuarial present value of accumulated plan benefits | $ | 43,513 |

**Statement of Changes in Accumulated Plan Benefits for year ended December 31, 2017:**

| | | |
|---|---|---|
| Actuarial present value of accumulated plan benefits as of December 31, 2016 | $ | 42,573 |
| Increase (decrease) during the year attributable to: | | |
| Benefits accumulated and actuarial experience | | 874 |
| Increase for interest due to decrease in discount period | | 3,406 |
| Benefits paid | | (2,167) |
| Change in actuarial assumptions (note 4) | | (1,173) |
| Net increase | | 940 |
| Actuarial present value of accumulated plan benefits as of December 31, 2017 | $ | 43,513 |

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

## *1. Plan Description*

On December 31, 2016, following the merger of L-3 Communications Holdings, Inc. ("L-3 Holdings") with and into L-3 Communications Corporation, L-3 Communications Corporation changed its name to L3 Technologies, Inc. (the "Company") and the L-3 Communication Systems-East Pension Plan for Bargaining Unit Employees became the L3 Communication Systems East Pension Plan for Bargaining Unit Employees (the "Plan"). The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

The Plan was established effective May 1, 1997 in connection with the acquisition of certain entities, including the L3 Communication Systems-East division by the Company, from Lockheed Martin Corporation ("Lockheed Martin"). On that date, certain participants in the Lockheed Martin Corporation Pension Plan for Employees in Participating Bargaining Units (the "Prior Plan") became participants in the Plan. In 1997, Lockheed Martin transferred the assets from the Prior Plan attributable to the accrued benefits of the participants to the Plan.

The Plan is a non-contributory defined benefit plan covering bargaining unit employees at certain locations of the Company. Participation in the Plan commenced on January 1st following the participant's first day of service as an employee. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan is frozen for employees hired on or after December 31, 2007. The Plan is also frozen with respect to new participants hired on or after January 1, 2007 that are represented by the International Federation of Professional & Technical Engineers, Local 241. The Plan is also frozen with respect to new participants hired on or after January 1, 2008 that are represented by the Teamsters Local 676, an affiliate of the International Brotherhood of Teamsters or the International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers-Communications Workers of America, Locals 103 and 110.

In 2017, the Plan transferred $1,246 to the L3 Communication Systems-East Pension Plan for Bargaining Unit Employees as a result of participants who transferred business units.

## *2. Summary of Significant Accounting Policies*

Basis of Accounting

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

Interest in Master Trust

Investment assets of the Plan are maintained in the L-3 Communications Corporation Master Trust (the "Master Trust"), administered by The Bank of New York ("BNY") Mellon, as Trustee. The Plan participates in the Master Trust along with other defined benefit plans sponsored by the Company (collectively, the "L3 Participating Plans"). The fair value of the Plan's undivided interest

in the Master Trust is determined based on the beginning of year value of the Plan's undivided interest in the Master Trust plus actual contributions and allocated investment income (loss) less actual distributions and actual administrative expenses. Assets held in the Master Trust primarily consist of equity securities, fixed income securities, a mutual fund, a commingled trust fund and short term investments. See Note 6 for a description of the valuation methodologies of the assets of the Master Trust.

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

Net Investment Income (Loss) from Master Trust

The net investment income or loss from the Master Trust includes interest and dividend income and net appreciation or depreciation in the fair value of investments, which includes net gains or losses realized upon disposition of investments and net unrealized appreciation or depreciation of investments. The net investment income or loss is allocated to the L3 Participating Plans based upon the relationship of each plan's respective ending monthly balances in the investment pool to the total investments of the Master Trust, as determined on a monthly basis.

Benefit Payments

Benefit payments are recorded when paid.

Plan Expenses

The administrative expenses of the Plan are paid for by the Plan, except to the extent paid by the Company. Administrative expenses are allocated to the Plan at the direction of the Company based upon the Plan's respective portion of the expense. Investment management fees are allocated to the L3 Participating Plans based upon the relationship of each plan's respective ending monthly balances in the investment pool to the total investments of the Master Trust, as determined on a monthly basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make significant estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, disclosures of contingent assets, liabilities and benefit obligations, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from those estimates.

Risks and Uncertainties

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

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

Subsequent Events

The Plan evaluated its December 31, 2018 financial statements for subsequent events for recognition or disclosure through October 10, 2019, the date the financial statements were available to be issued.

On June 29, 2019, L3 Technologies, Inc. (L3) and Harris Corporation (Harris) completed an all-stock merger, which was originally announced on October 14, 2018. Upon closing of the merger, Harris was renamed L3Harris Technologies, Inc. (L3Harris).

### *3. Contributions*

Generally, the Company's funding policy is to contribute amounts in accordance with the Internal Revenue Code ("IRC") that are at least equal to the minimum funding requirements under ERISA. There was no minimum funding requirement in 2018. Contributions required from the Company in 2017 to the Plan under the minimum funding requirements of ERISA was $395. The Company's contributions met or exceeded the minimum funding requirements of ERISA in 2018 and 2017. Minimum contributions are calculated using the Unit Credit Actuarial Cost Method, as prescribed by law. Under this method, the liability is measured on an accrued-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year. Assuming all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the minimum required contribution is generally designed to achieve the following: (1) if the plan is underfunded, funding at the minimum level would achieve 100% funding within seven years, and then contributions would equal the target normal cost, or (2) if the plan is overfunded, there will be no required contributions unless the target normal cost exceeds the overfunding.

