

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report	
	☒ an amended return/report ☐ a short plan year return/report (less than 12 months)		
C	If the plan is a collectively-bargained plan, check here. ▶ ☒		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY REPRESENTED EMPLOYEES</u>	1b	Three-digit plan number (PN) ▶ <u>003</u>
		1c	Effective date of plan <u>05/02/1994</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNITED LAUNCH ALLIANCE</u> <u>9501 E PANORAMA CIR</u> <u>CENTENNIAL, CO 80112</u>	2b	Employer Identification Number (EIN) <u>81-0673845</u>
		2c	Plan Sponsor's telephone number <u>720-922-7100</u>
		2d	Business code (see instructions) <u>336410</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/13/2019	MICHAEL COOPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2361
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 654 6a(2) 591 6b 781 6c 791 6d 2163 6e 101 6f 2264 6g 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:

1B 1I

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY REPRESENTED EMPLOYEES	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED LAUNCH ALLIANCE	D Employer Identification Number (EIN) 81-0673845
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2018			
2	Assets:			
a	Market value.....	2a	299143634	
b	Actuarial value	2b	283639067	
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	833	90427196	90247196
b	For terminated vested participants	874	37635453	37635453
c	For active participants	654	94189509	102119822
d	Total	2361	222252158	230002471
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	805000	

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

<div>SIGN HERE</div>		
Signature of actuary		09/26/2019
PETER R. HORSTMAN		Date
Type or print name of actuary		17-06241
AON CONSULTING, INC.		Most recent enrollment number
Firm name		952-886-8000
5600 WEST 83RD STREET, 8200 TOWER, SUITE 1100 MINNEAPOLIS, MN 55437		Telephone number (including area code)
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>16.32</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		66052254
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.96</u> %		3936714
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		69988968
d Portion of (c) to be added to prefunding balance		0
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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	123.32%
15 Adjusted funding target attainment percentage	15	123.32%
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	94.24%
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
04/13/2018	1070000	0			
07/13/2018	1070000	0			
Totals ▶			18(b)	2140000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2092165

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21	Discount rate:			
a	Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%
		☐ N/A, full yield curve used		
b	Applicable month (enter code)	21b	0	
22	Weighted average retirement age	22	61	
23	Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☐ Prescribed - separate
		Current regulation:	☐ Prescribed - combined	☒ Prescribed - separate
			☐ Substitute	☐ 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	805000
b	Excess assets, if applicable, but not greater than line 31a	31b	805000
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
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	0
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2092165
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	2092165
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41	If an election was made to use PRA 2010 funding relief for this plan:			
a	Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010
		☐ 2011		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY REPRESENTED EMPLOYEES	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED LAUNCH ALLIANCE	D Employer Identification Number (EIN) 81-0673845	

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

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

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

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

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

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

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

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

(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)

GREENHILL & CO

13-3867900

(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	321872	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT INVESTMENT CONSULTING

36-3109431

(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 27 50	NONE	297354	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONDUENT HR SERVICES LLC

16-0468020

(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?
15 38 50	NONE	174218	Yes ☐ No ☒	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)

PAUL, HASTINGS, JANOFSKY & WALKER

95-2209675

(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	100927	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	49000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DRINKER BIDDLE & REATH LLP

23-1423089

(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	46703	Yes ☐ No ☒	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)

ALVAREZ AND MARSAL

56-2409465

(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?
49 50 70	NONE	35199	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIGHT SOLUTIONS LLC

36-2235791

(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 17 50	NONE	27758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACM LLP

01-0724563

(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?
16 50	NONE	6717	Yes ☐ No ☒	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)

AKIN, GUMP, STRAUSS, HAUER & FELD

75-1338644

(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	6438	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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:

<div>SCHEDULE D (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018					
A Name of plan UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY REPRESENTED EMPLOYEES				B Three-digit plan number (PN) ▶ 003	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNITED LAUNCH ALLIANCE				D Employer Identification Number (EIN) 81-0673845	
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: UNITED LAUNCH ALLIANCE MASTER PENSI					
b Name of sponsor of entity listed in (a): UNITED LAUNCH ALLIANCE					
c EIN-PN 43-6931304-007		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 299216218	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA	

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 UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY REPRESENTED EMPLOYEES	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED LAUNCH ALLIANCE	D Employer Identification Number (EIN) 81-0673845

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)	73920000	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	228271295	299216218
(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	302191295 299216218
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	133554 306498
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	133554 306498
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	302057741 298909720

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2140000
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2140000
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)		5270834
(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		7410834

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9092897	
(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)		9092897
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)	338165	
(2) Contract administrator fees.....	2i(2)	174218	
(3) Investment advisory and management fees.....	2i(3)	619226	
(4) Other	2i(4)	334349	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1465958
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10558855

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3148021
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GRANT THORNTON

(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:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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			
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 4160800. (See instructions.)

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

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

A Name of plan <u>UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY REPRESENTED EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED LAUNCH ALLIANCE</u>	D Employer Identification Number (EIN) <u>81-0673845</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>9</u>

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 66.1% Investment-Grade Debt: 11.2% High-Yield Debt: 0.0% Real Estate: 11.9% Other: 10.8%

- 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):



United Launch Alliance Pension Plan for Hourly Represented Employees

Financial Statements

As of December 31, 2018 and 2017 and for
the Year Ended December 31, 2018

UNITED LAUNCH ALLIANCE
PENSION PLAN FOR HOURLY
REPRESENTED EMPLOYEES
FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2018 AND 2017
AND FOR THE YEAR ENDED DECEMBER 31, 2018

United Launch Alliance Pension Plan for Hourly Represented Employees

Contents

Report of Independent Certified Public Accountants	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-18

GRANT THORNTON LLP

1801 California Street, Suite 3700
Denver, CO 80202

D +1 303 813 4000

F +1 303 839 5711

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The United Launch Alliance Administrative Committee
United Launch Alliance Pension Plan for Hourly Represented Employees

Report on the financial statements

We were engaged to audit the accompanying financial statements of United Launch Alliance Pension Plan for Hourly Represented Employees (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 4, 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 a certification from this entity as of December 31, 2018 and 2017, and for the year ended December 31, 2018, 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.

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 4, 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

Denver, Colorado
November 12, 2019

United Launch Alliance Pension Plan for Hourly Represented Employees

Statements of Net Assets Available for Benefits

	December 31,	
	2018	2017
Assets:		
Investments:		
Plan's interest in ULA Master Trust, at fair value	\$ 299,216,218	\$ 228,271,295
Receivables:		
Employer contributions receivable	-	73,920,000
Total assets	299,216,218	302,191,295
Liabilities:		
Accrued expenses	(306,498)	(133,554)
Net assets available for benefits	\$ 298,909,720	\$ 302,057,741

See accompanying report of independent certified public accountants and notes to financial statements.

United Launch Alliance Pension Plan for Hourly Represented Employees

Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2018
Additions to (deductions from) net assets attributed to:	
Employer contributions	\$ 2,140,000
Plan's interest in ULA Master Trust investment earnings (Note 5)	5,270,834
Benefit payments	(9,092,897)
Administrative expenses	(1,465,958)
	<hr/>
Net decrease	(3,148,021)
Net assets available for benefits at beginning of year	302,057,741
Net assets available for benefits at end of year	<hr/> <hr/> \$ 298,909,720

See accompanying report of independent certified public accountants and notes to financial statements.

