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. . . . . ▶ [ ]

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 LINK SIMULATION & TRAINING RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 014

1c Effective date of plan 02/11/2000

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

2200 ARLINGTON DOWNS ROAD
ARLINGTON, TX 76011-6382

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:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1386
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)**	613
a(2) Total number of active participants at the end of the plan year	**6a(2)**	546
b Retired or separated participants receiving benefits	**6b**	465
c Other retired or separated participants entitled to future benefits	**6c**	297
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1308
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	52
f Total. Add lines **6d** and **6e**.	**6f**	1360
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 1C 3F 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	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 LINK SIMULATION & TRAINING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 014

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**	196280219
b Actuarial value	**2b**	185124287

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	465	70257400	70257400
b For terminated vested participants	308	16452563	16452563
c For active participants	613	100849805	101219481
d Total	1386	187559768	187929444

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**	5.76 %
6 Target normal cost	**6**	7930868

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

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

17-06955 — Most recent enrollment number

SIBSON CONSULTING — Firm name

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

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

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5196612
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	5196612
10	Interest on line 9 using prior year's actual return of 15.88 %	0	825222
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4642462
	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 5.95 %		276226
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		4918688
	d Portion of (c) to be added to prefunding balance		4918688
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	10940522

Part III Funding Percentages

14	Funding target attainment percentage	14	92.68%
15	Adjusted funding target attainment percentage	15	92.68%
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	96.91%
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	1933000	0	04/10/2018	0	3809
07/15/2019	2570000	0	05/09/2018	0	2361
09/13/2019	26846000	0	06/05/2018	0	2122
01/26/2018	0	2143	07/11/2018	0	2176
02/05/2018	0	2347	08/08/2018	0	2137
03/05/2018	0	2224	09/06/2018	0	3097
			Totals ► **18(b)**	31349000	**18(c)** 28319

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**	28567946

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 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)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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 _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

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

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/03/2018	0	1940			
11/07/2018	0	1944			
12/10/2018	0	2019			
			Totals ► 18(b)		18(c)

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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**	7930868
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	13745679	2346893
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**	10277761

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	8363724	8363724

36 Additional cash requirement (line 34 minus line 35)	**36**	1914037
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	28567946

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

a Total (excess, if any, of line 37 over line 36)	**38a**	26653909
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	8363724
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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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 LINK SIMULATION & TRAINING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 014

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

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

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

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	142788	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	113482	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	111457	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, NC 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	89411	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	58637	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NOMURA CORPORATE RESEARCH AND ASSET

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?
50 28	NONE	50897	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)

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?
50 28	NONE	48192	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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?
50 28	NONE	47027	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	45722	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)

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?
50 28	NONE	42174	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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?
50 28	NONE	41119	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	29999	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?
11 50	NONE	25034	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?
50 28	NONE	23889	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	22259	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 BLVD
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	12695	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WORLD ASSET MANAGEMENT

20-5661226

(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	5772	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 [ ]

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:	**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:

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 LINK SIMULATION & TRAINING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 014

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	179121000

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 LINK SIMULATION & TRAINING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 014

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)	12162000	31349000
(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)	184498000	179121000
(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	196660000	210470000
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	233000	64000
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	233000	64000
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	196427000	210406000

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)	31349000	
	(B) Participants	2a(1)(B)	29000	
	(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)		31378000
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)		-6727000
(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		24651000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9017000	
(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)		9017000
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)	180517	
(2) Contract administrator fees	2i(2)	89476	
(3) Investment advisory and management fees	2i(3)	520486	
(4) Other	2i(4)	864521	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1655000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10672000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		13979000
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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] 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 4152361. (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 LINK SIMULATION & TRAINING RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 014

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** 9

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: 59.5 % Investment-Grade Debt: 21.1 % High-Yield Debt: 9.0 % Real Estate: 6.6 % Other: 3.8 %

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 LINK SIMULATION & TRAINING RETIREMENT PLAN
(formerly known as L-3 Link Simulation and Training Retirement Plan)

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

L3 LINK SIMULATION & TRAINING RETIREMENT PLAN
INDEX TO FINANCIAL STATEMENTS

	Page(s)
Report of Independent Certified Public Accountants	2
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017	4
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2018 and 2017	5
Statements of Accumulated Plan Benefits and Changes in Accumulated Plan Benefits as of and for the Year Ended December 31, 2017	6
Notes to Financial Statements	7-20

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 Link Simulation & Training Retirement Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of L3 Link Simulation & Training Retirement Plan (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.

Grant Thornton LLP

New York, New York
October 10, 2019

L3 LINK SIMULATION & TRAINING RETIREMENT PLAN
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	$ 179,121	$ 184,498
Employer contribution receivable	31,349	12,162
Total assets	210,470	196,660
Liabilities:		
Accrued expenses	64	233
Net assets available for benefits	$ 210,406	$ 196,427

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

L3 LINK SIMULATION & TRAINING RETIREMENT PLAN
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	$ (6,727)	$ 26,364
Employer contributions	31,349	14,492
Employee contributions	29	31
Total additions	24,651	40,887
Deductions:		
Benefit payments	9,017	13,365
Plan expenses	1,655	1,732
Total deductions	10,672	15,097
Net increase in net assets available for benefits	13,979	25,790
Net assets available for benefits, beginning of year	196,427	170,637
Net assets available for benefits, end of year	$ 210,406	$ 196,427

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

L3 LINK SIMULATION & TRAINING RETIREMENT PLAN
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	$	59,538
Other participants		94,825
Total vested benefits		154,363
Non-vested benefits		255
Total actuarial present value of accumulated plan benefits	$	154,618

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	$	146,657
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial experience		5,227
Increase for interest due to decrease in discount period		11,733
Benefits paid		(13,365)
Plan amendment (note 1)		1,986
Change in actuarial assumptions (note 4)		2,380
Net increase		7,961
Actuarial present value of accumulated plan benefits as of December 31, 2017	$	154,618

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 Link Simulation and Training Retirement Plan became the L3 Link Simulation & Training Retirement Plan (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 February 11, 2000 in connection with the acquisition of the Training Devices and Training Services ("TDTS") business of Raytheon Company ("Raytheon") by the Company. On that date, certain participants in certain pension plans ("the Prior Plans") of Raytheon became participants in the Plan.

