Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
L3 TECHNOLOGIES, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
L3 TECHNOLOGIES, INC.

1025 WEST NASA BOULEVARD
MELBOURNE, FL 32919-0001

1025 WEST NASA BOULEVARD
MELBOURNE, FL 32919-0001

2b Employer Identification Number (EIN)
13-3937436

2c Plan Sponsor's telephone number
321-724-3554

2d Business code (see instructions)
334200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2020	ANDREA HARTMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	652
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	236
a(2) Total number of active participants at the end of the plan year	**6a(2)**	462
b Retired or separated participants receiving benefits	**6b**	1166
c Other retired or separated participants entitled to future benefits	**6c**	585
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2213
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	130
f Total. Add lines **6d** and **6e**.	**6f**	2343
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 3F 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
L3 TECHNOLOGIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3937436

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	**2a**	156077823
b Actuarial value	**2b**	161919501

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	347	65495542	65495542
b For terminated vested participants	196	22729363	22729363
c For active participants	283	61795862	61875094
d Total	826	150020767	150099999

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**	5.61 %
6 Target normal cost	**6**	2341145

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	06/26/2020 Date
MENACHEM BRAUN, FSA, MAAA	20-07683
Type or print name of actuary	Most recent enrollment number
SEGAL	212-251-5000
Firm name	Telephone number (including area code)
333 W. 34TH STREET NEW YORK, NY 10001-2402	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	8162647
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6425384
9	Amount remaining (line 7 minus line 8)		1737263
10	Interest on line 9 using prior year's actual return of -3.67 %		-63758
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		18327436
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.79 %		689129
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-235812
	c Total available at beginning of current plan year to add to prefunding balance		18780753
	d Portion of (c) to be added to prefunding balance		18780753
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	20454258

Part III Funding Percentages

14	Funding target attainment percentage	14	94.24 %
15	Adjusted funding target attainment percentage	15	107.87 %
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	94.65 %
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
	0	0			
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.74 %	5.35 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	2341145
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	8634756	1633477
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**	3974622

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3974622	3974622

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
L3 TECHNOLOGIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3937436

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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 ☐

(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 ☐

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)

(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 ☐

(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: GRANT THORNTON LLP	**b** EIN: 36-6055558	
c Position: AUDITOR		
d Address: 757 THIRD AVE, 9TH FLOOR NEW YORK, NY 10017	**e** Telephone:	

Explanation: CONSOLIDATION OF SERVICES.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
L3 TECHNOLOGIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3937436

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3937436-020	M	0

a Name of MTIA, CCT, PSA, or 103-12 IE: L3HARRIS PENSION MASTER TRUST

b Name of sponsor of entity listed in (a): HARRIS CORPORATION

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)
36-6668234-300	M	500793910

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
L3 TECHNOLOGIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3937436

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	20697000	
(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)	136151000	500793910
(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	156848000	500793910
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	66000	187314
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	66000	187314
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	156782000	500606596

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		29383302
(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		29383302
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6381789	
(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)		6381789
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6381789
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		23001513
l Transfers of assets:			
(1) To this plan	2l(1)		320823083
(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) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4244186. (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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
L3 TECHNOLOGIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3937436

Part I Distributions

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

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

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

EIN(s): 13-7074646

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 2

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 58.0 % Investment-Grade Debt: 11.0 % High-Yield Debt: 8.0 % Real Estate: 0.0 % Other: 23.0 %

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

L3 TECHNOLOGIES, INC. PENSION PLAN

Financial Statements

For the Years Ended December 31, 2019 and 2018

BUCHBINDER

L3 TECHNOLOGIES, INC. PENSION PLAN
Financial Statements
For the Years Ended December 31, 2019 and 2018

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BUCHBINDER

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants
L3 Technologies, Inc. Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of L3 Technologies, Inc. Pension Plan (the "Plan"), which comprise the statement of net assets available for pension benefits as of December 31, 2019, and the related statement of changes in net assets available for pension benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by Bank of New York Mellon, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustee 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 on the 2019 financial statements. Accordingly, we do not express an opinion on the 2019 financial statements referred to in the first paragraph.

Other Matter – 2018 Financial Statements

The financial statements of the plan as of December 31, 2018 and for the year then ended, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform any auditing procedures with respect to the information certified by the trustee. Their report, dated October 10, 2019, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations – 2019 Financial Statements

The form and content of the information included in the 2019 financial statements, other than that derived from the information certified by the trustee, 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.

Buchbinder Tunicle : Company LLP

BUCHBINDER TUNICK & COMPANY LLP

Bethesda, MD
October 6, 2020

L3 TECHNOLOGIES, INC. PENSION PLAN
Statements of Net Assets Available for Pension Benefits
December 31, 2019 and 2018
(In thousands)

	2019	2018
Assets:		
Investments, at fair value - Plan's interest in the Master Trust	$ 500,794	$ 136,151
Employer contributions receivable	-	20,697
Total assets	500,794	156,848
Liabilities:		
Accrued expenses	187	66
Net assets available for pension benefits	$ 500,607	$ 156,782

See notes to financial statements.