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

1. PLAN DESCRIPTION

The following description of the United Launch Alliance Pension Plan for Hourly Represented Employees (formerly, United Launch Alliance Retirement Plan for Employees in the Bargaining Units of the Space Systems Group) (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description and Plan Document for a more complete description of the Plan’s provisions.

General

The Plan was originally established effective May 2, 1994 covering bargaining unit employees of the Lockheed Martin Space Systems Group who were covered under several collective bargaining agreements. Pursuant to a Joint Venture Agreement dated as of May 2, 2005, by and between The Boeing Corporation and Lockheed Martin Corporation, United Launch Alliance LLC (the “Company”) assumed sponsorship of the Plan effective December 1, 2006 including assuming the assets and liabilities of the Plan.

The Plan is a noncontributory defined benefit pension plan providing retirement benefits to eligible employees of the Company. Eligible employees are hourly employees of the Company as defined in and covered by the applicable Collective Bargaining Agreements in effect between the Company and the respective Unions. Also, all transferred employees, as defined, pursuant to the Joint Venture Agreement, continued to be eligible for the Plan. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Effective January 1, 2013, the Plan was amended to provide a partial freeze, which closed the Plan to employees of certain bargaining units hired on or after January 1, 2013.

On January 1, 2015, the Plan was amended to provide a freeze for certain represented employees effective December 31, 2016, at which time no additional benefit accruals can be earned. Effective January 1, 2017, the Plan was frozen to future benefit accruals for all participants, with the exception of the IAM Grandfathered NES participants whose benefits are governed by LMC Salaried Retirement Program. Credited service and salary increases will no longer increase the monthly benefit; however, service after January 1, 2017 will count towards vesting.

Administration

The United Launch Alliance Administrative Committee is responsible for the oversight of the administration and operation of the Plan. The United Launch Alliance Investment Committee establishes, amends and monitors compliance with investment policies, and selects and monitors the trustee, investment managers, and outside investment advisors and consultants to the Plan. The Board of Directors of the Company is responsible for appointing the committees.

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

The Northern Trust Company (“Northern Trust” or “Trustee”) is the trustee of the United Launch Alliance Master Pension Trust (the “ULA Master Trust”), which is the funding vehicle for the Plan and another Company sponsored Plan.

The Plan’s operating, investment and administrative expenses are generally charged against Plan assets as provided for in the Plan and Master Trust documents (see Note 2 – *Investments in ULA Master Trust and Income Recognition*).

Benefits

The Plan provides for retirement benefits based on an amount payable at a selected age and in a selected form and is generally based upon the employee’s accrued benefit. In general, the monthly benefit amount is calculated as a flat dollar rate determined under the effective collective bargaining agreement, multiplied by the number of years of credited service, as defined in the Plan Document, depending on the date of termination or retirement or respective freeze date. Normal retirement age is 65. The Plan also provides early retirement benefits at age 55 and other benefits upon meeting certain other conditions. Benefits are payable in the form of a joint and survivor annuity, single life annuity or other optional forms as further described in the Plan Document. Certain death and disability benefits are also available under the Plan if the prescribed criteria are met.

Vesting

Participants become fully vested upon completion of five years of service. See Note 11, *Subsequent Events*, for subsequent approval to terminate the Plan and fully vest all participants.

Funding Policy

The Company’s funding policy is to contribute annually an amount so as to meet the minimum funding requirements and as recommended by the Plan’s actuary. No employee contributions are required or permitted. During 2018, the Plan met the minimum funding requirements of ERISA. The Company contributed \$2,140,000 in contributions for the 2018 Plan year.

Termination of the Plan

The Company has the right under the Plan to discontinue its contributions and to terminate the Plan, and it has reserved the right to do so.

The rights of all affected participants to benefits accrued upon termination are nonforfeitable. Net assets of the Plan available to provide benefits would be allocated upon termination in accordance with the guidelines prescribed by the Plan and ERISA and its related regulations. If the Plan terminates, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”), a U.S. governmental agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under covered

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

plans, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits 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 plan sponsor and the level of benefits guaranteed by the PBGC. See Note 11, *Subsequent Events*, for subsequent approval for termination of the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires estimates to be made that affect the amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. The most significant of these estimates relates to the determination of the accumulated plan benefits and the Plan's funded status. Actual results could differ from those estimates and could be material to the Plan's financial statements.

Investments in ULA Master Trust and Income Recognition

The fair value of the Plan's interest in the ULA Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income or loss (net of investment expenses) less actual distributions and administrative expenses.

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 6, *Fair Value Measurements and Disclosures*).

The change in net appreciation (depreciation) consists of both realized and unrealized gains and losses. Purchases and sales of investments are recorded on the trade date. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries; (2) beneficiaries of employees who have died; and (3) present employees or their beneficiaries. Benefits for retired, terminated and disabled employees or their beneficiaries are based on each former employee's credited service prior to his

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

or her termination or retirement date or through the respective freeze date or valuation date (whichever is earlier). Accumulated plan benefits for active employees are based on each employee's credited service preceding the valuation date or through the respective freeze date or valuation date (whichever is earlier). Benefits payable under all circumstances -- retirement, death, disability, and termination of employment - are deemed included to the extent they are attributable to employee service prior to the valuation date or through the respective freeze date, if applicable.

The Plan's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted.

The Pension Protection Act of 2006, as amended by the Worker, Retiree and Employer Retiree and Employer Recovery Act of 2008 imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage ("AFTAP"). The 2018 AFTAP for the Plan is 123.32%. Because the Plan's AFTAP met the required threshold, the Plan is not subject to any benefit restrictions.

Payment of Benefits

Benefits are recorded when paid.

3. ACCUMULATED PLAN BENEFITS

The present value of accumulated plan benefits, as determined by the actuary is as follows:

	December 31,	
	2018	2017
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 134,925,139	\$ 79,622,600
Current and terminated employees with vested benefits	<u>211,892,552</u>	<u>114,118,718</u>
Total vested benefits	<u>346,817,691</u>	<u>193,741,318</u>
Non-vested benefits	<u>211,789</u>	<u>7,021,926</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 347,029,480</u></u>	<u><u>\$ 200,763,244</u></u>

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

The following comprises the changes in accumulated plan benefits:

Actuarial present value of accumulated plan benefits as of December 31, 2017	\$ 200,763,244
Increase (decrease) during year attributable to:	
Interest accumulation	13,249,645
Benefit payments	(9,092,897)
Assumption changes	147,475,593
Benefit accruals and participant experience	(5,366,105)
Net change	146,266,236
Actuarial present value of accumulated plan benefits as of December 31, 2018	\$ 347,029,480

Significant actuarial assumptions used in the 2018 and 2017 valuations were (a) life expectancy of participants (RP2006 Fully Generational Scale MP 2018 for annuitants and non-annuitants with blue collar adjustment for 2018 and RP2006 Fully Generational Scale MP 2017 for annuitants and non-annuitants with blue collar adjustment for 2017), (b) assumed retirement age of 61 for 2018 and 2017, and (c) an annual discount rate of 6.75% in 2018 and 2017. The assumption changes noted in the table above are due to the mortality table change, as well as an estimated increase in accumulated plan benefits in relation to termination of the Plan, which considers benefit payments to participants, annuity buyout, and the actuarial calculation for the accumulated plan benefits for those employees that were spun-off to a new plan, as outlined in Note 11, *Subsequent Events*.