### *4. Plan Benefits*

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

The Plan provides an annual benefit equal to the sum of the Regular Pension, the Future Service Annuity, the Personal Pension Account and the Voluntary Pension Account Annuity. The Regular Pension is the benefit accrued as of December 31, 1994. The Future Service Annuity is computed based on 1.45% of employee covered compensation earned per calendar year (beginning on January 1, 1995) up to $26 plus 1.90% of employee covered compensation in excess of $26 for the first 34 years of service. After 34 years of service, the Future Service Annuity is computed based on 1.45% of all employee compensation for each year of service. The Personal Pension Account and the Voluntary Pension Account Annuity consist of employee contributions under a prior plan, which were eliminated effective December 31, 1994. Benefits vest 100% after 5 years of service and are payable at age 65. Service in the Prior Plan is considered as service under the Plan.

The Plan permits early retirement for participants at age 60. The benefit may begin at the date of early retirement and represents the benefit accrued as of the date of early retirement. Retirees may elect to receive their pension benefits in the form of a joint and survivor annuity or a certain and continuous annuity payable monthly from the date of retirement. Under the joint and survivor annuity, if a vested participant dies prior to the date pension payments commence, the surviving spouse of that deceased vested participant receives benefits equal to 50% of the amount which would have been payable to the retiree under a joint and survivor annuity. Under the certain and continuous annuity, there is an unreduced lifetime benefit and a limited death benefit. If participants are terminated before completing 5 years of service, they forfeit the right to receive their accumulated benefits.

The actuarial present value of the accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2017 and 2016 were:

| | |
|---|---|
| Mortality basis | 2017: Total Collar RP-2014 Mortality Table (adjusted back to 2006), with mortality rates increased by 10%, with this adjustment tapering linearly to 0% starting at age 85 and ending at age 95. These assumed rates are projected generationally with the 2017 SSA Intermediate - Cost Projections Scale.<br>2016: Total Collar RP-2014 Mortality Table (adjusted back to 2006), projected generationally with the 2014 SSA Intermediate – Cost Projections Scale. |
| Retirement | 2017 and 2016: Retirement at ages 60 through 70, at varying rates, with 100% by age 70.<br><br>In 2017, the retirement assumption at age 65 was changed from 35% to 25%. |
| Discount Rate | 2017 and 2016: 8% |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2018 and 2017. Had valuations been performed as of December 31, 2017 and 2016 there would be no material differences.

*5. Master Trust Investments*

The fair value of the assets and liabilities of the Master Trust at December 31, 2018 and 2017 is presented in the table below. The Plan's percentage interest in the Master Trust was approximately 2.1% at December 31, 2018 and 2017.

| | Master Trust | | Plan's Interest in Master Trust | |
|---|---|---|---|---|
| | 2018 | 2017 | 2018 | 2017 |
| Equity securities | $ 1,502,079 | $ 1,605,719 | $ 31,528 | $ 33,187 |
| Fixed income securities and mutual fund | | | | |
| Fixed income securities | 487,038 | 497,590 | 10,223 | 10,284 |
| Mutual fund | 268,294 | 268,314 | 5,631 | 5,545 |
| Total fixed income securities and mutual fund | 755,332 | 765,904 | 15,854 | 15,829 |
| Commingled trust fund | 178,889 | 205,984 | 3,755 | 4,257 |
| Short term investments | 148,195 | 200,709 | 3,111 | 4,148 |
| Total investments at fair value | 2,584,495 | 2,778,316 | 54,248 | 57,421 |
| Accrued income, cash and net unsettled trades | | | | |
| Cash | 914 | — | 19 | — |
| Other liabilities | — | (560) | — | (12) |
| Accrued income | 8,100 | 8,809 | 170 | 182 |
| Receivable for unsettled trades | 682 | 1,018 | 14 | 21 |
| Payable for unsettled trades | (18,831) | (39,916) | (395) | (825) |
| Total accrued income, cash and net unsettled trades | (9,135) | (30,649) | (192) | (634) |
| | $ 2,575,360 | $ 2,747,667 | $ 54,056 | $ 56,787 |

The following presents the investment (loss) income of the Master Trust for the years ended December 31, 2018 and 2017.

| | 2018 | 2017 |
|---|---|---|
| Net (depreciation) appreciation in the fair value of investments | $ (172,653) | $ 325,939 |
| Interest | 22,864 | 18,138 |
| Dividends | 51,808 | 44,873 |
| Other | 4,098 | (454) |
| | $ (93,883) | $ 388,496 |