L3 TECHNOLOGIES, INC. PENSION PLAN
Statements of Changes in Net Assets Available for Pension Benefits
For the Years Ended December 31, 2019 and 2018
(In thousands)

	2019	2018
Additions to net assets attributed to:		
Plan's interest in the Master Trust investment income (loss)	$ 30,220	$ (5,521)
Employer contributions	-	20,697
Total additions	30,220	15,176
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries	6,382	4,739
Administrative expenses	836	954
Total deductions	7,218	5,693
Net increase prior to plan transfers in	23,002	9,483
Plan transfers in	320,823	17,694
Net increase	343,825	27,177
Net assets available for pension benefits:		
Beginning of year	156,782	129,605
End of year	$ 500,607	$ 156,782

See notes to financial statements.

L3 TECHNOLOGIES, INC. PENSION PLAN
Notes to the Financial Statements
December 31, 2019 and 2018
(In thousands)

Note 1 - Description of Plan

On December 31, 2016, following the merger of L-3 Communications Holdings, Inc. ("L-3 Holdings") with and into L-3 Communications Corporation, L-3 Communications Corporation changed its name to L3 Technologies, Inc. (the "Company") and the L-3 Communications Corporation Pension Plan became the L3 Technologies, Inc. Pension Plan (the "Plan"). On June 29, 2019, L3 Technologies, Inc. ("L3") completed its merger with Harris Corporation ("Harris") to create L3Harris Technologies, Inc. ("L3Harris"). The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

The Plan was established effective May 1, 1997 in connection with the acquisition of certain entities by the Company from Lockheed Martin Corporation ("Lockheed Martin"). On that date, certain participants in the Lockheed Martin Tactical Systems, Inc. Pension Plan (the "Prior Plan") became participants in the Plan. Lockheed Martin transferred the assets under the Prior Plan attributable to the accrued benefits of the participants.

The L3 Aviation Products Retirement Plan II was merged into this Plan effective December 31, 2018. The following plans were merged into this Plan effective December 31, 2019: L3 Brashear Retirement Income Plan, L3 Electron Devices Pension Plan, The Narda MITEQ Pension Plan, L3 Pension Plan for Certain Divisions, and DB Plan for EE of KDI Precision Products, Inc. See Note 11 for further detail.

The Plan is a non-contributory defined benefit plan covering employees at certain locations of the Company. Participation in the Plan commenced at age 21 after the completion of one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

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

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

The plan was amended to allow for lump sum payments in December 2017 to certain terminated vested participants whose lump sum value of their benefit was less than $100.

Note 1 - Description of Plan (Continued)

In the fourth quarter of 2017, the Benefit Plan Committee approved the freezing of the participants' benefit service as of December 31, 2018. Thus, participants will not accrue any additional benefit service under the Plan after December 31, 2018.

Additionally, in the fourth quarter of 2017, an amendment was approved with respect to the L3 Aviation Products Retirement Plan II's participants as of January 1, 2019 which will reduce the annual percentage credit to 1% regardless of the length of benefit service.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are 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 ("U.S. GAAP") requires management to make significant estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, disclosures of contingent assets, liabilities and benefit obligations, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from those estimates.

Interest in Master Trust

Investment assets of the Plan were maintained in the L-3 Communications Corporation Master Trust (the "Master Trust"), administered by Bank of New York Mellon ("BNY"), as trustee through December 31, 2019. Effective December 31, 2019, the Plan's funds were transferred to the L3Harris Pension Master Trust, managed by Northern Trust, as trustee. The Plan participates in the Master Trust along with other defined benefit plans sponsored by the Company (collectively, the "Participating Plans"). The fair value of the Plan's undivided interest in the Master Trust is determined based on the beginning of year value of the Plan's undivided interest in the Master Trust plus actual contributions and allocated investment income (loss) less actual distributions and actual administrative expenses. See Note 4 for a description of the valuation methodologies of the assets of the Master Trust.

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

Note 2 - Summary of Significant Accounting Policies (Continued)

Net Investment Income (Loss) from Master Trust

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

Benefit Payments

Benefit payments are recorded when paid.

Plan Expenses

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

Risks and Uncertainties

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

The investments held in the Master Trust are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the investments and related allocation reported in the statements of net assets available for pension benefits and the statements of changes in net assets available for pension benefits.

Note 3 - Interest in Master Trust

The fair value of the assets and liabilities of the Master Trust at December 31, 2019 and 2018 is presented in the table below. As described in Note 2, effective December 31, 2019, the Plan's funds were transferred to the L3Harris Pension Master Trust. The Plan's funds were held in the L-3 Communications Corporation Master Trust on December 31, 2018. The Plan's percentage interest in the Master Trust was approximately 5.94% at December 31, 2019 and 5.3% at December 31, 2018.

	Master Trust		Plan's Interest in Master Trust	
	2019	**2018**	**2019**	**2018**
Investments:				
Common collective trusts	$ 935,289	$ 178,889	$ 55,600	$ 9,457
Common and preferred stocks	3,801,086	1,502,079	225,963	79,411
Corporate debt	1,273,721	437,208	75,719	23,172
U.S. Government securities	732,569	49,822	43,549	2,576
Partnerships/joint ventures	426,338	-	25,344	-
Hedge funds	187,511	8	11,147	-
Registered investment companies	54,900	268,294	3,264	14,184
Other	341,178	-	20,282	-
Short-term investments	655,266	148,195	38,954	7,835
Total investments	8,407,858	2,584,495	499,822	136,635
Accrued income, cash and net unsettled trades:				
Cash	2,363	914	140	48
Accrued income	25,004	8,100	1,486	428
Receivable for unsettled trades	6,160	682	366	36
Other payables	(2,899)	-	(172)	-
Payable for unsettled trades	(14,271)	(18,831)	(848)	(996)
Accrued income, cash and net unsettled trades	16,357	(9,135)	972	(484)
	$ 8,424,215	$ 2,575,360	$ 500,794	$ 136,151

Note 3 - Interest in Master Trust (Continued)

The net investment income (loss) of the L-3 Communications Corporation Master Trust for the years ended December 31, 2019 and 2018 are presented in the table below.