The Plan is generally a non-contributory defined benefit plan covering employees at certain locations of the Company. Participation in the Plan commenced after the completion of one year of service and the attainment of age 21. The grandfathered provisions of one of the Prior Plans require participants in the contributory benefit structure of that plan to make contributions each payroll period to the Plan amounting to 3% of compensation. Active employees' accumulated contributions with interest at December 31, 2018 and 2017 were $1,119 and $1,088, respectively. Employee contributions were credited interest at a rate of 3.47% and 2.62% per annum for the years ended December 31, 2018 and 2017, respectively. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

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

The Retirement Plan Administrative Committee approved on September 13, 2012 to merge the L-3 Communications Infrared Products Retirement Plan ("Infrared Plan") with and into the Plan. Participants in the Infrared Plan became Plan participants effective January 1, 2013. The Infrared Plan participants whose employment terminated prior to January 1, 2013 are entitled to benefits under the terms of the Infrared Plan that were in effect on their employment date. For those Infrared employees who terminate on or after January 1, 2013, the benefits are described in the amended and restated Plan document.

If a Plan participant is transferred to any business unit within the Company at any time after the effective date of the Plan, any service and compensation earned by the participant of the Plan from the date of transfer until the date of the participant's termination of employment with the Company will be treated as though earned by the participant at the business unit of the Plan.

The plan was amended to allow for lump sum payouts in December 2017 to certain terminated vested participants whose lump sum value of their benefits was less than $100. The effect of this plan amendment is reflected in the statement of changes in accumulated plan benefits for the year ended December 31, 2017.

In the fourth quarter of 2017, the Benefit Plan Committee approved the freezing of the participants' benefit service as of December 31, 2018. Thus, participants will not accrue any additional benefit service under the Plan after December 31, 2018. The freeze is only applicable to certain former participants in the Raytheon TI Systems Employees Pension Plan, certain former participants in the Raytheon Company Pension Plan for Salaried Employees, and new hires and certain former participants in the Raytheon Non-Bargaining Pension Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Interest in Master Trust

Investment assets of the Plan are maintained in the L-3 Communications Corporation Master Trust (the "Master Trust"), administered by The Bank of New York ("BNY") Mellon, as Trustee. The Plan participates in the Master Trust along with other defined benefit plans sponsored by the Company (collectively, the "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 $3,481. 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.

For those participants of the Plan not employed by Infrared Products, who did not participate in the Prior Plans, the Plan provides an annual benefit of 1.5% of Final Average Compensation multiplied by years of benefit accrual service up to 35 years less 0.6% of Covered Compensation (not in excess of Final Average Compensation) multiplied by years of benefit accrual service up to 35 years plus 0.5% of Final Average Compensation multiplied by years of benefit accrual service in excess of 35 years. Final Average Compensation is the average compensation of the highest 5 of the last 10 years. Covered Compensation is the average of the social security taxable wage bases for each calendar year during the 35 year period ending with the calendar year in which the participant attains social security retirement age. Benefits vest 100% after 5 years of cumulative service and are payable at age 65. Service in the Prior Plans is considered as service under the Plan.

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

Specific Group Covered	Specific Group Covered
Former participants in the contributory benefit structure of the Raytheon Non-Bargaining Retirement Plan	The greatest of 1, 2 or 3: 1) Accrued benefit through December 31, 1975 plus 1% of the first $3.60 of compensation plus 2% of compensation in excess of $3.60 for each plan year after 1975. 2) One hundred fifty six dollars plus 0.5% of Final Average Compensation multiplied by years of benefit accrual service. 3) 1.75% of Final Average Compensation multiplied by years of benefit accrual service offset by 1.5% of the Primary Insurance Amount, as defined, multiplied by years of benefit accrual service up to 33 1/3 years.
Former participants in Raytheon Non-Bargaining Plan for former salaried employees of General Dynamics Corporation	The greatest of 1, 2 or 3: 1) 1.33% of Final Average Compensation multiplied by years of benefit accrual service up to 40 years. 2) Three hundred twelve dollars times total years of benefit accrual service. 3) Accrued benefit as of December 31, 1988 plus 1.75% of the first $23.40 of compensation plus 2% of compensation in excess of $23.40 for each plan year for the first 35 years of service, plus 2% of compensation after 35 years of service.
Former participants in Raytheon Company Pension Plan for Salaried Employees	The greatest of 1 or 2: 1) 1.8% for the first 20 years of participation plus 1.2% for each year of participation in excess of 20 years, multiplied by the excess of Final Average Earnings over the Primary Social Security Benefit, as defined. 2) Link division: Three hundred forty eight dollars per year of service. Infrared division: Four hundred ninety two dollars per year of service.

Specific Group Covered	Specific Group Covered
Former participants in E-Systems, Inc. Salaried Employees Retirement Plan	The greatest of 1, 2 or 3: 1) 1.2% of average compensation times years of benefit service up to 10 years plus 1.6% of average compensation times years of benefit service in excess of 10 years. 2) One hundred forty four dollars times years of benefit service. 3) If participant has reached age 50 before January 1, 1991, then 1.5% times average compensation times years of benefit service, less 0.5% of the Primary Social Security Benefit, times years of benefit service.
Former participants in Raytheon E-Systems, Inc. Richardson/Waco Retirement Plan	Richardson employees: The greatest of 1, 2 or 3: 1) 1.2% of average compensation times years of benefit service up to 10 years plus 1.6% of Final Average Compensation times years of benefit service in excess of 10 years. 2) One hundred forty four dollars times years of benefit service. 3) The benefit accrued, if any, under the excess formula prior to December 31, 1996. Waco employees: 1% of Final Average Compensation times years of benefit service up to 35 years plus 0.4% of Final Average Compensation in excess of 150% of Covered Compensation times years of benefit service up to 35 years.
Former participants in Raytheon TI Systems Employees Pension Plan	The greatest of 1 or 2: 1) 1.5% of Average Credited Earnings, as defined, times years of service minus a retirement age factor, ranging from 65% to 75%, times Final Average Earnings times years of service up to 35 years. 2) $84 per year of service. 3) The benefit accrued, if any, as of December 31, 1988 plus 1.5% of Average Credited Earnings, as defined, times years of service minus a retirement age factor, ranging from 65% to 75%, times Final Average Earnings times years of service up to 35 years.