4. INFORMATION CERTIFIED BY THE PLAN'S 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. Accordingly, as permitted under such election and as requested by the plan administrator, the following information was not subjected to any auditing procedures performed by the Plan's independent certified public accountants except to compare the amounts to the financial statements:

- Investments as shown in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017.
- Investment income from the Plan's interest in ULA Master Trust Investment as shown in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2018.
- Investment information provided in Note 5 as of December 31, 2018 and 2017, and for the year ended December 31, 2018.

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

5. ULA MASTER TRUST

The Plan had an interest in the ULA Master Trust as of December 31, 2018 and 2017 of approximately 99.9% and 42.1%, respectively. Each participating Plan has an undivided interest in the ULA Master Trust. Investment income and loss and related investment expenses are allocated to the individual participating plans based upon average monthly balances invested by each Plan.

The condensed statements of net assets for the ULA Master Trust as of December 31, 2018 and 2017 are as follows:

	2018	2017
Assets:		
Investments, at fair value:		
Cash and cash equivalents	\$ 23,761,196	\$ 15,798,212
Common/collective trusts	265,808,244	398,440,497
Limited partnership/private equity	9,870,616	65,618,761
Limited partnership/real estate	-	61,700,906
	<u>299,440,056</u>	<u>541,558,376</u>
Due from brokers for securities sold	-	8,577,745
Investment income receivable	44,322	59,637
Total assets	<u>299,484,378</u>	<u>550,195,758</u>
Liabilities:		
Due to brokers for securities purchased	-	(8,577,745)
Accrued investment expenses	(74,414)	-
Net assets	<u><u>\$ 299,409,964</u></u>	<u><u>\$ 541,618,013</u></u>

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

The following presents the change in net assets and net investment income (loss) of the ULA Master Trust for the year ended December 31, 2018:

Investment income (expense):	
Interest and dividends	\$ 1,312,127
Net realized and unrealized depreciation in fair value of investments	(14,960,993)
Other income	796,810
Investment expense	(238,867)
Total net investment loss	(13,090,923)
Net transfers*	(229,117,126)
Net decrease	(242,208,049)
Net assets available for benefits at beginning of year	541,618,013
Net assets available for benefits at end of year	\$ 299,409,964

*Net transfers represent employer contributions less benefit payments, annuity buyout and spin-offs to other plan for the year ended December 31, 2018.

6. FAIR VALUE MEASUREMENTS AND DISCLOSURES

The Company uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access;
- Level 2: Inputs to the valuation methodology include:
 - quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability;
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability;

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

Following is a description of the valuation methodologies used for investments at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Cash equivalents: The money market fund consists of a portfolio which invests primarily in short-term U.S. Treasuries and repurchase agreements that are collateralized by Treasury Obligations and/or Government Obligations carrying full faith and credit of the U.S. Government. The fund seeks to maintain a stable net asset value (“NAV”) at \$1.00 per share. The share price is based on the amortized cost of the portfolio securities, pursuant to Rule 2a-7 under the Investment Company Act.

Common Collective Trusts: The common collective trusts are valued based on the Plan’s interest in the funds at NAV reported by the fund managers as of the financial statement date and recent transaction prices. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Fair values for the investments within these funds are based on quoted prices in active markets and securities valued using either observable inputs or quotations from inactive markets.

Limited Partnerships, Real Estate and Private Equity: The real estate and private equity limited partnerships seek superior long-term capital appreciation by investing (structured by classes of interest) in a diversified group of venture capital investment funds (VC class), private equity investment funds (PE class), and emerging markets investment funds (EM class), which are managed by seasoned investment managers and which generally are difficult for new investors to access. The UBS Trumbull Property Fund was a real estate partnership that was valued based on the Plan’s interest in the fund at NAV as reported by the partnership. The remaining funds are all calculated by a third party and are based on fair value of underlying investments and ULA Master Trust’s share of the partnership. There is little to no market activity to determine the fair value of the investment and a significant degree of judgment is used in determining values. Estimated fair values generally are based on the partner’s capital account (which can be one to two quarters in arrears) adjusted for capital contribution or divestiture activity through year end. The partner capital account, as determined by the terms of the partnership agreement approximates fair value.

There are also certain restrictions on the sale of limited partnership interests and these limited partnerships may draw capital over a stated period of time, as stated in the partnership agreements. During the years ended December 31, 2018 and 2017, approximately \$1,100,000 and \$15,000,000 each year was funded to these limited partnerships, respectively. During 2018 the ULA Master Trust was able to liquidate its interest in all but one partnership, which was subsequently liquidated in January 2019.

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

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

The following table reflects the investments of the ULA Master Trust that are measured and carried at fair value on a recurring basis as of December 31, 2018:

Asset Category	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ -	\$ 23,761,196	\$ -	\$ 23,761,196
Limited partnerships	-	-	9,870,616	9,870,616
Total assets in the fair value hierarchy	-	23,761,196	9,870,616	33,631,812
Investments measured at net asset value (a)				265,808,244
Total investments at fair value				\$ 299,440,056

The following table reflects the investments of the ULA Master Trust that are measured and carried at fair value on a recurring basis as of December 31, 2017:

Asset Category	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ -	\$ 15,798,212	\$ -	\$ 15,798,212
Real estate partnerships	-	-	55,527,604	55,527,604
Limited partnerships	-	-	65,618,761	65,618,761
Total assets in the fair value hierarchy	-	15,798,212	121,146,365	136,944,577
Investments measured at net asset value (a)				404,613,799
Total investments at fair value				\$ 541,558,376

- (a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent), as a 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 line items presented in the ULA Master Trust's statements of net assets available for plan benefits.

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

The following table sets forth a summary of changes in the fair value of the Plan's level 3 investments for the year ended December 31, 2018:

	Real Estate and Private Equity (Limited Partnerships)
Balance, beginning of year	\$ 121,146,365
Realized losses	(3,980,983)
Unrealized gains relating to instruments still held at the reporting date	3,680,064
Purchases	2,365,652
Sales	(113,340,482)
Balance, end of year	<u>\$ 9,870,616</u>

The availability of observable market data is monitored to assess the appropriate classification of financial statements within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the year ended December 31, 2018, there were no significant transfers in or out of levels 1, 2, or 3.

The following table represents the Plan's level 3 financial instruments, the valuations techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the range of values for those inputs:

December 31, 2018

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of significant input values
Private equity	\$ 9,870,616	Partner's adjusted capital account	Formulas as set forth in the partnership agreements	N/A

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

December 31, 2017

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of significant input values
Limited partnership – Real estate	\$ 55,527,604	Partner's adjusted capital account	Formulas as set forth in the partnership agreements	N/A
Private equity	\$ 65,618,761	Partner's adjusted capital account	Formulas as set forth in the partnership agreements	N/A

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2018 and 2017, respectively.