	2019	2018
Net appreciation (depreciation) in fair value of investments	$ 496,221	$ (172,653)
Interest income	24,244	22,864
Dividend income	50,563	51,808
Other income	5,865	4,098
Net investment income (loss)	$ 576,893	$ (93,883)

Note 4 - Fair Value Measurements

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

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

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

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

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

Note 4 - Fair Value Measurements (Continued)

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

Asset Valuation Techniques

The lowest level of input that is a significant component of the fair value measurements determines the placement of the entire fair value measurement in the hierarchy. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Domestic and international equity:

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

REITs:

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

Fixed income investments:

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

The fair value of the Level 3 investments is determined using the discounted cash flow method. The unobservable inputs used in this valuation to determine the pricing yield for each security include the 30-year treasury base yield, ranging between 1.58% and 2.34% as of December 31, 2019, and 2.49% and 3.00% as of December 31, 2018. Additional unobservable inputs used include a broker spread, ranging between 1.65% and 2.75% as of December 31, 2019, and 2.00% and 2.85% as of December 31, 2018.

Note 4 - Fair Value Measurements (Continued)

Short-term investments:

Short-term investments are primarily comprised of short-term money market funds, which invest primarily in short-term, high quality money market securities such as government obligations, commercial paper, time deposits and certificates of deposit which are valued at cost, which approximate fair value, or valued at quoted market prices of identical instruments.

Limited partnerships:

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

Hedge funds:

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

Common collective trusts:

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

The preceding valuation methods 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.

Note 4 - Fair Value Measurements (Continued)

The following table sets forth by level within the fair value hierarchy a summary of the Master Trust's investments measured at fair value on a recurring basis at December 31, 2019 (in thousands):

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total
Asset category:				
Domestic equity	$ 2,826,191	$ -	$ -	$ 2,826,191
International equity	1,056,461	-	-	1,056,461
REITS	241,603	-	-	241,603
Fixed income investments	80,336	1,977,881	16,995	2,075,212
Short-term investments	2,158	678,120	-	680,278
Limited partnerships at NAV*				426,338
Hedge funds at NAV*				187,511
Common collective trusts at NAV*				914,264
Total	$ 4,206,749	$ 2,656,001	$ 16,995	8,407,858
Accrued income, cash and net unsettled trades				16,357
Total fair value of Master Trust assets				$ 8,424,215

*Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in Note 3.

Note 4 - Fair Value Measurements (Continued)

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total
Asset category:				
Domestic equity	$ 1,222,868	$ -	$ -	$ 1,222,868
International equity	91,792	-	-	91,792
REITS	187,419	-	-	187,419
Fixed income investments	318,116	437,216	-	755,332
Short-term investments	-	148,195	-	148,195
Common collective trusts at NAV*				178,889
Total	$ 1,820,195	$ 585,411	$ -	2,584,495
Accrued income, cash and net unsettled trades				(9,135)
Total fair value of Master Trust assets				$ 2,575,360

*Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in Note 3.

The following table sets forth a summary of the changes in the fair value of the Master Trust's Level 3 investments for the year ended December 31, 2019 (in thousands):

	Fixed Income Investments
Beginning balance - January 1, 2019	$ -
Beginning balance in L3Harris Pension Master Trust	15,498
Total gains and (losses)	1,609
Principal paydowns	(112)
Ending balance - December 31, 2019	$ 16,995
The amount of total gains or (losses) for the period included in changes in net assets attributable to the change in unrealized gains or (losses) related to assets still held at December 31, 2019	$ 1,609

Note 4 - Fair Value Measurements (Continued)

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2019 and 2018 (in thousands):

December 31, 2019	Fair Value	Unfunded Commitments	Frequency (If Eligible)	Redemption Notice Period
Limited partnerships (a):				
Buyout funds	$ 199,975	$ 292,245	N/A	N/A
Distressed asset investments	25,571	12,680	N/A	N/A
Venture capital funds	41,149	3,141	N/A	N/A
Mezzanine funds	4,105	6,308	N/A	N/A
Commodities	22,779	-	N/A	N/A
Real estate	596	4,932	N/A	N/A
International equity	132,163	-	Monthly	30 days
	$ 426,338	$ 319,306		
Hedge funds:				
Multi-strategy (c)	$ 15,358	$ -	See (c)	See (c)
Fund of funds (d)	129,885	-	Quarterly	See (b)
Long/short (e)	34	-	Quarterly	See (b)
Event driven (f)	42,234	-	Quarterly	See (b)
	$ 187,511	$ -		
Common collective trusts	$ 914,264	$ -	Daily	See (b)

December 31, 2018	Fair Value	Unfunded Commitments	Frequency (If Eligible)	Redemption Notice Period
Common collective trusts	$ 178,889	$ -	Monthly	See (b)

Note 4 - Fair Value Measurements (Continued)

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

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

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

(d) Fund of funds hedges invest in a variety of investments, mainly other hedge funds, of different styles with the goal of generating diversified returns in all types of market environments.