Specific Group Covered	Specific Group Covered
Former participants in Hughes Personal Retirement Account Plan	Frozen account balance growing at the rate of the Minimum Adjustment Percentage, as defined, and converted to an annuity on the distribution date.
Former participants in Raytheon Non-Bargaining Pension Plan who were hourly non-bargaining former employees of General Dynamics Corporation	Product of $18 for Camden or $10 for NAPI and Fort Defiance multiplied by Total Benefit Accrual Service.

The Plan permits early retirement for participants at ages 55 to 64 with at least 5 or more years of service, depending on which set of grandfathered benefit provisions is applicable to the participant. Under all provisions, the benefit may begin at the date of early retirement, reduced by a certain percentage for each year by which commencement of benefits precedes the normal retirement date, age 65. Retirees may elect to receive their pension benefits in the form of a joint and survivor annuity or a life annuity payable monthly from the date of retirement. Other available forms of payment vary by grandfathered provisions. Under the joint and survivor annuity, if a vested participant dies prior to the date pension benefits commence, the surviving spouse of the deceased vested participant generally receives benefits equal to 50% of the amount which would have been payable to the retiree under the applicable joint and survivor annuity. Under the life annuity, there are no continuing payments after the death of the retiree. If participants are terminated before completing 5 years of service, they forfeit the right to receive their accumulated benefits.

Effective September 1, 2017, the Plan was amended to allow a one-time lump sum distribution capped at $100 to eligible terminated vested participants. The lump sum distributions were paid on December 1, 2017.

L3 Technologies, Inc. announced the closure of the Infrared Products facility. As a result of this shutdown, future pension accruals ceased on December 31, 2018 . For purposes of the actuarial valuation, all active participants in Infrared Products are assumed to terminate by the end of the plan year, and if retirement eligible, assumed to retire. All other plan assumptions are unaffected by this shutdown.

The closure of the Infrared Products facility did not result in a partial plan termination, as less than 20 percent of plan participants were terminated by the plan sponsor as a result of the closure.

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. 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 55 through 70, at varying rates, with 100% by age 70. 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 7.0% at December 31, 2018 and 6.7% at December 31, 2017.

	Master Trust		Plan's Interest in Master Trust	
	2018	**2017**	**2018**	**2017**
Equity securities	$ 1,502,079	$ 1,605,719	$ 104,473	$ 107,820
Fixed income securities and mutual fund				
Fixed income securities	487,038	497,590	33,875	33,411
Mutual fund	268,294	268,314	18,660	18,017
Total fixed income securities and mutual fund	755,332	765,904	52,535	51,428
Commingled trust fund	178,889	205,984	12,442	13,831
Short term investments	148,195	200,709	10,307	13,477
Total investments at fair value	2,584,495	2,778,316	179,757	186,556
Accrued income, cash and net unsettled trades				
Cash	914	—	64	—
Other liabilities	—	(560)	—	(38)
Accrued income	8,100	8,809	563	592
Receivable for unsettled trades	682	1,018	47	68
Payable for unsettled trades	(18,831)	(39,916)	(1,310)	(2,680)
Total accrued income, cash and net unsettled trades	(9,135)	(30,649)	(636)	(2,058)
	$ 2,575,360	$ 2,747,667	$ 179,121	$ 184,498

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 31, 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 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 Link Simulation and Training Retirement Plan
EIN 13-3937436 PN 014

Participants in Active Service by Age and Years of Credited Service as of January 1, 2018*

	Years of Credited Service								
Age	1-4	5-9	10-14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Over
Under 25	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--
25 - 29	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--
30 - 34	--	--	6	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--
35 - 39	--	2	21	1	--	--	--	--	--
	--	--	--	--	--	--	--	--	--
40 - 44	--	--	13	13	5	--	--	--	--
	--	--	--	--	--	--	--	--	--
45 - 49	1	1	13	20	20	1	--	--	--
	--	--	--	--	--	--	--	--	--
50 - 54	--	3	27	30	28	8	4	1	--
	--	--	--	--	--	--	--	--	--
55 - 59	--	2	30	32	71	6	11	7	--
	--	--	--	--	--	--	--	--	--
60 - 64	1	1	27	22	45	10	6	5	1
	--	--	--	--	--	--	--	--	--
65 - 69	1	--	8	3	16	1	1	1	1
	--	--	--	--	--	--	--	--	--
70 & Over	--	--	1	2	4	1	--	--	1
	--	--	--	--	--	--	--	--	--

* Only includes active participants accruing benefits.