<i>Year Ended December 31,</i>	<i>Investment Type</i>	<i>Fair Value</i>	<i>Unfunded Commitments</i>	<i>Redemption Frequency</i>	<i>Redemption Notice Period</i>
2018	Group trust investment fund (b)	\$ 265,808,244	None	Daily	15 day notice
2017	Limited Partnership- Real Estate (a)	\$ 6,173,302	None	Quarterly	60 days for full redemption
2017	Common collective trusts- equity and fixed income	\$ 183,057,838	None	Daily	None
2017	Common collective trusts- real estate	\$ 1,695,737	None	Daily	1 day
2017	Group trust investment fund (b)	\$ 213,686,922	None	Daily	15 day notice

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

- (a) The purpose of the fund is to actively manage a core portfolio of primarily equity real estate investments located in the United States.
- (b) The purpose of these funds is to achieve a total return by investing in a diversified portfolio of fixed-income securities with maturities ranging over an extended period of time.

7. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated January 25, 2017 stating that the Plan is designed in compliance with the applicable requirements of the Code. The Plan is required to operate in conformity with the Internal Revenue Code (the “Code”) to maintain its tax-qualified status. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related Trust is tax exempt. However, there are certain investments (limited partnerships) which may subject the ULA Master Trust to Unrelated Business Taxable Income (UBTI), which the Trust will file appropriate income tax returns with the IRS and pay applicable taxes annually. These amounts are immaterial to the Plan’s financial statements. See Note 11, *Subsequent Events*, for receipt of new determination letter in 2019.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2018 and 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS audits for any tax periods in progress.

8. PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

The ULA Master Trust holds certain investments managed by the Trustee. Transactions in these investments are party-in-interest transactions. The ULA Master Trust and the Plan pay actuarial, audit, custodial, investment management, investment advisory and legal fees from the Trust. Such transactions constitute party-in-interest transactions. These transactions are exempt from the prohibited transaction rules.

9. CONCENTRATIONS, RISKS AND UNCERTAINTIES

The ULA Master Trust invests in various investment securities. Investments in general, are subject to various risks, such as interest rate, credit and overall market volatility risk. Additionally, the value, liquidity and related income of the investment securities are sensitive to changes in economic conditions, including real estate values, delinquencies, and defaults and may be adversely affected by shifts in the market’s perception of the issuers and changes in interest rates. Certain investments (limited partnerships and private equity) are less liquid and have restrictions on their

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

sale. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the funded status of the Plan. As of December 31, 2018 and 2017 there were two and three investments, respectively, held in the master trust which individually accounted for more than 10% of net assets available for benefits.

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

In June 2017 the Company was notified by the Department of Labor that the ULA Master Trust and the Plan were selected for examination. In September 2019 they received notification that the examination has been closed.

10. COMMITMENTS

The ULA Master Trust's investment in the limited partnership contains a commitment totaling \$10 million, which had been fully funded and invested as of December 31, 2018. During 2018 approximately \$1.1 million of capital calls were funded and invested. In January 2019 the ULA Master Trust liquidated its interest in the remaining limited partnership and there are no remaining commitments.

11. SUBSEQUENT EVENTS

The Company has evaluated subsequent events through November 12, 2019, which is the date the financial statements were available to be issued. There were no events or transactions discovered during the evaluation that require recognition or disclosure in the financial statements, other than as described below.

On November 15, 2018 the Plan was amended to terminate the Plan contingent on certain milestones being achieved, which as of December 31, 2018 has not yet been met. It was determined that these milestones were met in August 2019. Upon termination of the Plan all participants became 100% vested to the extent they are not already vested. The Plan applied for and subsequently received an updated determination letter dated August 19, 2019 stating that the termination of the Plan does not affect the qualification for federal tax purposes. The Plan was amended to allow a lump sum termination window period for eligible participants, as defined in the amendment, to occur during 2019. Lump sum payments of approximately \$151 million were paid out to participants in September 2019.

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

On September 23, 2019 the Company entered into a group annuity contract purchase with an insurance company. Upon execution of the contract the insurance company assumes the liability and guarantees the benefits that are due under the Plan. An initial premium of approximately \$179 million was paid to the insurance company on September 26, 2019 and payment of benefits under the contract are scheduled to commence on December 1, 2019.

The Plan was also amended to allow for a spinoff of certain Harlingen members, as defined. Harlingen members ceased to have any benefit under the Plan as of the close of business on December 31, 2018, and instead shall participate under the United Launch Alliance Pension Plan for Hourly Employees of the Space System Group at Harlingen (“Harlingen Plan”) effective January 1, 2019. Effective January 1, 2019 approximately \$13 million was transferred to the Harlingen Plan from the Plan.

Schedule SB Attachment (Form 5500)—2018 Plan Year
 United Launch Alliance Pension Plan for Hourly Represented Employees
 EIN: 81-0673845 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		1	5							
30-34		1	21	1						
35-39		1	18	3	1					
40-44		2	27	9	13	2				
45-49		2	23	5	34	8	1			
50-54		2	20	20	38	21	21	4		
55-59		3	17	32	61	33	33	8	7	
60-64		2	12	16	32	22	17	12	7	
65-69		1	2	2	8	8	4		4	
70+		1	2				2	2		

N-654

Schedule SB Attachment (Form 5500)—2018 Plan Year
 United Launch Alliance Pension Plan for Hourly Represented Employees
 EIN: 81-0673845 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2018), without regard to interest rate stabilization.
1st Segment Rate	1.81%
2nd Segment Rate	3.68%
3rd Segment Rate	4.53%
Salary Increases	N/A
Optional Payment Form Election Percentage	<p>Males:</p> <p>30% single life annuity</p> <p>35% "low" joint and survivor annuity</p> <p>35% "high" 100% joint and survivor annuity</p> <p>Female:</p> <p>75% single life annuity</p> <p>12.5% "low" joint and survivor annuity</p> <p>12.5% "high" 100% joint and survivor annuity</p> <p>Low = 55% for MDC-W, 50% all others</p> <p>High = 75% for MDC-W and SSH,</p> <p>100% for BCERP and SSB</p>
Optional Payment Form	SSB: 7%
Conversion Interest Rate	SSH: 5.5%
	All others: Not applicable
Optional Payment Form	SSB: 1994 Uninsured Pensioner
Conversion Mortality	SSH: 1971 Group Annuity
	All others: Not applicable
Retirement Age	
Active Participants	See Tables 1–3.
Terminated Vested Participants	Age 61

Schedule SB Attachment (Form 5500)—2018 Plan Year
 United Launch Alliance Pension Plan for Hourly Represented Employees
 EIN: 81-0673845 PN: 003

Mortality Rates	
Healthy and Disabled	2018 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 4.
Disability Rates	See Table 5.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	N/A
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2016 Plan Year	7.25%, limited to 6.65%.
2017 Plan Year	7.25%, limited to 6.48%.
2018 Plan Year	6.75%, limited to 6.29%.
Trust Expenses Included in Target Normal Cost	\$805,000 for 2018. Based on expected administrative expenses to be paid during the next year.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2018.