(e) The partnership's objective is to preserve capital and to seek maximum, long-term, capital appreciation commensurate with reasonable risk. The partnership seeks to achieve this through long and short positions in equity or debt securities of public U.S. and non-U.S. issuers (including securities convertible into equity or debt securities), and derivative instruments.

(f) Event driven funds are single direct funds attempting to generate returns in all types of market environments with appropriate amounts of risk.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets. For the years ended December 31, 2019 and 2018, there were no significant transfers in or out of Levels 1, 2, or 3.

Note 5 - Funding Policy

Generally, the Company's funding policy is to contribute amounts in accordance with the Internal Revenue Code ("IRC") that are at least equal to the minimum funding requirements under ERISA. There was no minimum funding requirement in 2019 and 2018. The Company's contributions met or exceeded the minimum funding requirements of ERISA in 2019 and 2018. Minimum contributions are calculated using the Unit Credit Actuarial Cost Method, as prescribed by law. Under this method, the liability is measured on an accrued-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year. Assuming all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the minimum required contribution is generally designed to achieve the following: (1) if the plan is underfunded, funding at the minimum level would achieve 100% funding within seven years, and then contributions would equal the target normal cost, or (2) if the plan is overfunded, there will be no required contributions unless the target normal cost exceeds the overfunding.

Note 6 - Accumulated Plan Benefits

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

The below benefits apply to previous participants of the L3 Aviation Products Retirement Plan II:

The Plan provides a benefit of 1% of earnings for each year of benefit service regardless of the length of benefit service beginning on or after January 1, 2019. Benefits vest 100% after five years of service and are payable at age 65. Service in Plan I is considered as service under the Plan.

Note 6 - Accumulated Plan Benefits (Continued)

The Plan permits standard early retirement at age 55. The standard early retirement benefit may begin at the date of early retirement, reduced by 4% for each of the first five years and 3% for each of the next five years prior to age 65. The Plan also permits special early retirement at age 50 for participants with at least 20 years of service. The special early retirement benefit is reduced by 4% for each year that the sum of age and service is less than 85. There is no reduction in benefits if the participant is at least age 55 and the sum of age and service is at least 85. Retirees may elect to receive their pension benefits in the form of a joint and survivor annuity or a life annuity payable monthly from the date of retirement. Under the joint and survivor annuity, if a vested participant dies prior to the date pension benefits commence, the surviving spouse of the deceased vested participant receives benefits equal to 50% of the amount which would have been payable to the retiree under a joint and survivor annuity. Under the life annuity, there are no continuing payments after the death of the retiree. If participants are terminated before completing five years of service, they forfeit the right to receive their accumulated benefits.

The below benefits apply to participants of the merged as of December 31, 2018 L3 Technologies, Inc. Pension Plan:

For each participant who has an hour of service on or after January 1, 2005, the benefit for each plan year of accrual service equals 1.5% of the participant's Final Average Earnings (as defined below) not in excess of his/her Covered Compensation (as defined below) for each plan year (and completed month) of accrual service, plus 1.75% of the participant's Final Average Earnings in excess of his/her covered compensation for each plan year of accrual service, or if greater, the participant's benefit determined as of December 31, 2004 with respect to a participant who also has an hour of service on December 31, 2004. Final Average Earnings represents the average of the earnings for the five calendar years during the ten calendar years ending with the calendar year (or partial year) in which the participant ceases to be an employee that results in the highest average earnings amount. Covered Compensation represents the average of the social security wage bases for the 35 calendar years ending with the year each participant attains social security retirement age.

For each participant who had an hour of service on or after January 1, 2004 but not on or after January 1, 2005, the Plan provides a benefit for each year of service of 1.5% of compensation up to the social security wage base plus 1.75% of compensation in excess of that base for each year of service. Benefits vest 100% after five years of service and are payable at age 65. Service in the Prior Plan is considered as service under the Plan.

Note 6 - Accumulated Plan Benefits (Continued)

The Plan permits early retirement for participants at age 55 with at least ten years of service. The benefit may begin at the date of early retirement, reduced by 3.33% for each of the first five years prior to age 65 and 1.67% for each of the next five years by which commencement of benefits precedes the normal retirement date. Retirees may elect to receive their pension benefits in the form of a joint and survivor annuity or a life annuity payable monthly from the date of retirement. Under the joint and survivor annuity, if a vested participant dies prior to the date pension payments commence, the surviving spouse of the deceased vested participant receives benefits equal to 50% of the amount which would have been payable to the retiree under a joint and survivor annuity. Under the life annuity, there are no continuing payments after the death of the retiree. If participants are terminated before completing five years of service, they forfeit the right to receive their accumulated benefits.

The actuarial present value of the accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2019 and 2018 were:

Mortality basis 2019 and 2018: Total Collar RP-2014 Mortality Table (adjusted back to 2006), with mortality rates reduced by 10%, with this adjustment tapering linearly to 0% starting at age 85 and ending at age 95. These assumed rates are projected generationally with the 2017 SSA Intermediate - Cost Projections Scale.

Retirement 2019 and 2018: Retirement starting at 50 through 70, at varying rates, with 100% by age 70. In 2019 and 2018, the retirement assumption at age 65 was 25%.

Discount Rate 2019 and 2018: 7.75% and 8.00%, respectively.