Attachment to 2018 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Link Simulation and Training Retirement Plan
EIN 13-3937436 PN 014

Actuarial Assumptions and Methodologies (Funding)

Certain assumptions are prescribed as described 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 22, 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%	5.76%
Current Year, without stabilization	1.75%	3.76%	4.66%	4.11%
Prior Year, reflecting stabilization	4.16%	5.72%	6.48%	5.95%
Prior Year, without stabilization	1.52%	3.80%	4.79%	4.18%

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 Link Simulation and Training Retirement Plan
EIN 13-3937436 PN 014

Actuarial Assumptions and Methodologies (Funding) *continued*

Mortality rates:	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 separate 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.
Benefit election:	(1) For a married participant: 50% Qualified Joint and Survivor annuity. (2) For a single participant: a straight life annuity. (3) 100% of RTIS participants are assumed to elect payment in the form of a lump sum, as are those participants retiring with PRA accounts. As prescribed by proposed regulations, lump sums are valued based on the interest rate implied by the funding yield curve and the current year mandated mortality table for lump-sum conversion. This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Salary increases:	3.50%. This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Cost of Living Increases:	2.50%. This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Taxable wage base increase:	3.00%. This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Interest on Employee Contributions:	3.00%. This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Personal Retirement Account interest credit:	3.00%. This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Attachment to 2018 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Link Simulation and Training Retirement Plan
EIN 13-3937436 PN 014

Actuarial Assumptions and Methodologies (Funding) *continued*

Termination rates:

	Link Simulation and Training		Infrared Products	
Age	Male	Female	Male	Female
20	23.80%	23.50%	10.20%	10.20%
25	19.00	17.20	10.20	10.20
30	14.20	11.90	7.30	7.30
35	13.50	7.70	5.40	5.40
40	9.25	4.90	4.10	4.10
45	5.75	2.90	3.30	3.30
50	4.50	1.50	2.70	2.70
55	2.70	0.90	2.20	2.20
60	0.00	0.00	1.90	1.90

As a result of the closure of the Infrared Products facility, all active participants not eligible to retire by the end of the plan year are assumed to terminate by the end of the plan year.

This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Disability rates:

None

Based on a review of the assumed rates, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

Attachment to 2018 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Link Simulation and Training Retirement Plan
EIN 13-3937436 PN 014

Actuarial Assumptions and Methodologies (Funding) *continued*

Retirement (from active status) rates:

	Link Simulation and Training		Infrared Products
Age	Rate	Rate: Contributory Plan with Rule of 75	Rate
55	3.00%	10.00%	2.50%
56	3.00	15.00	2.50
57	3.00	20.00	2.50
58	3.00	25.00	5.00
59	3.00	30.00	5.00
60	8.00	35.00	7.50
61	8.00	40.00	5.00
62	15.00	60.00	15.00
63-64	10.00	50.00	5.00
65	25.00	25.00	25.00
66-69	20.00	20.00	20.00
70	100.00	100.00	100.00

The age 65 rate changed from 35% in 2017 to 25% in 2018 based on Sibson Consulting's December 2017 experience analysis. Also, as a result of the closure of the Infrared Products facility, all active participants eligible to retire by the end of the plan year are assumed to retire.

This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Retirement from inactive status: Age 65

Attachment to 2018 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Link Simulation and Training Retirement Plan
EIN 13-3937436 PN 014

Actuarial Assumptions and Methodologies (Funding) *continued*

Description of Weighted Average Retirement Age:	Age 64, determined as follows: the individual weighted-average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.
Percent married:	80%. Spouse is assumed to be the opposite gender.
Age difference:	Male spouses are assumed to be three years older than female spouses.
Administrative expenses:	An expense assumption is required under the funding rules. Plan-related expenses of $1,270,000 are expected to be paid by the plan during the year. (Previously, plan-related expenses of $1,280,000 were assumed.) This assumption is based on recent historical data, adjusted to reflect PBGC variable-rate premium changes, advice from the plan sponsor, and estimated future experience and professional judgment.
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. 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.

Attachment to 2018 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Link Simulation and Training Retirement Plan
EIN 13-3937436 PN 014

Actuarial Assumptions and Methodologies (Funding) *continued*

Assumption changes since prior valuation:

Assumption Type	Current Assumption	Prior Assumption	Reason for Change
Administrative Expense	1,270,000	1,280,000	Experience
Retirement Rates for Non-Contributory participants	3% at ages 55-59 8% at ages 60-61 15% at age 62 10% at ages 63-64 25% at ages 65 20% at ages 66-69 100% at age 70	5% at age 55 4% at ages 56-59 10% at ages 60-61 15% at age 62 10% at ages 63-64 35% at age 65 20% at ages 66-69 100% at age 70	Experience
Retirement Rates for all participants	25% at age 65	35% at age 65	Experience
Retirement Rates for eligible Infrared participants	100% in 2018	See table on p. 6-18	Facility Shutdown
Termination Rates for Infrared Participants	100% in 2018	See table on p. 6-17	Facility Shutdown

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
L3 LINK SIMULATION & TRAINING RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 014

1c Effective date of plan 02/11/2000

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

2200 ARLINGTON DOWNS ROAD
ARLINGTON TX 76011-6382

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 [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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	1,386
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)**	613
a(2) Total number of active participants at the end of the plan year	**6a(2)**	546
b Retired or separated participants receiving benefits	**6b**	465
c Other retired or separated participants entitled to future benefits	**6c**	297
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1,308
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	52
f Total. Add lines **6d** and **6e**	**6f**	1,360
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 1C 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) [ ] **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **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 Link Simulation and Training Retirement Plan

B Three-digit plan number (PN) ▶ 014

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**	196,280,219
b Actuarial value	**2b**	185,124,287

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	465	70,257,400	70,257,400
b For terminated vested participants	308	16,452,563	16,452,563
c For active participants	613	100,849,805	101,219,481
d Total	1,386	187,559,768	187,929,444

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**	5.76%
6 Target normal cost	**6**	7,930,868

Statement by Enrolled Actuary

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

SIGN HERE Aida Domlija — 09/16/2019

Signature of actuary — Date

AIDA DOMLIJA, FSA, MAAA — 1706955

Type or print name of actuary — Most recent enrollment number

SIBSON CONSULTING — 212-251-5000

Firm name — 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	5,196,612
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	5,196,612
10	Interest on line 9 using prior year's actual return of 15.88%	0	825,222
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4,642,462
	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 5.95%		276,226
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		4,918,688
	d Portion of (c) to be added to prefunding balance		4,918,688
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	10,940,522