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Table 1

Retirement Rates—BCERP

Age	Rate
55	10.00%
56	10.00%
57	10.00%
58	10.00%
59	13.00%
60	15.00%
61	15.00%
62	20.00%
63	20.00%
64	20.00%
65	30.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Table 2

Retirement Rates—MDC West

Age	Rate
50	5.00%
51	5.00%
52	10.00%
53	10.00%
54	10.00%
55	10.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	30.00%
63	25.00%
64	25.00%
65	30.00%
66	25.00%
67	25.00%
68	25.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Table 3

Retirement Rates—SSB & SSH

<u>Age</u>	<u>Rate</u>
55	10.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	15.00%
61	15.00%
62	30.00%
63	20.00%
64	20.00%
65	40.00%
66	30.00%
67	20.00%
68	20.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
 United Launch Alliance Pension Plan for Hourly Represented Employees
 EIN: 81-0673845 PN: 003

Table 4—Page 1 of 2

Withdrawal Rates

Age	Years of Service			
	0-1	2-4	5-9	10+
15	31.7120%	0.0000%	0.0000%	0.0000%
16	31.7120%	0.0000%	0.0000%	0.0000%
17	31.7120%	0.0000%	0.0000%	0.0000%
18	31.7120%	0.0000%	0.0000%	0.0000%
19	16.1840%	0.0000%	0.0000%	0.0000%
20	14.3920%	12.7710%	0.0000%	0.0000%
21	17.9040%	16.3710%	0.0000%	0.0000%
22	19.2560%	17.6400%	15.7500%	0.0000%
23	19.0800%	17.6220%	15.8445%	0.0000%
24	18.1600%	16.4880%	14.9625%	0.0000%
25	17.3920%	15.4260%	13.6080%	0.0000%
26	16.7600%	14.6430%	11.8545%	0.0000%
27	16.3280%	13.7610%	10.4685%	0.0000%
28	15.5360%	13.0680%	9.6075%	9.1875%
29	14.9840%	12.5370%	9.1245%	5.4705%
30	14.8880%	12.2220%	8.8095%	5.0820%
31	15.0640%	11.7810%	8.4210%	5.6595%
32	14.6560%	11.3400%	8.1480%	5.7435%
33	13.9120%	10.7730%	7.9380%	5.5650%
34	13.5520%	10.1970%	7.7385%	5.4075%
35	13.4240%	9.9180%	7.5075%	5.2710%
36	13.3520%	9.8820%	7.1925%	5.1135%
37	13.0320%	9.8910%	7.0140%	4.9140%
38	12.8000%	9.6930%	6.7620%	4.6515%
39	12.2880%	9.5310%	6.5835%	4.5360%
40	12.7280%	9.3150%	6.3105%	4.3575%
41	12.7520%	9.0090%	6.1845%	4.1265%
42	12.8400%	8.7480%	6.1320%	4.0530%
43	12.7840%	8.7390%	6.0375%	4.0005%
44	12.7040%	8.6580%	6.0585%	3.9795%

Schedule SB Attachment (Form 5500)—2018 Plan Year
 United Launch Alliance Pension Plan for Hourly Represented Employees
 EIN: 81-0673845 PN: 003

Table 4—Page 2 of 2

Withdrawal Rates

Age	Years of Service			
	0-1	2-4	5-9	10+
45	12.3840%	8.5230%	6.1110%	3.9165%
46	12.4880%	8.5860%	6.1005%	3.8220%
47	12.2400%	8.5230%	5.8905%	3.8430%
48	12.1200%	8.4330%	5.7960%	3.8850%
49	12.4240%	8.1180%	5.8800%	3.8325%
50	12.4800%	8.0100%	5.5860%	3.6645%
51	12.2800%	8.3880%	5.3865%	3.5490%
52	11.4800%	8.5680%	5.2395%	3.5175%
53	11.4720%	8.3160%	4.9350%	3.3810%
54	11.3360%	7.9200%	4.3260%	2.4885%
55	10.8160%	7.0380%	2.7195%	0.9240%
56	10.2720%	6.7410%	1.9320%	0.2415%
57	10.1280%	6.9030%	1.6170%	0.1155%
58	10.1920%	6.9120%	1.6590%	0.2310%
59	10.8000%	7.1460%	2.0160%	0.3255%
60	10.9040%	7.0560%	2.2260%	0.2100%
61+	0.0000%	0.0000%	0.0000%	0.0000%

Schedule SB Attachment (Form 5500)—2018 Plan Year
 United Launch Alliance Pension Plan for Hourly Represented Employees
 EIN: 81-0673845 PN: 003

Table 5

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

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.

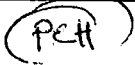
A Name of plan UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY REPRESENTED EMPLOYEES		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED LAUNCH ALLIANCE LLC		D Employer Identification Number (EIN) 81-0673845
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018			
2 Assets:			
a Market value.....		2a	299,143,634
b Actuarial value.....		2b	283,639,067
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.....	833	90,247,196	90,247,196
b For terminated vested participants.....	874	37,635,453	37,635,453
c For active participants.....	654	94,189,509	102,119,822
d Total.....	2,361	222,072,158	230,002,471
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	805,000	

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	PETER R. HORSTMAN 	9/26/2019
PETER R. HORSTMAN		Date
Type or print name of actuary		1706241
AON CONSULTING, INC.		Most recent enrollment number
Firm name		952-886-8000
5600 WEST 83RD STREET, 8200 TOWER, SUITE 1100 MINNEAPOLIS MN 55437		Telephone number (including area code)
Address of the firm		

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

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

Schedule SB (Form 5500) 2018
v. 171027

Part II

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).....
0	Interest on line 9 using prior year's actual return of <u>16.32%</u>
1	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 <u>5.96%</u>
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.....
2	Other reductions in balances due to elections or deemed elections.....
3	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....

Part III

4	Funding target attainment percentage	14	123.32%
5	Adjusted funding target attainment percentage	15	123.32%
6	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.24%
7	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

3 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
04/13/2018	1,070,000	0			
07/13/2018	1,070,000	0			
			Totals ►	18(b)	2,140,000
				18(c)	0

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	2,092,165

Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 61
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	805,000
b Excess assets, if applicable, but not greater than line 31a		31b	805,000
32 Amortization installments:		Outstanding Balance Installment	
a Net shortfall amortization installment.....		0	0
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	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		2,092,165
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	2,092,165
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39		0
40 Unpaid minimum required contributions for all years	40		0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2018

Date	Amount	Days to Discount to 1/1/2018 at 5.76%	Interest Adjusted Contribution
April 13, 2018	\$ 1,070,000	102	\$ 1,053,385
July 13, 2018	<u>1,070,000</u>	193	<u>1,038,780</u>
Total Contribution	\$ 2,140,000		\$ 2,092,165

Schedule SB Attachment (Form 5500)—2018 Plan Year
 United Launch Alliance Pension Plan for Hourly Represented Employees
 EIN: 81-0673845 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