The Plan, through the Master Trust, may enter into foreign currency forward exchange contracts primarily to hedge against foreign currency exchange rate risks on its non-U.S dollar denominated investment securities. When entering into a foreign currency forward contract, the Plan agrees to receive or deliver a fixed quantity of foreign currency for an agreed-upon price on an agreed future date. The Plan's net equity therein, representing unrealized gain or loss on the contracts, as measured by the difference between the forward foreign exchange rates at the dates of entry in the contracts and the forward foreign exchange rates at the reporting date is included in Plan's statement of net assets available for benefits. Realized and unrealized gains and losses are included in the Plan's statement of changes in net assets available for benefits. These instruments involve market and/or credit risks. The Plan, through the Master Trust, manages exposure to credit risk by entering into foreign currency forward exchange contracts only with major institutions that are expected to fully perform under the terms of such contracts. The average notional amounts for the years ended December 31, 2018 and 2017 were $412 and $134, respectively.

At December 31, 2018 and 2017, the Plan had no foreign currency forward exchange contracts.

### *6. Fair Value Measurements*

The Plan's assets and liabilities are measured and recorded at fair value. The Benefit Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. The standards establish a framework for measuring fair value and expand related disclosures. The standards define fair value as the price that would be received for an asset or the exit price that would be paid to transfer a liability in the principal or most advantageous market in an orderly transaction between market participants. It establishes a fair value hierarchy that gives the highest priority to observable inputs and the lowest priority to unobservable inputs. The three levels of the fair value hierarchy are described below.

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

Level 2: Pricing inputs other than quoted prices in active markets included in Level 1, which are either directly or indirectly observable as of the reporting date. The fair value is determined using a valuation model based on observable market inputs. The Plan's Level 2 assets primarily include money market accounts and both investment grade and high-yield fixed income securities.

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

The table below reports by level, within the fair value hierarchy, the assets held in the Master Trust at fair value as of December 31, 2018 and 2017, including a description of the valuation methodologies. As required by the standards, each asset is classified based on the lowest level of input that is significant to the fair value measurement. There have been no changes in the methodologies used at December 31, 2018 and 2017. There were no transfers between Levels 1, 2 or 3 during the years ended December 31, 2018 and 2017.

| Asset Category | Fair Value Measured at December 31, 2018 | | | | Fair Value Measured at December 31, 2017 | | | |
|---|---|---|---|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total | Level 1 | Level 2 | Level 3 | Total |
| Equity securities[1]: | | | | | | | | |
| U.S. Equity | $ 1,222,868 | $ — | $ — | $ 1,222,868 | $ 1,318,240 | $ — | $ — | $ 1,318,240 |
| International Equity | 91,792 | — | — | 91,792 | 88,575 | — | — | 88,575 |
| REITS[2] | 187,419 | — | — | 187,419 | 198,904 | — | — | 198,904 |
| Total equity securities | 1,502,079 | — | — | 1,502,079 | 1,605,719 | — | — | 1,605,719 |
| Fixed income securities and mutual fund | | | | | | | | |
| Investment Grade[3] | 318,116 | 162,272 | — | 480,388 | 334,469 | 208,802 | — | 543,271 |
| High Yield[4] | — | 274,944 | — | 274,944 | — | 222,633 | — | 222,633 |
| Total fixed income securities and mutual fund | 318,116 | 437,216 | — | 755,332 | 334,469 | 431,435 | — | 765,904 |
| Short term investments [5] | — | 148,195 | — | 148,195 | — | 200,709 | — | 200,709 |
| Total | $ 1,820,195 | $585,411 | $ — | 2,405,606 | $ 1,940,188 | $632,144 | $ — | 2,572,332 |
| Commingled trust fund [6][7][8] | | | | 178,889 | | | | 205,984 |
| Total investments at fair value | | | | $ 2,584,495 | | | | $ 2,778,316 |

(1) Equity securities consist of investments in common stock of U.S. and international companies. The fair value of equity securities is based on quoted market prices available in active markets at the close of a trading day, primarily the New York Stock Exchange (NYSE), National Association of Securities Dealers Automated Quotations (NASDAQ), and various international exchanges.

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

(3) Approximately 66% at December 31, 2018 and 62% at December 31, 2017 of plan assets that are invested in the Fixed Income — Investment Grade asset category consist of a mutual fund offered by a registered investment company (the Fund) and fixed income securities. The Fund invests in investment grade fixed income securities, mortgaged-backed securities, U.S. treasury and agency bonds and corporate bonds. These investments are classified by the Company as a Level 1 measurement within the fair value hierarchy, as mutual funds are required to publish their NAV daily and transact at that price, they are deemed to be actively traded. The remaining 34% at December 31, 2018 and 38% at December 31, 2017 of plan assets are fixed income securities, primarily investment grade corporate bonds from various industries held directly by the Master Trust. The fair values of these investments are based on yields currently available on comparable bonds of issuers with similar credit ratings, quoted prices of similar bonds in an active market, or cash flows based on observable inputs and are classified as Level 2. The breakout of mutual funds into types is no longer required.

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

(5) Short term investments consist primarily of money market accounts, which invest primarily in short-term, high quality money market securities such as government obligations, commercial paper, time deposits and certificates of deposit.