Part III Funding Percentages

14	Funding target attainment percentage	14	92.68%
15	Adjusted funding target attainment percentage	15	92.68%
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	96.91%
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	1,933,000	0	12/10/2018	0	2,019
07/15/2019	2,570,000	0			
09/13/2019	26,846,000	0			
01/26/2018	0	2,143			
02/05/2018	0	2,347			
03/05/2018	0	2,224			
04/10/2018	0	3,809			
05/09/2018	0	2,361			
06/05/2018	0	2,122			
07/11/2018	0	2,176			
08/08/2018	0	2,137			
09/06/2018	0	3,097			
10/03/2018	0	1,940			
11/07/2018	0	1,944			
			Totals ► 18(b)	31,349,000	18(c) 28,319

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	28,567,946

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	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**	7,930,868
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	13,745,679	2,346,893
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**	10,277,761

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	8,363,724	8,363,724

36 Additional cash requirement (line 34 minus line 35)	**36**	1,914,037
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	28,567,946
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	26,653,909
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	8,363,724
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 Link Simulation and Training Retirement Plan
EIN 13-3937436 PN 014

Non-Contributory				R75 Contributory				Infrared			
Age	Rate	Probability of Retiring	Age x Probability	Age	Rate	Probability of Retiring	Age x Probability	Age	Rate	Probability Of Retiring	Age x Probability
55	3.00%	3.00%	1.65	55	10.00%	10.00%	5.50	55	2.50%	2.50%	1.38
56	3.00%	2.91%	1.63	56	15.00%	13.50%	7.56	56	2.50%	2.44%	1.37
57	3.00%	2.82%	1.61	57	20.00%	15.30%	8.72	57	2.50%	2.38%	1.35
58	3.00%	2.74%	1.59	58	25.00%	15.30%	8.87	58	5.00%	4.63%	2.69
59	3.00%	2.66%	1.57	59	30.00%	13.77%	8.12	59	5.00%	4.40%	2.60
60	8.00%	6.87%	4.12	60	35.00%	11.25%	6.75	60	7.50%	6.27%	3.76
61	8.00%	6.32%	3.86	61	40.00%	8.35%	5.10	61	5.00%	3.87%	2.36
62	15.00%	10.90%	6.76	62	60.00%	7.52%	4.66	62	15.00%	11.03%	6.84
63	10.00%	6.18%	3.89	63	50.00%	2.51%	1.58	63	5.00%	3.12%	1.97
64	10.00%	5.56%	3.56	64	50.00%	1.25%	0.80	64	5.00%	2.97%	1.90
65	25.00%	12.51%	8.13	65	25.00%	0.31%	0.20	65	25.00%	14.10%	9.16
66	20.00%	7.51%	4.95	66	20.00%	0.19%	0.12	66	20.00%	8.46%	5.58
67	20.00%	6.01%	4.02	67	20.00%	0.15%	0.10	67	20.00%	6.77%	4.53
68	20.00%	4.80%	3.27	68	20.00%	0.12%	0.08	68	20.00%	5.41%	3.68
69	20.00%	3.84%	2.65	69	20.00%	0.10%	0.07	69	20.00%	4.33%	2.99
70	100.00%	15.37%	10.76	70	100.00%	0.38%	0.27	70	100.00%	17.32%	12.13
	Weighted Average:		**64.02**				**58.50**				**64.29**

Headcount

Non-contributory	571
Contributory	7
Infrared	35
Total	613

Weighted Average

(64.02*571+58.50*7+64.29*35)/613 **= 63.97**

Attachment to 2018 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Link Simulation and Training Retirement Plan
EIN 13-3937436 PN 014

Summary of Plan Provisions

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

PLAN STATUS: THE PLAN IS CLOSED TO EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2007. EMPLOYEES HIRED PRIOR TO JANUARY 1, 2007 WILL RECEIVE ONGOING ACCRUALS.	
Groups covered:	
	All L3 Link Simulation and Training employees in the Devices division and the formerly L3 Communications Infrared Products Retirement Plan participants.
New Hires and former Participants in the Non-Contributory Benefit Structure of The Raytheon Non-Bargaining Pension Plan (NRPB) – (*Plan Doc. Exhibit B*)	
Normal retirement:	
Age requirement:	65
Service requirement:	None
Amount:	1.5% of Final Average Compensation multiplied by years of Benefit Accrual Service (not in excess of 35 years) minus 0.6% of Covered Compensation (not in excess of Final Average Compensation) multiplied by years of Benefit Accrual Service (not in excess of 35 years) plus 0.5% of Final Average Compensation times Benefit Accrual Service years in excess of 35 years.
Covered Compensation:	The average of the Social Security taxable wage bases in effect for each calendar year during the 35 year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security Retirement Age.
Compensation:	Includes regular base pay plus bonuses, sales commissions, overtime and disability compensation, jury duty and military training pay. Compensation is limited to the 401(a)(17) limit in effect each year as amended for EGTRRA.
Final Average Compensation:	Average of the five highest of last ten qualifying twelve Accounting Month periods.

Summary of Plan Provisions *continued*

Early retirement:	
Age requirement:	55
Service requirement:	5 years
Amount:	Accrued benefit determined as for Normal Retirement reduced by the lesser of 6% per year preceding the Social Security Normal Retirement Age and Actuarial equivalence using an 80%/20% mortality blend of male/female GAM1971 and the PBGC immediate interest rate. Unreduced early retirement available if retired within three years prior to Social Security Normal Retirement Age and has ten years of continuous service.
Vesting:	
Age requirement:	None
Service requirement:	5 years
Amount:	Accrued pension payable at age 65. A reduced benefit is also payable as early as age 55.
Early retirement factors:	Actuarial equivalence using an 80%/20% mortality blend of male/female GAM1971 and the PBGC immediate interest rate.
Pre-retirement death benefits:	
Age requirement:	None
Service requirement:	5 years
Amount:	For married participants only. For death prior to age 55, the benefit payable to the spouse under the 50% Joint and Survivor option as if the participant terminated prior to death, survived to earliest retirement age, retired, and died. For participants age 55 or older, the benefit payable to the spouse under the 100% Joint Survivor option as if the participant retired immediately prior to death.
Participation:	
Age:	None
Service requirement:	All employees included in the asset transfer between L3 Communications Corporation and Raytheon Company on February 10, 2000. All new employees are subject to a participation requirement of 1 year of service.