BCERP				SSB & SSH			
(a)	(b)	(c)	(d) Product	(a)	(b)	(c)	(d) Product
Age	Rate	Weight	(a) × (b) × (c)	Age	Rate	Weight	(a) × (b) × (c)
55.5	10.00%	1.0000	5.55	55.5	10.00%	1.0000	5.55
56.5	10.00%	0.9000	5.09	56.5	5.00%	0.9000	2.54
57.5	10.00%	0.8100	4.66	57.5	5.00%	0.8550	2.46
58.5	10.00%	0.7290	4.26	58.5	5.00%	0.8123	2.38
59.5	13.00%	0.6561	5.07	59.5	5.00%	0.7716	2.30
60.5	15.00%	0.5708	5.18	60.5	15.00%	0.7331	6.65
61.5	15.00%	0.4852	4.48	61.5	15.00%	0.6231	5.75
62.5	20.00%	0.4124	5.16	62.5	30.00%	0.5296	9.93
63.5	20.00%	0.3299	4.19	63.5	20.00%	0.3707	4.71
64.5	20.00%	0.2639	3.40	64.5	20.00%	0.2966	3.83
65.5	30.00%	0.2112	4.15	65.5	40.00%	0.2373	6.22
66.5	20.00%	0.1478	1.97	66.5	30.00%	0.1424	2.84
67.5	20.00%	0.1182	1.60	67.5	20.00%	0.0997	1.35
68.5	20.00%	0.0946	1.30	68.5	20.00%	0.0797	1.09
69.5	20.00%	0.0757	1.05	69.5	35.00%	0.0638	1.55
70	100.00%	0.0605	4.24	70	100.00%	0.0415	2.90
Weighted Average			61.35	Weighted Average			62.05

MDC W			
(a)	(b)	(c)	(d) Product
Age	Rate	Weight	(a) × (b) × (c)
50.5	5.00%	1.0000	2.53
51.5	5.00%	0.9500	2.45
52.5	10.00%	0.9025	4.74
53.5	10.00%	0.8123	4.35
54.5	10.00%	0.7310	3.98
55.5	10.00%	0.6579	3.65
56.5	5.00%	0.5921	1.67
57.5	5.00%	0.5625	1.62
58.5	5.00%	0.5344	1.56
59.5	5.00%	0.5077	1.51
60.5	5.00%	0.4823	1.46
61.5	10.00%	0.4582	2.82
62.5	30.00%	0.4124	7.73
63.5	25.00%	0.2887	4.58
64.5	25.00%	0.2165	3.49
65.5	30.00%	0.1624	3.19
66.5	25.00%	0.1137	1.89
67.5	25.00%	0.0852	1.44
68.5	25.00%	0.0639	1.09
69.5	30.00%	0.0479	1.00
70	100.00%	0.0336	2.35
Weighted Average			59.10

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Former BCERP Plan Participants

Effective Date	December 1, 2006. Plan was created via a de minimis spinoff of assets and liabilities from The Boeing Company Employee Retirement Plan (the "Prior Plan") as of this date. Most recent amendment effective January 2015.
Plan Year	Calendar year.
Most Recent Collective Bargaining Agreements	June 2015.
Covered Employees	Represented ULA employees who are members of the IAM, AFL-CIO, Local 44 (Decatur, Alabama).
Participation Date	Covered employee and completion of one year of service. Employees who were participants in the prior plan automatically become participants in this plan as of the effective date.
Definitions	
Vesting Service	One year for each calendar year in which the participant completes at least 1,000 hours of service.
Credited Service	One year for each calendar year in which the participant completes 2,000 or more hours of service after becoming an employee. Partial years of service are granted for years in which the participant completes 1,000–1,999 hours.
Complement Benefit	A fixed dollar benefit established January 1, 1996 to replace the supplemental past service benefit and the supplemental future benefit as of December 31, 1995. The fixed amount is equal to the participant's supplemental benefit as of December 31, 1995 multiplied by 135%.
Covered Compensation	35-year average of Social Security taxable wage bases ending in the year of termination.
Final Average Earnings	Average of the highest 60 consecutive calendar months of basic annual compensation rates during the prior 10-year period.
Normal Retirement Date	First of month coinciding with or next following the attainment of age 65 and five years of vesting service.

Schedule SB Attachment (Form 5500)—2018 Plan Year
 United Launch Alliance Pension Plan for Hourly Represented Employees
 EIN: 81-0673845 PN: 003

Social Security Benefit The estimated primary insurance amount payable to the participant at the earliest age under the Social Security Act, as amended, in effect on the earlier of normal retirement date or the date of termination. For early retirements, no future earnings are assumed. For terminations, earnings at termination are assumed to be constant until age 65.

Basic Annual Compensation Rate Compensation rate in effect for a permanent employee. Annual rate includes elective deferrals but excludes overtime pay, shift differentials, and awards pay.

Actuarial Equivalence For purposes of calculating the life and 10-year certain option.

Age	Factor
50	0.99
55	0.98
60	0.77
65	0.95
70	0.90
75	0.82

For other purposes not disclosed, based on the applicable mortality table under 417(e) and the applicable interest rate (30-year Treasury rate for November of prior plan year).

Normal Retirement Eligibility

Attainment of normal retirement date.

Monthly Benefit

The greater of (1) and (2) below.

- (1) The complement benefit plus the basic benefit. The basic benefit is the rate in the table below times years of credited service.

Effective Date	Benefit Rate
Before 6/1/2012	\$80
6/1/2012	\$83
6/1/2013	\$84
6/1/2014	\$85
6/1/2015	\$95

IAM participants within the ULA Bargained plan was frozen effective January 2017.

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

- (2) The sum of (a) and (b) below (final average benefit). If hired before January 1, 1993, a minimum benefit of 1.5% final average earnings – 1.25% Social Security benefit times credited service applies.
- a. Core Benefit: 1.025% final average earnings times credited service.
 - b. Excess Benefit: 0.450% final average earnings over covered compensation times credited service.

Early Retirement
Eligibility

Age 55 and 10 years of vesting service or age 62 and one year of credited service.

Monthly Benefit

Basic benefit and core benefit reduced 2% for each year payment commences prior to age 60. Excess benefit reduced 5% for each year payment commences prior to age 60. Final average benefit, if hired before 1993 and minimum is applicable, is reduced 3% for each year payment commences prior to age 60.

Vested Termination
Eligibility

Five years of vesting service.

Monthly Benefit

Normal retirement benefit reduced 6.0% for each year payment commences prior to normal retirement date.

Disability
Eligibility

Permanently and totally disabled while on active payroll after attaining age 50 and 10 years of vesting service.

Monthly Benefit

Unreduced normal retirement benefit.

Postponed Retirement
Eligibility

Retirement after normal retirement date.

Monthly Benefit

Normal retirement benefit calculated using actual pay and service as of retirement date.

Schedule SB Attachment (Form 5500)—2018 Plan Year
 United Launch Alliance Pension Plan for Hourly Represented Employees
 EIN: 81-0673845 PN: 003

Preretirement Death Benefit

Eligibility

Five years of vesting service. Payable to surviving spouse.

Monthly Benefit

Normal retirement benefit as of the date of death, reduced to later of earliest retirement age or current age (using early-retirement factors if eligible for early retirement), and further reduced for election of joint and survivor annuity. If participant is not eligible to retire, the surviving spouse receives 50% of the above benefit.

Postretirement Death Benefit

Eligibility

Retired from active service.

Benefit

\$2,000.

Form of Payment

Normal Form

Unmarried Participants

Life annuity.

Married Participants

50% joint and survivor annuity with pop up feature (with 95% reduction factor).

Optional Forms

- (1) 75% joint and survivor annuity with pop up feature (90% reduction factor).
- (2) 100% joint and survivor annuity with pop up feature (85% reduction factor).
- (3) Life and 10-year certain option.
- (4) Accelerated income (not available on disability benefit).