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

Note 6 - Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits as of January 1, 2019 is as follows (in thousands):

Vested accumulated plan benefits:		
Retired participants and/or beneficiaries currently receiving benefits	$	55,372
Other participants		64,505
Total vested accumulated plan benefits		119,877
Nonvested accumulated plan benefits		56
Total actuarial present value of accumulated plan benefits	$	119,933

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended January 1, 2019 are as follows (in thousands):

Actuarial present value of accumulated plan benefits at January 1, 2018	$	95,790
Increase (decrease) during the year attributable to:		
Benefits accumulated and other		3,326
Benefits paid		(5,538)
Assumption changes		3,192
Interest		8,811
Plan transfers		14,352
Actuarial present value of accumulated plan benefits at January 1, 2019	$	119,933

Note 7 - Exempt Party-in-Interest Transactions

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

Note 8 - Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated October 11, 2017, that the Plan is designed in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. The plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable regulations of the IRC; therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions by the Plan and has concluded that as of December 31, 2019 and 2018, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9 - Plan Termination

While the Company has not expressed any intent to do so, it is free to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated as specified by the Plan in accordance with ERISA, generally to provide the following benefits in the order indicated:

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

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

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

d. All vested and non-vested benefits.

Note 9 - Plan Termination (Continued)

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

Note 10 - Plan Interest in Master Trust Certified by Trustee (Unaudited)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2019 and 2018, and investment income (loss) for the years then ended, that is disclosed in the accompanying financial statements, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee of the Plan.

Note 11 - Plan Transfers

The following plans were merged into the Plan, effective December 31, 2019:

L3 Pension Plan for Certain Divisions	$	132,134
L3 Electron Devices Pension Plan		113,624
The Narda MITEQ Penson Plan		46,567
L3 Brashear Retirement Income		26,863
DB Plan for EE of KDI Precision Products, Inc.		1,635
Total transfers in	$	320,823

All transfers are included in the statement of changes in net assets available for pension benefits as of December 31, 2019.

Note 12 - Subsequent Events

The Plan evaluated its December 31, 2019 financial statements for subsequent events for recognition or disclosure through October 6, 2020, the date the financial statements were available to be issued.

Effective January 1, 2020, the Plan was amended to adopt changes to the Plan in connection with L3 Technologies, Inc. becoming a subsidiary of L3Harris Technologies, Inc. effective June 29, 2019 and to account for the plan mergers in Note 11. All benefit accruals under the Plan will cease effective December 31, 2019, except as set forth in the plan document. Effective January 1, 2020, the Plan name was changed to L3Harris Technologies, Inc. Pension Plan.

Note 12 - Subsequent Events (Continued)

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency (the "COVID-19 outbreak") and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. Because the values of the Plan's individual investments have fluctuated and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

Effective December 31, 2020, the Plan has resolved to merge into the L3Harris Salaried Pension Plan.

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Summary of Plan Provisions – Corporate and Display Systems Segment

This subsection summarizes the major provisions of the L3 Technologies, Inc. Pension Plan applicable to employees of Corporate and Display Systems, as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

PLAN STATUS:	**CLOSED TO NEW HIRES EFFECTIVE January 1, 2007**
Normal retirement:	
Age requirement:	65
Service requirement:	5 years
Amount:	For a participant who has an hour of service on or after January 1, 2005, is equal to the sum of (1) and (2) or, if greater, the amount determined under (3): (1) 1.5% of the Participant's Final Average Compensation not in excess of his Covered Compensation for each Plan Year (and completed month) of Accrual Service and (2) 1.75% of the Participant's Final Average Compensation in excess of his Covered Compensation for each Plan Year (and completed month) of Accrual Service. (3) With respect to a Participant who also has an Hour of Service on December 31, 2004, the Participant's benefit determined as of December 31, 2004. A participant's Final Average Earnings are the average Earnings for the five calendar years during the ten calendar years of Accrual Service prior to the date on which the Participant ceases to be an Employee that results in the highest average Earnings amount. If a participant has not completed five years of Accrual Service as of the date he ceases to be an Employee, his average Earnings are for the entire period (years and completed months) of such Accrual Service. No additional accrual service will be earned after December 31, 2018 but accruals due to pay increases will apply.
Early retirement:	
Age requirement:	55
Service requirement:	10 years of eligibility service
Amount:	Accrued normal retirement benefit reduced by 6.67% per year for the first five years prior to age 65 that benefit commence and 3.33% for the next five years.
Deferred retirement:	
Amount:	Additional accruals to actual retirement date.

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Summary of Plan Provisions – Corporate and Display Systems Segment