(6) In accordance with ASU 2015-07, certain investments that are measured at fair value using the net asset value (NAV) per share (or its equivalent) practical expedient have not been classified 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 5.

(7) All of the plan's other investments measured using NAV as a practical expedient at December 31, 2018 and 2017 consist of a regulated commingled equity trust fund, for which fair value is based on the NAV at the end of each month. The NAV is calculated by the fund manager based on the fair value of the fund's holdings, primarily equity securities traded in active markets, determined as of the end of each month as a practical expedient to estimating fair value. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Withdrawals are permitted, with notice by the 20th day of each month, based on NAV.

(8) There were no restrictions on redemption or unfunded commitments at December 31, 2018 and 2017.

### *7. Tax Status*

The Internal Revenue Service has determined and informed the Company by a letter dated October 18, 2017, that the Plan is designed in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. The Plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable regulations of the IRC; therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions by the Plan and has concluded that as of December 31, 2018 and 2017, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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

### *8. Plan Interest in Master Trust Certified By Trustee*

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2018 and 2017, and investment (loss) income for the years then ended, that is disclosed in the accompanying financial statements, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee of the Plan.

### *9. Parties-in-Interest and Related Party Transactions*

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

### *10. Termination Priorities*

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

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

a. Benefits attributable to employee contributions, taking into account those paid out before termination.

b. Benefits attributable to participants who have retired at least three years before the termination date of the Plan or those participants who were eligible to retire and receive pension benefits at least three years before, but who did not elect to retire at that time.

c. Benefits commencing at retirement age to participants who are eligible to receive guaranteed benefits under ERISA.

d. All vested and non-vested benefits.

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

**Attachment to 2018 Schedule SB of Form 5500**
**Schedule SB, Line 26 – Schedule of Active Participant Data**
**L3 Communication Systems - East Pension Plan for Bargaining Unit Employees**
**EIN 13-3937436 PN 005**

## Participants in Active Service by Age and Years of Benefit Service as of January 1, 2018

| | Years of Benefit Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Age | Less than 1 | 1-4 | 5-9 | 10-14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 & Over |
| Under 25 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 25 - 29 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 30 - 34 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 35 - 39 | -- | -- | -- | 4 | 1 | -- | -- | -- | -- | -- |
| | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 40 - 44 | -- | -- | -- | 3 | -- | -- | -- | -- | -- | -- |
| | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 45 - 49 | -- | -- | -- | -- | 2 | -- | -- | -- | -- | -- |
| | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 50 - 54 | -- | -- | -- | 3 | 2 | -- | -- | 4 | -- | -- |
| | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 55 - 59 | -- | -- | 1 | 11 | 4 | -- | 1 | 8 | 17 | 3 |
| | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 60 - 64 | -- | -- | -- | 4 | 3 | -- | -- | 7 | 11 | 12 |
| | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 65 - 69 | -- | -- | -- | 1 | 1 | -- | -- | 2 | 4 | -- |
| | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 70 & Over | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |

**Attachment to 2018 Schedule SB of Form 5500**
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**
**L3 Communication Systems - East Pension Plan for Bargaining Unit Employees**
**EIN 13-3937436 PN 005**

## Actuarial Assumptions and Methodologies (Funding)

Certain assumptions are prescribed as noted below. The other assumptions are estimates derived from historical and recent experience as well as market observations, combined with professional judgment about future expectations. Sibson Consulting's report as of December 2017 shows a recent analysis upon which these assumptions are based.

**Interest:**

The interest rates used for the 2018 plan year are the 24-month average corporate bond segment rates for September 2017 (a 4-month lookback) subject to funding stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average corporate bond rates) but are then constrained to be within a corridor around a 25-year average of those same bond rates. For 2018, the stabilization corridor is 10%. Under current law, it is scheduled to remain at 10% through 2020, then increase by 5% per year until it reaches 30% for 2024. The rates are as follows:

| | Payments in the First 5 Years | Payments in Years 6 – 20 | Payments Thereafter | Effective Interest Rate |
|---|---|---|---|---|
| Current Year, reflecting stabilization | 3.92% | 5.52% | 6.29% | 5.70% |
| Current Year, without stabilization | 1.75% | 3.76% | 4.66% | 4.04% |
| Prior Year, reflecting stabilization | 4.16% | 5.72% | 6.48% | 5.89% |
| Prior Year, without stabilization | 1.52% | 3.80% | 4.79% | 4.09% |

The interest rates used to determine the PBGC variable-rate premium are:

| | Payments in the First 5 Years | Payments in Years 6 – 20 | Payments Thereafter |
|---|---|---|---|
| Current Year | 2.33% | 3.55% | 4.11% |
| Prior Year | 2.04% | 4.03% | 4.82% |

These interest rates are based on the plan sponsor's election (an election that can next be changed for the 2019 plan year) and are subject to the constraints established by law.