Small Benefits

If the actuarial equivalent value of participant's benefit does not exceed \$5,000 at termination, a lump sum distribution is paid.

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Former MDC-W Plan Participants

Effective Date	December 1, 2006. Plan was created via a de minimis spin off of assets and liabilities from The Boeing Company MDC Hourly West Employee Retirement Income Plan ("Prior Plan"). Most recent amendment effective January 2015.
Plan Year	Calendar year.
Most Recent Collective Bargaining Agreements	June 2015.
Covered Employees	Represented ULA employees who are members of the following unions: <ul style="list-style-type: none">▪ IAM, AFL-CIO, Local 725 (Cape Canaveral, Florida and Vandenberg AFB, California)▪ IUOE, AFL-CIO, Local 501 (Weldors) (Huntington Beach, California)
Participation Date	Covered employee and completion of one year of service. Employees who were participants in the prior plan automatically become participants in the plan as of the effective date.
Definitions	
Aggregate Benefit Service	Combined benefit service under this plan and any other defined benefit or money purchase plans maintained by ULA or a predecessor company.
Benefit Service	Amount of service in covered group during which the participant earned regular base pay.
Vesting Service	One year for 1,000 hours of service in a plan year; partial credit for less than 1,000 hours.
Accrued Benefit	Benefit rate x years of benefit service.

Effective Date	Benefit Rate
Before 6/1/2012	\$80
6/1/2012	\$83
6/1/2013	\$84
6/1/2014	\$85
6/1/2015	\$95

IAM participants within the ULA Bargained plan was frozen effective January 2017.

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Monthly Level Income Special Allowance (LISA) \$550 per month.

Monthly Preretirement Spouse Benefit 55% of the monthly pension benefit as of the date of death reduced for the joint and survivor election and reduced for payment as early as the participant's earliest retirement date.

Normal Retirement Date First of month following the attainment of age 65.

Prior Plan The Employees Retirement Income Plan of McDonnell Douglas Corporation, Hourly West Plan.

Actuarial Equivalence For purpose of calculating lump sums and equivalent accelerated income option benefits:

Applicable mortality table under 417(e) and applicable interest rate under 417(e) for the November preceding the plan year.

For purpose of converting to a 10-year certain and life option:

Age	Factor
50	0.99
55	0.98
60	0.97
65	0.95
70	0.90
75	0.82

For other purposes:

UP-84 mortality table, set back two years and an interest rate of 6.00%.

Normal Retirement Eligibility Attainment of normal retirement date.

Monthly Benefit Accrued benefit determined as of normal retirement date.

Early Retirement Eligibility Retirement before normal retirement date and on or after both attaining age 55 and completing 10 years of vesting service, or, for IAM Local #725 participants, age 50 with 30 or more years of aggregate benefit service.

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Monthly Benefit

Accrued benefit as determined as of early retirement date reduced by an actuarial factor of 6% per year before age 62, interpolated monthly, plus the level income special allowance. No reduction is applied for participants who retire after age 50 with 30 or more years of aggregate benefit service.

Postponed Retirement
Eligibility

Retirement after normal retirement date.

Monthly Benefit

Monthly pension benefit determined as of actual retirement date.

Termination With Deferred Vested Benefit
Eligibility

Termination for reasons other than death or retirement after completing five years of vesting service.

Monthly Benefit

Accrued benefit determined as of termination date, actuarially reduced for payment before age 65.

Sample reduction factors:

Age	Factor
62	0.7705
60	0.6566
55	0.4573

Preretirement Spouse Benefit
Eligibility

Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.

Monthly Benefit

Monthly preretirement spouse benefit is payable. In-service death while eligible to retire is payable immediately; otherwise deferred to participant's early retirement date.

Disability Retirement
Eligibility

Total and permanent disability while on the active payroll after completion of 10 or more years of vesting service.

Monthly Benefit

Accrued benefit.

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Postretirement Death Benefit

Eligibility

Death after normal, early, postponed or disability retirement from active or lay-off status.

Benefit

Monthly benefit dependent on the optional form elected, and \$2,000 payable as a lump sum.

Level Income Special Allowance (LISA)

Eligibility

Retirement from active service after age 55 (age 50 for IAM Local #725 participants) with 30 years of aggregate benefit service, or age 60 with 20 years of aggregate benefit service and before age 62.

Monthly Benefit

\$550 per month payable until age 62.

Form of Payment

Normal Form

Unmarried Participants

Life annuity.

Married Participants

50% joint and survivor annuity with pop up feature (with 95% reduction factor).

Optional Forms

(1) Life and 10-year certain option.

(2) Accelerated income.

Small Benefits

If the actuarial equivalent value of participant's benefit does not exceed \$5,000 at termination, a lump sum distribution is paid.

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Former SSB Plan Participants

Effective Date December 1, 2006 pursuant to the joint venture agreement dated May 2, 2005 between the Boeing Company and the Lockheed Martin Corporation ("LMC") Most recent amendment effective January 2015.

Plan Year Calendar year.

Most Recent Collective Bargaining Agreements June 2015.

Eligibility Employees represented by participating collective bargaining units are eligible on their date of employment.

Definitions

Credited Service One year for each plan year in which the participant completes 1,800 or more hours. Partial years of service are granted for each 150 hours if less than 1,800. Prior plan service was included for certain participants as of the effective date.

Continuous Service An employee's period of employment commencing on the later of the effective date or hire date and ending at termination. Include prior plan continuous service for certain participants.

Actuarial Equivalence
Optional Forms

Optional forms (other than level income and lump sums) are determined based on an interest rate of 7% and UP-84 mortality. Mortality is set back one year for single participants and three years for a contingent annuitant.

Level Income Benefits

Level income benefits are determined based on an interest rate equal to the greater of 5.50% or the current 417(e) interest rate.

Lump Sums

Lump sums are based on applicable interest and mortality as prescribed by the Secretary of the Treasury.

•

Schedule SB Attachment (Form 5500)—2018 Plan Year
 United Launch Alliance Pension Plan for Hourly Represented Employees
 EIN: 81-0673845 PN: 003

Normal Retirement

Eligibility Requirement

Age 65.

Benefit

Benefit rate x the number of years of credited service.

Effective Date	Benefit Rate
Before 6/1/2012	\$80
6/1/2012	\$83
6/1/2013	\$84
6/1/2014	\$85
6/1/2015	\$95

IAM participants within the ULA Bargained plan was frozen effective January 2017.

This benefit is reduced by any benefit payable from the General Dynamics Corporation Hourly Employees' Retirement Plan (\$34 × years of credited service through May 2, 1994).

Former Cape Canaveral participants (NES): Can elect to have their benefits determined in accordance with the provisions of the Retirement Income Plan (RIP).

Early Retirement

Eligibility Requirement

Age 55.

Benefit

Monthly benefit computed as in normal retirement, reduced for payment commencing prior to age 65 in accordance with the following:

- (1) If the sum of the member's age at his benefit commencement date and his years of continuous service total 85 or more, or the member has attained age 62 and completed 10 years of service, benefits are unreduced as of the member's early retirement date.
- (2) If the member does not meet the requirements of (1), the benefit payable at his early retirement date is reduced by the lesser of:
 - a. $3.00\% \times$ the amount by which 85 exceeds the sum of his age + continuous service; or

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

- b. 3.00% per year for each year between his normal retirement date and his benefit commencement date.

