

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>L3 COMMUNICATION SYSTEMS - WEST RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>05/01/1997</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>05/01/1997</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>L3 TECHNOLOGIES, INC.</u> <div style="display: flex; justify-content: space-between;"> <div><u>1025 WEST NASA BOULEVARD</u> <u>MELBOURNE, FL 32919-0001</u></div> <div><u>1025 WEST NASA BOULEVARD</u> <u>MELBOURNE, FL 32919-0001</u></div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-3937436</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>321-724-3554</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>334200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-3937436</u>	2c Plan Sponsor's telephone number <u>321-724-3554</u>	2d Business code (see instructions) <u>334200</u>	
2b Employer Identification Number (EIN) <u>13-3937436</u>					
2c Plan Sponsor's telephone number <u>321-724-3554</u>					
2d Business code (see instructions) <u>334200</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2020	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

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

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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1497
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 341 6a(2) 293 6b 909 6c 155 6d 1357 6e 126 6f 1483 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3F 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
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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 <u>L3 COMMUNICATION SYSTEMS - WEST RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>L3 TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>13-3937436</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>285181432</u>
b Actuarial value	2b <u>295568718</u>
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.....	<u>990</u> <u>181023102</u> <u>181023102</u>
b For terminated vested participants.....	<u>166</u> <u>16783485</u> <u>16783485</u>
c For active participants	<u>341</u> <u>81550164</u> <u>81573893</u>
d Total.....	<u>1497</u> <u>279356751</u> <u>279380480</u>
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 <u>5.48</u> %
6 Target normal cost.....	6 <u>2514212</u>

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	<u>06/26/2020</u>
<u>AIDA DOMLIJA, FSA, MAAA</u>	Date
Type or print name of actuary	<u>20-06955</u>
<u>SEGAL</u>	Most recent enrollment number
Firm name	<u>212-251-5000</u>
<u>333 W. 34TH STREET</u> <u>NEW YORK, NY 10001-2402</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2019
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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	3986698
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3314501
9 Amount remaining (line 7 minus line 8)		672197
10 Interest on line 9 using prior year's actual return of <u>-3.62</u> %		-24334
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		23563641
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.67</u> %		1148126
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-119985
c Total available at beginning of current plan year to add to prefunding balance		24591782
d Portion of (c) to be added to prefunding balance		24591782
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	25239645

Part III Funding Percentages

14 Funding target attainment percentage	14	96.76 %
15 Adjusted funding target attainment percentage	15	105.79 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.74 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2019	1540000	0			
Totals ▶			18(b)	1540000	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	1517432

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions)☐

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**

2514212

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

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

9051407

1707477

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**

4221689

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

2704257

2704257

36 Additional cash requirement (line 34 minus line 35)**36**

1517432

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

1517432

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 COMMUNICATION SYSTEMS - WEST RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
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)
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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:	212-599-0100

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2019</div> This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>L3 COMMUNICATION SYSTEMS - WEST RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>L3 TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>13-3937436</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>L-3 COMM. CORPORATION MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>L3 TECHNOLOGIES, INC.</u>		
c EIN-PN <u>13-3937436-020</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>L3HARRIS PENSION MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>HARRIS CORPORATION</u>		
c EIN-PN <u>36-6668234-300</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>325564710</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 COMMUNICATION SYSTEMS - WEST RETIREMENT PLAN	B Three-digit plan number (PN) ►	003
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)	28965000	
(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)	257277000	325564710
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	286242000	325564710

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	50000	37861
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	50000	37861

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	286192000	325526849
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1540000	
(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)		1540000
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)		55029074
(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		56569074

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17234225	
(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)		17234225
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		17234225

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		39334849
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
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?		X	
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?		X	
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?		X	
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.)		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
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 4243299. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan L3 COMMUNICATION SYSTEMS - WEST RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 003
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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

Stock: 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 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN

Financial Statements

For the Years Ended December 31, 2019 and 2018



L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Financial Statements
For the Years Ended December 31, 2019 and 2018

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INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants
L3 Communication Systems-West Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of L3 Communication Systems-West Retirement 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 Tunick & Company LLP

BUCHBINDER TUNICK & COMPANY LLP

Bethesda, MD
October 6, 2020

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Statements of Net Assets Available for Pension Benefits
December 31, 2019 and 2018
(In thousands)

	<u>2019</u>	<u>2018</u>
Assets:		
Investments, at fair value - Plan's interest in the Master Trust	\$ 325,565	\$ 257,277
Employer contributions receivable	<u>-</u>	<u>28,965</u>
Total assets	<u>325,565</u>	<u>286,242</u>
Liabilities:		
Accrued expenses	<u>38</u>	<u>50</u>
Net assets available for pension benefits	<u><u>\$ 325,527</u></u>	<u><u>\$ 286,192</u></u>

See notes to financial statements.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT 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)	\$ 56,141	\$ (9,161)
Employer contributions	1,540	28,965
Total additions	57,681	19,804
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries	17,234	16,417
Administrative expenses	1,112	1,916
Total deductions	18,346	18,333
Net increase	39,335	1,471
Net assets available for pension benefits:		
Beginning of year	286,192	284,721
End of year	\$ 325,527	\$ 286,192

See notes to financial statements.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to 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 Communication Systems-West Retirement Plan became the L3 Communication Systems-West Retirement 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, including the L-3 Communication Systems-West division by the Company, from Lockheed Martin Corporation ("Lockheed Martin"). On that date, certain participants in the Lockheed Martin Tactical Defense Systems Retirement Plan became participants in the Plan. Lockheed Martin transferred the assets under the Lockheed Martin Tactical Defense Systems Retirement Plan attributable to the accrued benefits of the participants. The Plan's assets were transferred from the Lockheed Martin Tactical Defense Systems Retirement Plan in 1997.

The Company transferred the Engineering & Technical Services ("E&TS") business segment from Communication Systems West ("CSW") to the National Security Solutions ("NSS") business segment, formerly known as Stratis. As a result, the definition of eligible employee was changed to include employees of E&TS who were participants while employed by CSW prior to the business transfer and who were employed by NSS.

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 Company entered into a definitive agreement to sell its NSS business to CACI International, Inc. on December 7, 2015. The transaction was completed on February 1, 2016. There was no impact to the Plan as a result of the sale of NSS as all benefit accruals ceased, effective January 1, 2014, for service performed after December 31, 2013 for employees of E&TS who were participants of the Plan while employed by CSW.

The Plan is a non-contributory defined benefit plan covering employees at certain locations of the Company. Effective May 1, 1997, the Plan is frozen to new participants. Effective January 1, 2016, employees who earn in excess of \$180 in the plan year prior to the year under consideration cease to accrue future benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

Note 1 - Description of Plan (Continued)

The Plan was amended to allow for lump sum payments in December 2017 to certain terminated vested participants whose total lump sum benefits were less than \$100.

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.

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.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

Note 2 - Summary of Significant Accounting Policies (Continued)

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.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

Note 3 - Interest in Master Trust (Continued)

The Plan's percentage interest in the Master Trust was approximately 3.86% at December 31, 2019 and 10.00% at December 31, 2018.