**Attachment to 2018 Schedule SB of Form 5500**
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**
**L3 Communication Systems - East Pension Plan for Bargaining Unit Employees**
**EIN 13-3937436 PN 005**

## Actuarial Assumptions and Methodologies (Funding) *continued*

<table>
<tr><td>Mortality rates:</td><td>The plan sponsor did not elect to delay the mortality regulations generally effective for the 2018 plan year. As a result, the newly prescribed mortality is used: RP-2014 combined employee and annuitant healthy mortality tables (sex-specific), reflecting both blue and white collar data, adjusted backward to the base year (2006) using scale MP-2014. Mortality is projected forward using scale MP-2016 using static projection. (Previously, the tables used were the RP2000 combined tables with static projections using scale AA and no-collar adjustment.) This assumption is one of the choices allowed by the regulations.</td></tr>
<tr><td>Salary increases:</td><td>3.50%.<br>This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.</td></tr>
<tr><td>Benefit election:</td><td>(1) For a married participant: 50% Qualified Joint and Survivor annuity.<br>(2) For a single participant: a life annuity with 5 years certain.<br>(3) For all employees with a Personal Pension Account and/or Voluntary Pension Account: a lump sum on the account balance.</td></tr>
<tr><td>Sample termination rates:</td><td>
<table>
<tr><th>Age</th><th>Male</th><th>Female</th></tr>
<tr><td>20</td><td>7.50%</td><td>15.00%</td></tr>
<tr><td>25</td><td>6.25</td><td>13.13</td></tr>
<tr><td>30</td><td>5.00</td><td>11.25</td></tr>
<tr><td>35</td><td>4.00</td><td>9.00</td></tr>
<tr><td>40</td><td>3.00</td><td>6.75</td></tr>
<tr><td>45</td><td>2.00</td><td>4.50</td></tr>
<tr><td>50</td><td>0.00</td><td>0.00</td></tr>
<tr><td>55</td><td>0.00</td><td>0.00</td></tr>
<tr><td>60</td><td>0.00</td><td>0.00</td></tr>
</table>
This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.</td></tr>
<tr><td>Disability rates:</td><td>None<br>Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.</td></tr>
</table>

**Attachment to 2018 Schedule SB of Form 5500**
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**
**L3 Communication Systems - East Pension Plan for Bargaining Unit Employees**
**EIN 13-3937436 PN 005**

## Actuarial Assumptions and Methodologies (Funding) *continued*

<table>
<tr><td>Retirement (from active status) rates:</td><td>
<table>
<tr><th>Age</th><th>Current Rates</th><th>Prior Rates</th></tr>
<tr><td>60</td><td>20.00%</td><td>20.00%</td></tr>
<tr><td>60 - 64</td><td>15.00</td><td>15.00</td></tr>
<tr><td>65</td><td>25.00</td><td>35.00</td></tr>
<tr><td>66 - 69</td><td>20.00</td><td>20.00</td></tr>
<tr><td>70</td><td>100.00</td><td>100.00</td></tr>
</table>
This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
</td></tr>
<tr><td>Description of Weighted Average Retirement Age:</td><td>Age 64, determined as follows: The weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.</td></tr>
<tr><td>Retirement from inactive status:</td><td>Age 60</td></tr>
<tr><td>Percent married:</td><td>70% male; 55% female. Spouse is assumed to be the opposite gender.</td></tr>
<tr><td>Annual earnings on PPA and VPA accounts:</td><td>3.00%</td></tr>
<tr><td>Annual earnings on employee contributions:</td><td>3.00%</td></tr>
<tr><td>Age difference:</td><td>Male spouses are assumed to be three years older than female spouses.</td></tr>
<tr><td>Administrative expenses:</td><td>An expense assumption is required under the funding rules. Plan-related expenses of $340,000 are expected to be paid by the plan during the year.<br>This assumption is based on recent historical data, adjusted to reflect PBGC premium changes, advice from the plan sponsor, and estimated future experience and professional judgment.</td></tr>
</table>

**Attachment to 2018 Schedule SB of Form 5500**
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**
**L3 Communication Systems - East Pension Plan for Bargaining Unit Employees**
**EIN 13-3937436 PN 005**

## Actuarial Assumptions and Methodologies (Funding) *continued*

| | | | | |
|---|---|---|---|---|
| **Asset method:** | As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 7.50%, not to exceed the applicable third segment rate of 6.65% in 2016 and 6.48% in 2017. | | | |
| **Funding method:** | Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.<br>If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within seven years. Once that is achieved, or for overfunded plans, the required contribution will generally equal the target normal cost reduced by any overfunding. | | | |
| **Assumption changes since prior valuation:** | **Assumption Type** | **Current Assumption** | **Prior Assumption** | **Reason for Change** |
| | Retirement Rate | 25% at age 65 | 35% at age 65 | Experience |

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**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 instructions.)
- [x] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
L3 COMMUNICATION SYSTEMS-EAST PENSION PLAN FOR BARGAINING UNIT EMPLOYEES

**1b** Three-digit plan number (PN) ▶ 005

**1c** Effective date of plan 05/01/1997

**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)

L3 TECHNOLOGIES, INC.