Effective during 2008, the SSB plan was amended so that ULA will pay the difference between the subsidized and unsubsidized early retirement factors for heritage General Dynamics participants who were not retirement eligible as of the date of the formation of ULA (December 1, 2006).

Disability Retirement

Eligibility Requirement

Ten years of continuous service and total and permanent disability.

Benefit

An unreduced monthly benefit computed as in normal retirement.

Postponed Retirement

Eligibility Requirement

Retirement after normal retirement date.

Monthly Benefit

Normal retirement benefit equal to the accrued benefit determined as of retirement date.

Preretirement Surviving Spouse's Benefit

Eligibility Requirement

Five years of continuous service.

Benefit

If the participant dies from active status after becoming eligible for early retirement, 50% of the monthly benefit the participant would have received if he had retired on the first of the month following his death. If the participant dies from terminated vested status after becoming eligible for early retirement, 50% of the monthly benefit the participant would have received if he had retired on the first of the month preceding or coincident with his death. If the participant had five years of service, but had not attained age 55 upon his death, the benefit is deferred to when he would have attained age 55.

Termination

Eligibility Requirement

Five years of continuous service.

Benefit

A monthly benefit computed as in normal retirement, payable at age 65. Actuarially equivalent benefits are payable as early as age 55.

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Pension Improvement

Eligibility Requirement

Five years of continuous service.

Benefit

\$94 per month (for San Diego participants) or \$105 per month (for Cape Canaveral and Vandenberg participants) for the participant payable upon the attainment of age 65 and \$94/\$105 per month for participant's spouse, payable upon the spouse's attainment of age 65.

- (1) For a retired member with between five and 10 years of continuous service, the \$94/\$105 benefit $\times$ a fraction equal to the number of years of continuous service at retirement $\div$ 10.
- (2) For a vested member, the \$94/\$105 benefit $\times$ by a fraction equal to the number of years of continuous service at termination $\div$ the number of years from date of hire to age 65.

The pension improvement benefit will continue to the spouse upon the participant's death. The amount of the benefit will be reduced by the pension improvement benefit received from the General Dynamics Corporation Hourly Employees' Retirement Plan.

Form of Payment

Normal Form

Unmarried Participants

Life annuity.

Married Participants

50% joint and survivor annuity.

Optional Forms

- (1) 66⅔%, 75%, and 100% joint and survivor annuity with pop up feature.
- (2) Level income option at age 62 or age 65.
- (3) Five and 10-year certain and life.

Small Benefits

If the actuarial equivalent value of participant's benefit does not exceed \$5,000 at termination, a lump sum distribution is paid.

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Former SSH Plan Participants

Effective Date December 1, 2006, pursuant to the joint venture agreement dated May 2, 2005 between the Boeing Company and the Lockheed Martin Corporation, United Launch Alliance. Most recent amendment effective June 2016.

Plan Year Calendar year.

Most Recent Collective Bargaining Agreements June 2016.

Eligibility Employees represented by participating collective bargaining units are eligible on their date of employment.

Current participating union is UAW Local 2346.

Effective November 30, 2005, all CPI participants were spun off to the Lockheed Martin Corporation Retirement Income Plan.

Definitions

Credited Service One year for each calendar year in which the participant completes 1,700 hours. Partial years of service are granted if less than 1,700. Prior plan service is included.

Vesting Service Accumulated vesting service under the prior plan plus one year for each calendar year with 1,000 or more hours after the effective date. Partial years of vesting service are granted.

Prior Plan Lockheed Martin Pension Plan for Hourly Employees of the Space Systems Group.

Actuarial Equivalent Value For purpose of calculating lump sums:

Applicable mortality table under 417(e) and applicable interest rate under 417(e) for the December preceding the plan year.

For other purposes:

1971 GAM mortality table and an interest rate of 5.50%.

Schedule SB Attachment (Form 5500)—2018 Plan Year
 United Launch Alliance Pension Plan for Hourly Represented Employees
 EIN: 81-0673845 PN: 003

Normal Retirement

Eligibility Requirement

The later of:

- (1) Age 65; or
- (2) The fifth anniversary of date of hire.

Benefit

Benefit rate x years of credited service.

Effective Date	Benefit Rate
6/1/2008	\$31
6/1/2010	\$34
7/13/2013	\$40
7/13/2015	\$43
7/1/2016	\$50

The benefit is reduced by the benefit payable from the General Dynamics Corporation Hourly Employees' Retirement Plan (\$14.00 x years of credited service through May 2, 1994).

UAW participants within the ULA Bargained plan was frozen effective January 2017.

Early Retirement

Eligibility Requirement

Age 55 and 10 years of credited service.

Benefit

Monthly benefit computed as in normal retirement multiplied by the following adjustment factors:

Age at Which Retirement Benefits Commence	Adjustment Factor
64	95.0%
63	90.0%
62	85.0%
61	80.0%
60	80.0%
59	75.0%
58	70.0%
57	65.0%
56	60.0%
55	50.0%

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Late Retirement

Eligibility Requirement

Retirement after normal retirement date.

Benefit

Normal retirement benefit equal to the accrued benefit determined as of retirement date.

Disability Retirement

Eligibility Requirement

Ten years of credited service and totally and permanently disabled for a minimum of six months.

Benefit

The unreduced accrued benefit computed as in normal retirement paid at double rate until the participant becomes eligible for unreduced Social Security benefits. The benefit may be offset by benefits payable by Workmen's Compensation or other insurance.

Preretirement Surviving Spouse's Benefit

Eligibility Requirement

Five years of vesting service and married to a participant for the one-year period ending on the date of participant's death.

Benefit

50% of the monthly benefit the participant would have received if he had retired on the first of the month preceding or coincident with his death and elected a joint and 50% survivor annuity. If the participant was eligible to retire at the time of his death, the benefit is payable immediately. If the participant had 10 years of service but had not attained age 55 at the time of his death, the benefit is deferred to the month he would have attained age 55. If the participant had between five and 10 years of service but had not attained age 65 at the time of his death, the benefit is deferred to the month he would have attained age 65.

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Termination

Eligibility Requirement

Five years of vesting service or normal retirement eligibility.

Benefit

A deferred monthly benefit computed as in normal retirement, payable at age 65. Benefit may commence as early as age 55 with reductions equal to the early retirement reduction factors.

Forms of Payment

Normal Form

Unmarried Participants

Life annuity.

Married Participants

50% joint and survivor annuity.

Optional Forms

- (1) Life annuity.
- (2) 50%, 66 $\frac{2}{3}$ %, and 75% joint and survivor annuity.
- (3) Five- and 10-year certain and life.
- (4) Level income option at age 62 or age 65.

Small Benefits

If the actuarial equivalent value of a participant's benefit does not exceed \$5,000 at termination, a lump sum distribution is paid.

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2018 Plan Year
United Launch Alliance Pension Plan for Hourly Represented Employees
EIN: 81-0673845 PN: 003

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflect the following assumption change:

- A change in the expected long-term rate of return on plan assets from 7.25% to 6.75%.

This change was made to better reflect the asset allocations. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.