Summary of Plan Provisions *continued*

Service:	
Benefit service:	All years of employment.
Vesting service:	All years of employment.
Disability:	
	None
Forms of Benefit:	
Normal Form:	Straight life annuity. Benefits with present value less than $5,000 are automatically cashed out. If the present value is $5,000 or more, but less than $20,000, the participant has the option to receive a lump sum.
Optional Form:	If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is waived by employee and spouse. If not waived, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If waived by employee and spouse, or if not married, benefits are payable for the life of the employee without reduction or in any other available optional form elected by the employee in an actuarially equivalent amount. The Qualified Joint and Survivor continuation option is 50%, with 75% and 100% continuation options also available. 10 year certain and life annuities and Social Security level income annuities options are also available.
Actuarial Equivalence:	
Optional Form:	Honeywell – 71 GAM Male setback 1 year and interest rate of 7.0% Others – 1971 GAM mortality 80% Male/20% Female using the PBGC immediate interest rate.
Lump Sum:	PPA Lump Sum Mortality Table with the 417(e) rates at August lookback.

Summary of Plan Provisions *continued*

Former Participants in the Contributory Benefit Structure of The Raytheon Non-Bargaining Pension Plan (NRPA) - *Plan Doc. Exhibit A*	
Normal benefit:	
Mandatory contributions of 3% of earnings are required for participation. The greatest of (1), (2) and (3): (1) Accrued Benefit through December 31, 1975 (not less than 1/24 of Participant contributions as of December 31, 1985) plus 1% of the first $3,600 of compensation and 2% of compensation in excess of $3,600 for each plan year after year 1975. (2) ($156 plus 0.5% of Final Average Compensation) multiplied by Benefit Accrual Service. (3) 1.75% of Final Average Compensation multiplied by Benefit Accrual Service offset by the product of : (A) 1.50%, (B) Primary Insurance Amount, (C) Total Benefit Service up to a maximum of 33 1/3 years, (D) Fraction of Benefits Accrual Service over Total Benefit Service	
Early retirement:	
Age requirement:	55 with 5 years of service
Early retirement reduction:	Actuarial equivalent of Normal Retirement Benefit. Unreduced benefit under Rule of 75. Accrued Benefit under (3) is calculated under project-then-prorate method.
Forms of Benefit:	
Normal Form:	Straight life annuity with COLA limited to 4%. Benefits with present value less than $5,000 are automatically cashed out. If the present value is $5,000 or more, but less than $20,000, the participant has the option to receive a lump sum.
Optional Form:	If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is waived by employee and spouse. If not waived, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If waived by employee and spouse, or if not married, benefits are payable for the life of the employee without reduction or in any other available optional form elected by the employee in an actuarially equivalent amount. The Qualified Joint and Survivor continuation option is 50%, with 75% and 100% continuation options also available. 10 or 15 year certain and life annuities, 5 year certain only and Social Security level income annuities options are also available.
Actuarial Equivalence:	
Optional Form:	1971 GAM mortality 80% Male/20% Female using the PBGC immediate interest rate.
Lump Sum:	PPA Lump Sum Mortality Table with the 417(e) rates at August lookback.

Summary of Plan Provisions *continued*

Former Participants In Raytheon Non-Bargaining Plan for former salaried employees of General Dynamics Corporation (NRPD) - *Plan Doc. Exhibit C*	
Normal benefit:	
The greatest of (1), (2) and (3): (1) 1.33% of Final Average Compensation multiplied by Benefit Accrual Service up to 40 years. (2) $312.00 times total Benefit Accrual Service. (3) Accrued Benefit as of 12/31/1988 plus 1.75% of the first $23,400 of compensation and 2% of compensation in excess of $23,400 for each plan year for first 35 years continuous service plus 2% of Compensation after 35 years of continuous service.	
Early retirement:	
Age requirement:	55 with 10 years of service
Early retirement reduction:	Actuarial equivalent of accrued benefit payable at age 65. Accrued Benefit reduced by 2.5% per year preceding age 62 unless certain conditions are met.
Forms of Benefit:	
Normal Form:	Straight life annuity. If the present value is $5,000 or more, but less than $20,000, the participant has the option to receive a lump sum.
Actuarial Equivalence:	
Optional Form:	7%, UP84 (for J&S, participant UP84 and beneficiary UP84 with setback 3 years).
Lump Sum:	PPA Lump Sum Mortality Table with the 417(e) rates at August lookback.

Summary of Plan Provisions *continued*

Former Participants in Raytheon Company Pension Plan for Salaried Employees (RCP, RSAL) - *Plan Doc. Exhibits E & L*	
Normal retirement:	
Age requirement:	65
Amount:	The greater of: 1. 1.8% x years of service up to 20 x excess of Final Average Compensation (FAC) over Social Security benefit + 1.2% x years of service over 20 x excess of FAC over Social Security benefit, or 2. **Link Simulation & Training:** $348 per year of service plus 20% of employee contributions **Infrared Products:** $492 per year of participation service.
Compensation:	Includes regular base pay plus bonuses, incentive pay, overtime pay and commissions, holiday, bereavement, jury duty and military training pay.
Final Average Compensation:	Average of the five highest of last ten qualifying twelve Accounting Month periods
Early retirement:	
Age requirement:	55 with 10 years of service
Early retirement reduction:	7% reduction for each year retirement precedes age 60.
Vesting:	
Age requirement:	None
Service requirement:	5 years of service
Amount:	Regular pension accrued payable at age 65 (reduced pension at 55 with 10 years of service).
Vesting percentage:	100% after 5 years of service
Pre-retirement death benefits:	
	Surviving spouse eligible to receive benefit payable as if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died.
Benefit credit	
	From date of participation