600 THIRD AVENUE
NEW YORK NY 10016-1901

ONE FEDERAL STREET
CAMDEN NJ 08103

**2b** Employer Identification Number (EIN)
13-3937436

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

**2d** Business code (see instructions)
334200

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Richard E Magnus | 10/10/19 | RICHARD E. MAGNUS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address ☒ Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 347 |
| **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)** | 109 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 96 |
| **b** Retired or separated participants receiving benefits | **6b** | 162 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 70 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 328 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 13 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 341 |
| **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** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3F 3H

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

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

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

**a Pension Schedules**

(1) ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

(1) ☒ **H** (Financial Information)

(2) ☐ **I** (Financial Information – Small Plan)

(3) ☐ ___ **A** (Insurance Information)

(4) ☒ **C** (Service Provider Information)

(5) ☒ **D** (DFE/Participating Plan Information)

(6) ☐ **G** (Financial Transaction Schedules)

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**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

▶ **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
L3 Communication Systems - East Pension Plan for Bargaining Unit Employees

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
L3 Technologies, Inc.

**D** Employer Identification Number (EIN)
13-3937436

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

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

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2018

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 59,304,703 |
| **b** Actuarial value | **2b** | 56,029,174 |

**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 | 159 | 24,493,639 | 24,493,639 |
| **b** For terminated vested participants | 79 | 7,104,326 | 7,104,326 |
| **c** For active participants | 109 | 22,150,004 | 23,958,388 |
| **d** Total | 347 | 53,747,969 | 55,556,353 |

**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** | 5.70% |
| **6** Target normal cost | **6** | 1,625,201 |

**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**

Michael Accardo

Signature of actuary

09/16/2019

Date

MICHAEL ACCARDO, FSA, MAAA

Type or print name of actuary

1705390

Most recent enrollment number

SIBSON CONSULTING

Firm name

212-251-5000

Telephone number (including area code)

333 W 34TH STREET

NEW YORK NY 10001-2402

Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 1,591,159 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 1,298,000 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 293,159 |
| 10 | Interest on line 9 using prior year's actual return of 15.76% | 0 | 46,202 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 1,897,124 |
| | 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 5.89% | | 35,288 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 204,565 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 2,136,977 |
| | d Portion of (c) to be added to prefunding balance | | 2,136,977 |
| 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 | 2,476,338 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 96.39% |
| 15 | Adjusted funding target attainment percentage | 15 | 100.85% |
| 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 | 95.64% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/12/2019 | 45,000 | 0 | | | |
| 07/15/2019 | 501,000 | 0 | | | |
| 09/13/2019 | 9,711,000 | 0 | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | Totals ▶ 18(b) | 10,257,000 | 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 | 9,340,391 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | ☐ N/A, full yield curve used |
|---|---|---|---|
| 3.92 % | 5.52 % | 6.29% | |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | 21b | 4 |
| **22** Weighted average retirement age | 22 | 64 |

**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 | 1,625,201 |
| **b** Excess assets, if applicable, but not greater than line 31a | 31b | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 2,003,517 | 376,625 |
| **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 | 2,001,826 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 1,914,917 | 1,914,917 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | 36 | 86,909 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 9,340,391 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | 38a | 9,253,482 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 1,914,917 |
| **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

**Attachment to 2018 Schedule SB of Form 5500**
**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**
**L3 Communication Systems - East Pension Plan for Bargaining Unit Employees**
**EIN 13-3937436 PN 005**

| Age | Rate | Probability of Retiring | Age x Probability |
|---|---|---|---|
| 60 | 20.00% | 20.00% | 12.00 |
| 61 | 15.00% | 12.00% | 7.32 |
| 62 | 15.00% | 10.20% | 6.32 |
| 63 | 15.00% | 8.67% | 5.46 |
| 64 | 15.00% | 7.37% | 4.72 |
| 65 | 25.00% | 10.44% | 6.79 |
| 66 | 20.00% | 6.26% | 4.13 |
| 67 | 20.00% | 5.01% | 3.36 |
| 68 | 20.00% | 4.01% | 2.73 |
| 69 | 20.00% | 3.21% | 2.21 |
| 70 | 100.00% | 12.83% | 8.98 |
| | Weighted Average: | | **64.02** |

**Attachment to 2018 Schedule SB of Form 5500**
**Schedule SB, Part V – Summary of Plan Provisions**
**L3 Communication Systems - East Pension Plan for Bargaining Unit Employees**
**EIN 13-3937436 PN 005**