Vesting:	
Age requirement:	None
Service requirement:	5 years of service
Amount:	Accrued pension payable at age 65.
Vesting percentage:	100% after 5 years of service
Pre-retirement death benefits:	
Age:	None
Service requirement:	5 years of service
Amount:	50% of benefit employee would have received had he retired the day before he died and elected the joint and survivor option, payable at the earliest retirement date of the employee. Benefit is payable only to a spouse.
Forms of benefit:	
Normal Form:	Life annuity for unmarried participants. For married participants, a joint and 50% survivor annuity, which is actuarially equivalent to a life annuity. Actuarial equivalent is 86% adjusted for difference between age and 65 and spouse older or younger than participant. *Life annuity*
Optional Form:	*Joint and 50% survivor annuity* – benefit is reduced by the factor equal to 86% minus / (plus) 0.6% for each full year the participant is older / (younger) than age 65, minus / (plus) 0.5% for each full year the participant is older (or younger) than the eligible spouse. *Joint and 75% survivor annuity* – benefit is reduced by the factor equal to 80% minus / (plus) 0.6% for each full year the participant is older / (younger) than age 65, minus / (plus) 0.75% for each full year the participant is older (or younger) than the eligible spouse. *Joint and 100% survivor annuity* – benefit is reduced by the factor equal to 75% minus / (plus) 0.6% for each full year the participant is older / (younger) than age 65, minus / (plus) 1.0% for each full year the participant is older (or younger) than the eligible spouse. *Life annuity with period certain guarantees of 10 years* - benefit is reduced by the factor equal to 91% minus / (plus) 0.7% for each full year the participant is older / (younger) than age 65. *Life annuity with period certain guarantees of 15 years* - benefit is reduced by the factor equal to 82.5% minus / (plus) 1.3% for each full year the participant is older / (younger) than age 65. *Life annuity with period certain guarantees of 20 years* - benefit is reduced by the factor equal to 74% minus / (plus) 1.6% for each full year the participant is older / (younger) than age 65. *Social Security level-income life annuity* – benefit is adjusted by the factor calculated based on the yield curve and mortality tables used in valuation.

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Summary of Plan Provisions – Corporate and Display Systems Segment

Lump sum:	Benefits with a present value less than or equal to $1,000 are automatically cashed out. If the present value of the benefit is over $1,000 but less than or equal to $5,000, a lump sum is offered to the participant. If the present value of the benefit is over $5,000 but less than or equal to $20,000, the participant can elect a lump sum or an annuity.
Participation:	
Age requirement:	21 years
Service requirement:	1 year Effective as of January 1, 2007, employees hired on or after January 1, 2007 are not eligible to participate in the plan
Groups covered:	
Group:	Employees of the L3 New York Corporate Office and the L3 Technologies, Inc. Display Systems Division.
Service:	
Benefit:	From employment Effective March 1, 2003, employees located in the Largo office will no longer accrue benefit service in the L3 Technologies, Inc. Pension Plan.
Vesting:	From employment
Earnings:	
	Earnings for any Plan Year shall be defined as total cash remuneration actually paid by the Employer.
Section 415 limit:	
	$225,000 (previously $220,000)
Section 401(a)(17) limit:	
	$280,000 (previously $275,000)

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Summary of Plan Provisions – Corporate and Display Systems Segment

Most Recent Plan Amendments

Plan Amendment	Effective Date	Reflected in 2019 Actuarial Valuation
Amendment No. 1	September 1, 2017	Yes
Amendment No. 2	January 1, 2019	Yes
Amendment No. 3	January 1, 2019	Yes
Amendment No. 4	June 29, 2019	N/A

The plan has been restated as of January 1, 2017

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Summary of Plan Provisions – Aviation Products II Segment

This subsection summarizes the major provisions of the L3 Technologies, Inc. Pension Plan applicable to employees of Aviation Products II, as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

PLAN STATUS: CLOSED TO NEW PARTICIPANTS, ONGOING ACCRUALS	
Normal retirement:	
Age requirement:	65
Service requirement:	None
Amount:	For each year of participation, 1.5% of Earnings for the first 15 years of vesting service plus 2% of Earnings for vesting service after 15 years. Earnings include all wages, bonuses and overtime compensation. Effective January 1, 2019, 1.0% of Earnings for all future years.
Early retirement:	
Standard	
Age requirement:	55
Service requirement:	None
Amount:	Normal retirement accrued benefit reduced by 4% for each of the first 5 years and 3% for each of the next 5 years prior to age 65.
Special	
Age requirement:	50
Service requirement:	20
Amount:	Normal retirement accrued benefit reduced by 4% per year for each year that the sum of age plus vesting service (capped at 30 years) is less than 85. There is no reduction if participant is at least age 55 and the sum of age plus service equals or exceeds 85.

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Summary of Plan Provisions – Aviation Products II Segment

Vesting:	
Age requirement:	None
Service requirement:	5 years of service
Alternate requirement:	Age 55
Amount:	Accrued normal retirement benefit payable at age 65 or as early as age 55 based on standard early retirement reductions.
Pre-retirement death benefits:	
Age:	None
Service requirement:	5 years of service
Alternate requirement:	Age 55
Amount:	50% of benefit employee would have received had he/she retired the day before he/she died and elected the joint and survivor option payable immediately. If the employee was younger than age 55 at the time of death, the amount payable is the actuarial equivalent of the benefit that would have been payable at age 55.
Participation:	
Age requirement:	None
Service requirement:	1 year
Benefit Service:	
	From participation. Active participants of Plan I transferred to Plan II and began to accrue benefit service in Plan II as of January 1, 2006.
Vesting Service:	
	Vesting service begins immediately after hire.
Employee Group Covered:	
	Employees of L3 Aviation Products hired before January 1, 2007.