Summary of Plan Provisions *continued*

Disability:	
	None
Forms of Benefit:	
Normal Form:	Straight life annuity. Benefits with present value less than $5,000 are automatically cashed out. If the present value is $5,000 or more, but less than $20,000, the participant has the option to receive a lump sum.
Optional Form:	If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is waived by employee and spouse. If not waived, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If waived by employee and spouse, or if not married, benefits are payable for the life of the employee without reduction or in any other available optional form elected by the employee in an actuarially equivalent amount. The Qualified Joint and Survivor continuation option is 50%, with 75% and 100% continuation options also available. 10 year certain and life annuities and Social Security level income annuities options are also available.
Actuarial Equivalence:	
Lump Sum:	PPA Lump Sum Mortality Table with the 417(e) rates at August lookback.
Joint and Survivor:	0.900 - 0.005 (x – y) but not > 1.0 *Where x is participant's age at retirement and y is beneficiary's age at retirement*

10 Year Certain and Life:

Age	Reduction	Age	Reduction
55	0.972	61	0.950
56	0.969	62	0.940
57	0.966	63	0.930
58	0.963	64	0.920
59	0.960	65 or over	0.910
60	0.955		

All other optional forms:	1971 GAM mortality 80% Male/20% Female using the PBGC immediate interest rate.

Summary of Plan Provisions *continued*

Former Participants in E-Systems Salaried (ESYS) & E-Systems Richardson/Waco Retirement Plan (CTAS, ESI) - *Plan Doc. Exhibits F, G, J, & K*	
Normal retirement:	
Age requirement:	65 with 5 years of service
Amount:	(1) Step-Up formula: 1.2% x Average Monthly Compensation (AMC) x years of benefit service up to 10 + 1.6% x AMC x years of benefit service over 10, not less than $12 times years of benefit service (for all service of E-Systems Salaried and only post-1996 service of E-Systems Richardson/Waco). (2) Excess Formula: 1 % of Final Average Compensation times years of benefit service up to 35 plus 0.4% of Final Average Compensation in excess of 150% of Covered Compensation times years of benefit service up to 35 (only for pre-1997 service of E-Systems Richardson/Waco).
Compensation:	Base, incentive, overtime and military training pay, commission, holiday, bereavement, jury duty
Average Compensation:	AMC: Average of highest 60 consecutive calendar months out of last 120 months.
Early retirement:	
Age requirement:	55 with 10 years of service
Early retirement reduction:	(1) Step-Up formula: Age 60: 100% Age 59: 99% Age 58: 96% Age 57: 91% Age 56: 84% Age 55: 75% (2) Excess Formula: Accrued benefit reduced by 6% per year prior to age 62
Normal form:	
	5-Year Certain and Life. Actuarially equivalent 50% Joint and Survivor for married participants.
Vesting:	
Age requirement:	None
Service requirement:	5 years of service
Amount:	Regular pension accrued payable at age 65 (reduced pension at 55 with 10 years of service).
Vesting percentage:	100% after 5 years of service

Attachment to 2018 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Link Simulation and Training Retirement Plan
EIN 13-3937436 PN 014

Summary of Plan Provisions *continued*

Pre-retirement death benefits:	
	Surviving spouse eligible to receive benefit payable as if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died.
Benefit credit:	
	From date of hire
Disability:	
Service requirement:	Disabled employees with 10 or more years of service are eligible for an annuity deferred to Normal Retirement Age computed based on compensation at the time of disability and service projected to Normal Retirement Age.
Lump sum benefits:	
	Benefits with present value less than $1,000 are automatically cashed out. If the present value is $1,000 or more, but less than $5,000, the participant can defer the lump sum to a date not later than Normal Retirement Age. If the present value is $5,000 or more, but less than $20,000, the participant has the option to receive a lump sum. Lump sums are valued based on interest rates prescribed by §417(e) at August lookback and the mandated mortality table.
Other forms of payment:	
	10 year certain and life annuity Straight life annuity 100% joint and survivor annuity 75% joint and survivor annuity
Actuarial Equivalence:	
	E-Systems Salaried benefits paid under an optional form of payment and/or paid prior to Normal Retirement when not eligible for Early Retirement shall equal the Actuarial Equivalent of the normal form of benefit, determined on the basis of a 7% interest rate and the 1971 Group Annuity Mortality Table, projected by Scale D to 1975, using a unisex rate that is 50% male and 50% female. E-Systems Richardson/Waco benefits paid under an optional form of payment and/or paid prior to Normal Retirement when not eligible for Early Retirement shall equal the Actuarial Equivalent of the normal form of benefit, determined on the basis of a 9% interest rate and the 1983 Group Annuity Mortality Table, using a unisex rate that is 70% male and 30% female.

Summary of Plan Provisions *continued*

Former Participants in Raytheon TI Systems Employees Pension Plan (RTIS) - *Plan Doc. Exhibits H & M*	
Normal retirement:	
Age requirement:	65
Amount:	The greater of: (1) 1.5% x years of service x Average Credited Earnings (ACE) offset by Retirement Age Factor x Final Average Compensation (FAC) x years of projected service at NRA (not more than 35) x ratio of service at termination to projected service at NRA (not to exceed 1). (2) $84 per year of service
Compensation:	Base pay, incentive pay, overtime pay, sales bonuses, hazard pay
Average Compensation:	ACE: Average of highest 5 consecutive calendar years FAC: The lesser of (a) average compensation for the 3-year period up to the year of termination (not more than the Social Security wage base), or (b) the average of Social Security wage bases during 35 years up to participant's Social Security Retirement Age.
Retirement Age Factor	For employees born before 1938: 0.75%; from 1938 to 1954: 0.70%; after 1954: 0.65%.
Early retirement:	
Age requirement:	60 with 5 years of service or age 55 with 20 years of service
Early retirement reduction:	1/3% reduction for each of the first 60 months prior to age 65; 7/24% reduction for each of the next 60 months. Different factors apply to offset.
Normal form:	
	Life annuity. Actuarially equivalent 50% Joint and Survivor for married participants.
Vesting:	
Age requirement:	None
Service requirement:	5 years of service
Amount:	Regular pension accrued payable at age 65 (reduced pension at 60).
Vesting percentage:	100% after 5 years of service
Pre-retirement death benefits:	
	Surviving spouse eligible to receive benefit payable as if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died.