## Summary of Plan Provisions

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

| **PLAN STATUS: ONGOING; CLOSED TO NEW HIRES EFFECTIVE 12/31/2007** | |
|---|---|
| **Normal retirement:** | |
| Age requirement: | 65 |
| Service requirement: | None |
| Amount: | A Career Average Benefit equal to the sum of the Regular Pension and the Future Service Annuity plus Personal Pension Account and Voluntary Pension Account Annuities. |
| GE Pension: | Benefit, defined in the GE Pension Plan, accrued as of December 31, 1994. |
| Future service annuity: | 1.45% of the employee's compensation earned in each Calendar Year up to $26,000 (for years beginning on and after 1/1/1995), plus 1.90% of excess compensation for the first 34 years of service. 1.45% of all compensation for each year of service in excess of 34 years of Credited Service as of January 1st of any Calendar Year. |
| Minimum benefit for retirements: | (1) Minimum ranges from $25 to $35 per month per year of service, with the specific amount depending on 4-year final average salary, or<br>(2) (a) The Pension accrued for service under the GE Pension Plan at December 31, 1987, plus<br>(b) 1.3% of the first $14,000 of 1988 compensation under the GE Pension Plan and 2.4% of any excess over $14,000, plus<br>(c) 1.3% of the first $25,000 of Compensation (or compensation under the GE Pension Plan) each year after 1988, plus 2.4% of any excess over $25,000<br>(Includes Personal Pension Account Annuity benefit)<br>*Note: (2) applies to non-Highly Compensated Employees only* |
| Personal Pension Account Annuity: | The balance of the employee's Personal Pension Account (i.e., employee contribution in former GE pension plan) converted to an immediate annuity as of the date of conversion is payable on or after his Normal Retirement Date. Employee contributions began January 1, 1989 and were eliminated effective December 31, 1994. Interest credited on the account is the lesser of (i) an annual rate established at the beginning of the plan year equal to the average 10-year contract maturity yield on U.S. Treasury Securities for the previous three years, and (ii) 120% of the Federal Mid Term Rate for the plan year. This account can also be paid as a lump sum. Converted to an annuity based on PPA Lump Sum mortality with the 417(e) rates using an August lookback. |

## Summary of Plan Provisions *continued*

| | |
|---|---|
| **Normal retirement (continued):** | |
| Voluntary Pension Account Annuity: | The balance of the employee's Voluntary Pension Account (i.e., employee voluntary contribution in former GE pension plan) converted to an immediate annuity as of the date of conversion is payable on or after his Normal Retirement Date. Employee contributions began January 1, 1989 and were eliminated effective December 31, 1994. Interest credited on the account is the greater of (i) an annual rate established at the beginning of the plan year equal to the average 10-year contract maturity yield on U.S. Treasury Securities for the previous three years, and (ii) 120% of the Federal Mid Term Rate for the plan year. This account can also be paid as a lump sum. Converted to an annuity based on PPA Lump Sum mortality with the 417(e) rates using an August lookback. |
| **Early retirement:** | |
| Age requirement: | 60 |
| Amount: | Benefit accrued to date as of Early Retirement without reduction. |
| Regular Supplement: | A Supplement of $13 per month per year of service (no maximum) is payable up to age 62 for retirements between ages 60 and 62. |
| **Disability:** | |
| Age requirement: | None |
| Service requirement: | 15 years |
| Amount: | Accrued normal retirement benefit with early retirement reduction of 12% for payments before age 60. |
| Supplement: | The greater of $72 times the Pension Qualification Service to a maximum of $1,800, but no less than $1,500 per year until Social Security Normal Retirement Age. There is an additional $900 per year supplement that is also payable until Social Security Normal Retirement Age. |
| **Vesting:** | |
| Age requirement: | None |
| Service requirement: | 5 years |
| Amount: | Accrued normal retirement benefit with actuarially equivalent early retirement reduction for payments before age 65. |

**Attachment to 2018 Schedule SB of Form 5500**
**Schedule SB, Part V – Summary of Plan Provisions**
**L3 Communication Systems - East Pension Plan for Bargaining Unit Employees**
**EIN 13-3937436 PN 005**

## Summary of Plan Provisions *continued*

**Pre-retirement death benefits:**

| | |
|---|---|
| Age: | None |
| Service requirement: | 5 years of service |

Amount:

| Age | Years of Service | Benefit |
|---|---|---|
| 60 or older | Any number | Immediate 50% Joint and Survivor Annuity if married (100% for first 5 years) or Lump Sum Death Benefit if single (converted from 5-year certain); plus PPA and VPA accounts |
| 50 – 59 | 15 or more | Immediate 50% Joint and Survivor Annuity if married (100% for first 5 years) or Lump Sum Death Benefit if single (converted from 5-year certain); plus PPA and VPA accounts<br><br>Reductions are 5% from 55-59, 10% from 50-54 |
| Under 50 | 15 or more years | 50% Joint and Survivor Annuity (100% for first 5 years) deferred to 60 if married or Lump Sum Death Benefit if single (converted from 5-year certain) with reductions; plus PPA and VPA accounts |
| Under 60 | Between 5 and 15 | 50% Joint and Survivor Annuity deferred to 60 if married or refund of employee contributions with interest if single; plus PPA and VPA accounts |

**Post-retirement death benefits:**

| | |
|---|---|
| Joint and Survivor: | If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by employee and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the employee without reduction or in any available optional form elected by the employee in an actuarially equivalent amount. |

**Attachment to 2018 Schedule SB of Form 5500**
**Schedule SB, Part V – Summary of Plan Provisions**
**L3 Communication Systems - East Pension Plan for Bargaining Unit Employees**
**EIN 13-3937436 PN 005**