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Summary of Plan Provisions – Aviation Products II Segment

Forms of Benefit:	
Normal Form:	The normal form of benefit payment for married participants is a 50% joint and survivor annuity; for unmarried participants it is a single life annuity
Optional Forms:	The available optional benefit forms under the Plan are a 10 or 15 year certain period and life option, contingent annuity options of 50%, 75% and 100% of the participant's pension and a Social Security Option (age 62). The SS option uses the assumptions in Section 417(e) as required by law; other optional forms of benefit shall equal the Actuarial Equivalence of the normal form of benefit, determined on the basis of a 7% annual rate of interest and the 1984 Unisex Pension Mortality Table rated back three years.
Lump sum benefits:	Benefits with present value less than or equal to $1,000 are automatically cashed out. If the present value is greater than $1,000 but less than or equal to $5,000, a lump sum is offered to the participant. If the present value is over $5,000 but less than or equal to $20,000, the participant can elect the lump sum, an immediate annuity, or a deferred annuity.
Statutory Limits:	
Section 415 limit:	$225,000 (previously $220,000)
Section 401(a)(17) limit:	$280,000 (previously $275,000)

Most Recent Plan Amendments

Plan Amendment	Effective Date	Reflected in 2019 Actuarial Valuation
Amendment No. 1	January 1, 2017	N/A

The plan has been restated as of January 1, 2017

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Line 26 – Schedule of Active Participant Data
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Participants in Active Service by Age and Years of Benefit Service as of January 1, 2019*

	Years of Benefit Service									
Age	Less than 1	1-4	5-9	10-14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Over
Under 25	--	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
25 - 29	--	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
30 - 34	--	--	--	1	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
35 - 39	--	--	--	10	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
40 - 44	--	--	1	10	14	2	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
45 - 49	--	--	--	6	14	5	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
50 - 54	--	--	2	20	17	4	7	3	--	--
	--	--	--	--	--	--	--	--	--	--
55 - 59	--	1	5	32	25	5	10	1	--	--
	--	--	--	--	--	--	--	--	--	--
60 - 64	--	--	1	24	12	7	2	2	2	--
	--	--	--	--	--	--	--	--	--	--
65 - 69	--	--	--	4	7	3	2	--	--	--
	--	--	--	--	--	--	--	--	--	--
70 & Over	--	--	--	--	2	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--

* Excludes those no longer accruing benefits under the plan.

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Actuarial Assumptions and Methodologies (Funding)

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

Interest:

The interest rates used for the 2019 plan year are the 24-month average corporate bond segment rates for September, 2018 (a 4-month lookback) subject to funding stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average corporate bond rates) but are then constrained to be within a corridor around a 25-year average of those same bond rates. For 2019, the stabilization corridor is 10%. Under current law, it is scheduled to remain at 10% through 2020, then increase by 5% per year until it reaches 30% for 2024. The rates are as follows:

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter	Effective Interest Rate
Current Year, reflecting stabilization	3.74%	5.35%	6.11%	5.61%
Current Year, without stabilization	2.28%	3.81%	4.46%	4.08%
Prior Year, reflecting stabilization	3.92%	5.52%	6.29%	5.79%
Prior Year, without stabilization	1.75%	3.76%	4.66%	4.15%

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

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter
Current Year	3.38%	4.32%	4.69%
Prior Year	2.33%	3.55%	4.11%

These interest rates are based on the plan sponsor's election (an election that can next be changed for the 2020 plan year) and are subject to the constraints established by law.

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Actuarial Assumptions and Methodologies (Funding) *continued*

<table>
<tr><td>Mortality Rates</td><td>RP-2006 separate employee and annuitant healthy mortality tables (sex-specific), projected with static projection to 2019 using scale MP-2017.
This assumption is one of the choices allowed by the regulations.</td></tr>
<tr><td>Salary Increases</td><td>Corporate and Display Systems Segment – 3.50%. Bonuses are averaged over the last five years and added to the current year's base pay as of the valuation date.
Aviation Products II Segment – 3.50%
This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.</td></tr>
<tr><td>Benefit Election</td><td>Life annuity for unmarried participants. 50% joint and survivor for married participants.
This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.</td></tr>
<tr><td>Sample Termination Rates</td><td>Corporate and Display Systems Segment –
<table>
<tr><th>Age</th><th>Rate</th></tr>
<tr><td>20</td><td>21.20%</td></tr>
<tr><td>25</td><td>15.80</td></tr>
<tr><td>30</td><td>1.60</td></tr>
<tr><td>35</td><td>8.40</td></tr>
<tr><td>40</td><td>6.20</td></tr>
<tr><td>45</td><td>4.20</td></tr>
<tr><td>50</td><td>2.60</td></tr>
<tr><td>55</td><td>1.00</td></tr>
<tr><td>60</td><td>0.00</td></tr>
</table>
Aviation Products II Segment –
<table>
<tr><th>Age</th><th>Rates</th></tr>
<tr><td>25</td><td>13.00%</td></tr>
<tr><td>30</td><td>10.00</td></tr>
<tr><td>40</td><td>5.00</td></tr>
<tr><td>50</td><td>3.00</td></tr>
</table>
Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.</td></tr>
</table>

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Actuarial Assumptions and Methodologies (Funding) *continued*

Retirement (From Active Status) Rates

Corporate and Display Systems Segment –

Age	Rates
55-61	5.00%
62	20.00
63-64	10.00
65	25.00
66-69	20.00
70	100.00

Aviation Products II Segment –

Age	Rates
50	10.00%
51 - 59	5.00
60 - 64	15.00
65	25.00
66 - 69	20.00
70	100.00

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

Description of Weighted Average Retirement Age

Age 63, determined as follows: The weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.

Retirement From Inactive Status

Corporate and Display Systems Segment – Age 65

Aviation Products II Segment – Assumed 15% rate of retirement for ages 55-64, 100% for ages 65 and up.