Summary of Plan Provisions *continued*

Benefit credit:	
	Equal to participants service (without age requirement of prior TI plan)
Disability:	
Service requirement:	Disabled employees are eligible for an annuity deferred to Normal Retirement Age computed based on compensation at the time of disability and service projected to Normal Retirement Age.
Lump sum benefits:	
	Benefits with present value less than $1,000 are automatically cashed out. If the present value is over $1,000 and less than $5,000, the participant has the option to receive a lump sum or defer the payment to a date no later than their Normal Retirement Age. If the present value is $5,000 or more, the participant has the option to receive a lump sum. Lump sums are valued based on interest rates prescribed by §417(e) at August lookback and the mandated mortality table.
Other forms of payment:	
	10 year certain and life annuity 100% joint and survivor annuity 75% joint and survivor annuity
Actuarial Equivalence:	
	Benefits paid under an optional form of payment and/or paid prior to Normal Retirement when not eligible for Early Retirement shall equal the Actuarial Equivalent of the normal form of benefit, determined on the basis of the UP-1984 Mortality Table without setback for calculations based upon the mortality of the employee and with a three-year set back for any beneficiaries or other contingent payees and the interest rate which would be used during the first month of the Plan Year by the Pension Benefit Guaranty Corporation for purposes of determining the single sum value of the lump-sum distribution on Plan termination.

Summary of Plan Provisions *continued*

Former Participants in Hughes Personal Retirement Account Plan (CAEL) - *Plan Doc. Exhibit I*	
Normal benefit:	
Frozen Account Balance growing at the rate of the Minimum Adjustment Percentage (annually adjusted Plan interest rate) and converted to an annuity on the Distribution Date	
Early retirement:	
Age requirement:	55 with 5 years of service
Early retirement reduction:	Actuarial equivalent of Normal Retirement Benefit (see Actuarial Equivalence below)
Normal form:	
	Straight life annuity for unmarried participants, 50% joint and survivor annuity for married participants
Other forms of payment:	
	10 year certain and life annuity 100% joint and survivor annuity 75% joint and survivor annuity Lump Sum

Summary of Plan Provisions *continued*

Actuarial Equivalence:

Straight Life Form: Straight life annuity converted as the actuarial equivalent of the participant's Account Balance at the distribution date using 1983 GAM Mortality Table (male rates only) with 1% + annual yield of ten-year Treasury Notes on weekly average basis for week preceding last business day 1 month prior to start of Fiscal Year.

Joint Survivor Form:

50% Joint and Survivor Annuity Factors

Employee's Age	**Participant's Age minus Beneficiary's Age**		
	Less than – 7.0	*Between -7.0 and +7.0*	*More than +7.0*
40 and below	0.990	0.990	0.990
40-55	0.945	0.955	0.965
55-65	0.890	0.915	0.940
65-70	0.840	0.890	0.940
70 and above	0.810	0.870	0.930

100% Joint and Survivor Annuity Factors

Employee's Age	**Participant's Age minus Beneficiary's Age**		
	Less than – 7.0	*Between -7.0 and +7.0*	*More than +7.0*
40 and below	0.975	0.975	0.975
40-55	0.895	0.915	0.935
55-65	0.820	0.8555	0.890
65-70	0.740	0.800	0.860
70 and above	0.680	0.760	0.840

Lump Sum: The greater of the participant's account balance at distribution date and the participant's Account Balance converted to annuity (see Straight Life Form above) then converted back to lump sum using PPA Lump Sum Mortality Table with the 417(e) rates at August lookback.

Summary of Plan Provisions *continued*

Most Recent Plan Amendments

Plan Amendment	Effective Date	Reflected in 2018 Actuarial Valuation
Amendment #1 – Special Lump Sum Distribution	1/1/2017	Yes

The Plan has been restated as of January 1, 2017.

Plan Change Effective in 2019:
L3 adopted a resolution on December 20, 2017 to change the plan. No additional service accruals shall be recognized from January 1, 2019. This future change was not reflected for ERISA purposes. For FAS purposes, this was reflected.

Attachment to 2018 Schedule SB of Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases
L3 Link Simulation and Training Retirement Plan
EIN 13-3937436 PN 014

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	$9,045,304	$9,045,304	7	$1,476,640
2017	5,299,578	4,700,375	6	870,253
Total		**$13,745,679**		**$2,346,893**

Attachment to 2018 Schedule SB of Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases
L3 Link Simulation and Training Retirement Plan
EIN 13-3937436 PN 014

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Total		**$13,745,679**		**$2,346,893**

Attachment to 2018 Schedule SB of Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions
L3 Link Simulation and Training Retirement Plan
EIN 13-3937436 PN 014

Change in Actuarial Assumptions

Assumption changes since prior valuation:	Assumption Type	Current Assumption	Prior Assumption	Reason for Change
	Administrative Expense	1,270,000	1,280,000	These assumptions are based on recent historical data, adjusted to reflect estimated future experience and professional judgment.
	Retirement Rates for Non-Contributory participants	3% at ages 55-59 8% at ages 60-61 15% at age 62 10% at ages 63-64 25% at ages 65 20% at ages 66-69 100% at age 70	5% at age 55 4% at ages 56-59 10% at ages 60-61 15% at age 62 10% at ages 63-64 35% at age 65 20% at ages 66-69 100% at age 70	
	Retirement Rates for all participants	25% at age 65	35% at age 65	Plan Experience
	Retirement Rates for eligible Infrared participants	100% in 2018	See table on p. 6-18	Facility Shutdown
	Termination Rates for Infrared Participants	100% in 2018	See table on p. 6-17	Facility Shutdown