## Summary of Plan Provisions *continued*

| | |
|---|---|
| **Forms of Benefit:** | |
| Normal form: | Single – 5 year certain and life<br>Married – 50% Joint and Survivor Annuity (reduction is 6.5% ± 0.5% for each year that the age difference exceeds 2) |
| Optional forms: | 75% Joint and Survivor Annuity (6% interest and Revenue Ruling 2001-62 mortality table)<br>100% Joint and Survivor Annuity (reduction is 18% ± 0.1% for each year of age difference) |
| Lump sum payments: | Benefits with a present value less than $5,000 are automatically cashed out.<br>PPA, VPA and GE benefits can be paid as a lump sum. |
| Actuarial equivalence: | Regular lump sums and level income:<br>Based on PPA Lump Sum mortality table with the 417(e) rates using an August lookback<br>RCA lump sums – maximum of the following three annuities:<br>1. PPA Lump Sum mortality table with the 417(e) rates using an August lookback<br>2. UP 1984 mortality table with PBGC lump sum annuity rates using an August lookback<br>1951 GAM mortality table at 7% interest |
| **Compensation:** | |
| Pensionable earnings: | Total salary or wages including overtime, vacation, bonus, cost of living adjustment and any deferral or reduction in salary elected by an employee in accordance with a plan established under Section 125 or 401(k) and excluding incentive compensation, commissions, living allowances, retainers and any special services performed outside of the United States. Compensation is limited to the annual compensation limit listed in Internal Revenue Code Section 401(a)(17). |
| **Statutory Limits:** | |
| **Section 415 limit:** | $220,000 (previously $215,000) |
| **Section 401(a)(17) limit:** | $275,000 (previously $270,000) |
| **Service:** | |
| Vesting credit: | All years of employment |
| Benefit credit: | Years and completed months from date of hire |
| Pension qualification: | Benefit credit after 1975 |

**Attachment to 2018 Schedule SB of Form 5500**
**Schedule SB, Part V – Summary of Plan Provisions**
**L3 Communication Systems - East Pension Plan for Bargaining Unit Employees**
**EIN 13-3937436 PN 005**

## Summary of Plan Provisions *continued*

| **Groups Covered** | |
|---|---|
| Covered employees: | All employees fulfilling participation requirements. Employees hired on or after January 1, 2007 represented by Local 241 (IFPTE) are not eligible to participate. Employees hired on or after January 1, 2008 represented by the Teamsters Local 676 (Teamsters) or Locals 103 and 110 (IUE) are not eligible to participate in the plan. Reserve employees do not participate, regardless of hire date. |
| Participation: | An Employee will become a participant on the January 1 following the Employee's first day of service, except as noted above. |

| **Special Provisions that Apply Only Upon Layoffs, Plan Closings, or Similar Events:** | |
|---|---|
| **Eligibility** | **Benefit:** |
| Laid off under a Permanent Job Loss Event after age 55 and 25 years of service – Special Early Retirement Option | Special Early: Entitled to unreduced retirement, plus regular and special supplements until age 62. |
| Laid off directly impacted by a Plant Closing after specified age & service conditions (schedule includes age 50 and 25 years of service or age 55 and 10 years of service) – Deferred Retirement Option | Deferred: Entitled to unreduced retirement at age 55, plus regular and special supplements until age 62. |
| Laid off with 25 years of service – Long Service Security Provisions | Long Service Security: Entitled to unreduced retirement on minimum benefit, plus the regular supplement until age 62. |

## RECENT PLAN AMENDMENTS

| Plan Amendment | Effective Date | Reflected in 2018 Actuarial Valuation |
|---|---|---|
| None | | |

*The plan document was restated effective January 1, 2017. Unless otherwise noted, the restatement had no material impact on the valuation.*

**Attachment to 2018 Schedule SB of Form 5500**
**Schedule SB, Line 32 – Schedule of Amortization Bases**
**L3 Communication Systems - East Pension Plan for Bargaining Unit Employees**
**EIN 13-3937436 PN 005**

## Schedule of Shortfall Amortization Bases as of January 1, 2018

| Year Established | Original Base | Present Value of Remaining Installments | Years Remaining | Shortfall Amortization Installment |
|---|---|---|---|---|
| 2018 | $35,785 | $35,785 | 7 | $5,842 |
| 2017 | 1,979,715 | 1,755,874 | 6 | 325,092 |
| 2016 | 276,538 | 211,858 | 5 | 45,691 |
| **Total** | | **$2,003,517** | | **$376,625** |

**Attachment to 2018 Schedule SB of Form 5500**
**Schedule SB, Line 24 – Change in Actuarial Assumptions**
**L3 Communication Systems - East Pension Plan for Bargaining Unit Employees**
**EIN 13-3937436 PN 005**

# Change in Actuarial Assumptions

| **Assumption changes since prior valuation:** | Assumption Type | Current Assumption | Prior Assumption | Reason for Change |
|---|---|---|---|---|
| | Retirement Rate | 25% at age 65 | 35% at age 65 | This assumption is based on recent historical data, adjusted to reflect estimated future experience and professional judgment |