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

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Actuarial Assumptions and Methodologies (Funding) *continued*

Percent Married	70% for male participants, 55% for female participants. Spouse is assumed to be the opposite gender.
Age Difference	Male spouses are assumed to be three years older than female spouses.
Administrative Expenses	An expense assumption is required under the funding rules. Plan-related expenses of $820,000 are expected to be paid by the plan during the year. This assumption is based on recent historical data, adjusted to reflect PBGC premium changes, advice from the plan sponsor, and estimated future experience and professional judgment.
Asset Method	As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 7.50%, not to exceed the applicable third segment rates of 6.48% for 2017 and 6.29% for 2018.
Funding Method	Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year. If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within seven years. Once that is achieved, or for overfunded plans, the required contribution will generally equal the target normal cost reduced by any overfunding.
Assumption Changes Since Prior Valuation	None

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Schedule of Shortfall Amortization Bases as of January 1, 2019

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
2019	$1,876,138	$1,876,138	7	$304,850
2018	4,690,032	4,151,974	6	765,645
2017	3,340,309	2,551,842	5	548,518
2016	87,543	54,802	4	14,464
Total		**$8,634,756**		**$1,633,477**

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
L3 Technologies, Inc. Pension Plan
EIN 13-3937436 PN 001

Corporate and Display

Age	Rate	Probability of Retiring	Age x Probability
55	5.00%	5.00%	2.75
56	5.00%	4.75%	2.66
57	5.00%	4.51%	2.57
58	5.00%	4.29%	2.49
59	5.00%	4.07%	2.40
60	5.00%	3.87%	2.32
61	5.00%	3.68%	2.24
62	20.00%	13.97%	8.66
63	10.00%	5.59%	3.52
64	10.00%	5.03%	3.22
65	25.00%	11.31%	7.35
66	20.00%	6.79%	4.48
67	20.00%	5.43%	3.64
68	20.00%	4.34%	2.95
69	20.00%	3.48%	2.40
70	100.00%	13.90%	9.73
			63.38

Aviation Products II

Age	Rate	Probability of Retiring	Age x Probability
50	10.00%	10.00%	5.00
51	5.00%	4.50%	2.30
52	5.00%	4.28%	2.22
53	5.00%	4.06%	2.15
54	5.00%	3.86%	2.08
55	5.00%	3.67%	2.02
56	5.00%	3.48%	1.95
57	5.00%	3.31%	1.89
58	5.00%	3.14%	1.82
59	5.00%	2.99%	1.76
60	15.00%	8.51%	5.11
61	15.00%	7.23%	4.41
62	15.00%	6.15%	3.81
63	15.00%	5.23%	3.29
64	15.00%	4.44%	2.84
65	25.00%	6.29%	4.09
66	20.00%	3.78%	2.49
67	20.00%	3.02%	2.02
68	20.00%	2.42%	1.64
69	20.00%	1.93%	1.33
70	100.00%	7.73%	5.41
			59.63

Headcount

Corporate and Display Systems	236
Aviation Products II	47
	283

Weighted Average

(63.38*236+59.63*47)/283	**62.76**

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)

☒ a single-employer plan ☐ a DFE (specify) _____

B This return/report is: ☐ the first return/report ☐ the final return/report

☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program

☐ special extension (enter description)

Part II Basic Plan Information - enter all requested information

1a Name of plan
L3 TECHNOLOGIES, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
L3 TECHNOLOGIES, INC.

1025 WEST NASA BOULEVARD

MELBOURNE FL 32919

2b Employer Identification Number (EIN) 13-3937436

2c Plan Sponsor's telephone number 321-724-3554

2d Business code (see instructions) 334200

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

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

SIGN HERE	Signature of plan administrator	Date	ANDREA HARTMAN 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 (2019)
v. 190130

3a Plan administrator's name and address [X] Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN

5 Total number of participants at the beginning of the plan year	5	652
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	236
a (2) Total number of active participants at the end of the plan year	6a(2)	462
b Retired or separated participants receiving benefits	6b	1,166
c Other retired or separated participants entitled to future benefits	6c	585
d Subtotal. Add lines **6a(2), 6b,** and **6c**	6d	2,213
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	130
f Total. Add lines **6d** and **6e**	6f	2,343
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
L3 Technologies, Inc. Pension Plan

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3937436

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	**2a**	156,077,823
b Actuarial value	**2b**	161,919,501

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	347	65,495,542	65,495,542
b For terminated vested participants	196	22,729,363	22,729,363
c For active participants	283	61,795,862	61,875,094
d Total	826	150,020,767	150,099,999

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**	5.61%
6 Target normal cost	**6**	2,341,145

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

Menachem Braun MMB
Signature of actuary

06/26/2020
Date

MENACHEM BRAUN, FSA, MAAA
Type or print name of actuary

2007683
Most recent enrollment number

SEGAL
Firm name

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

333 W 34TH STREET

NEW YORK NY 10001-2402
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	8,162,647
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6,425,384
9	Amount remaining (line 7 minus line 8)	0	1,737,263
10	Interest on line 9 using prior year's actual return of -3.67%	0	-63,758
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		18,327,436
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.79%		689,129
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-235,812
	c Total available at beginning of current plan year to add to prefunding balance		18,780,753
	d Portion of (c) to be added to prefunding balance		18,780,753
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	20,454,258

Part III Funding Percentages

14	Funding target attainment percentage	14	94.24%
15	Adjusted funding target attainment percentage	15	107.87%
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	94.65%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	3.74 %	5.35 %	6.11%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ 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**	2,341,145
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8,634,756	1,633,477
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**	3,974,622

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3,974,622	3,974,622

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011