	Master Trust		Plan's Interest in Master Trust	
	2019	2018	2019	2018
Investments:				
Common collective trusts	\$ 935,289	\$ 178,889	\$ 36,145	\$ 17,871
Common and preferred stocks	3,801,086	1,502,079	146,898	150,057
Corporate debt	1,273,721	437,208	49,225	43,673
U.S. Government securities	732,569	49,822	28,311	4,982
Partnerships/joint ventures	426,338	-	16,476	-
Hedge funds	187,511	8	7,247	-
Registered investment companies	54,900	268,294	2,122	26,802
Other	341,178	-	13,185	-
Short-term investments	655,266	148,195	25,324	14,805
Total investments	<u>8,407,858</u>	<u>2,584,495</u>	<u>324,933</u>	<u>258,190</u>
Accrued income, cash and net unsettled trades:				
Cash	2,363	914	91	91
Accrued income	25,004	8,100	967	809
Receivable for unsettled trades	6,160	682	238	68
Other payables	(2,899)	-	(112)	-
Payable for unsettled trades	<u>(14,271)</u>	<u>(18,831)</u>	<u>(552)</u>	<u>(1,881)</u>
Accrued income, cash and net unsettled trades	<u>16,357</u>	<u>(9,135)</u>	<u>632</u>	<u>(913)</u>
	<u>\$ 8,424,215</u>	<u>\$ 2,575,360</u>	<u>\$ 325,565</u>	<u>\$ 257,277</u>

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

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.

	<u>2019</u>	<u>2018</u>
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	<u>5,865</u>	<u>4,098</u>
Net investment income (loss)	<u>\$ 576,893</u>	<u>\$ (93,883)</u>

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.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

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.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

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.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

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	<u>\$ 4,206,749</u>	<u>\$ 2,656,001</u>	<u>\$ 16,995</u>	<u>8,407,858</u>
Accrued income, cash and net unsettled trades				<u>16,357</u>
Total fair value of Master Trust assets				<u>\$ 8,424,215</u>

*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.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

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, 2018 (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	\$ 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	<u>\$ 1,820,195</u>	<u>\$ 585,411</u>	<u>\$ -</u>	<u>2,584,495</u>
Accrued income, cash and net unsettled trades				<u>(9,135)</u>
Total fair value of Master Trust assets				<u>\$ 2,575,360</u>

*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	<u>(112)</u>
Ending balance - December 31, 2019	<u>\$ 16,995</u>
The amount of total gains or (losses) for the period included in changes in net assets attributable to the change in unrealized gains or (losses) related to assets still held at December 31, 2019	<u>\$ 1,609</u>

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

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
	<u>\$ 426,338</u>	<u>\$ 319,306</u>		
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)
	<u>\$ 187,511</u>	<u>\$ -</u>		
Common collective trusts	<u>\$ 914,264</u>	<u>\$ -</u>	Daily	See (b)
December 31, 2018	Fair Value	Unfunded Commitments	Frequency (If Eligible)	Redemption Notice Period
Common collective trusts	<u>\$ 178,889</u>	<u>\$ -</u>	Monthly	See (b)

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

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.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

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. Contributions required from the Company in 2019 and 2018 to the Plan under the minimum funding requirements of ERISA were \$0 and \$2,171, respectively. 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 Plan provides a benefit for employees as the sum of (1), (2) and (3), but not less than (4):

- (1) For service through December 31, 1990, of 1% of the lesser of Final Average Compensation (five highest year average compensation in the final ten year period) and the Integration Level, plus 1.35% of the excess of Final Average Compensation over the Integration Level multiplied by years of non-union credited service as of December 31, 1990. Final Average Compensation is the average of a participant's monthly compensation for the full 60 month period during which the participant's compensation as an employee was the greatest during the full 120 month period immediately preceding the earlier of his or her severance from service date or his or her required distribution date.
- (2) For service after December 31, 1990 and through December 31, 2018, the benefit is 1% of compensation earned during each plan year up to the Integration Level plus 1.35% of the excess of compensation over the Integration Level multiplied by years of non-union credited service.
- (3) For service after December 31, 2018, the benefit is 0.75% of compensation earned during each plan year.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

Note 6 - Accumulated Plan Benefits (Continued)

- (4) For service through December 31, 1992, the benefit is 1% of the lesser of Final Average Compensation (five year average compensation in the final ten year period) and the Integration Level, plus 1.35% of the excess of Final Average Compensation over the Integration Level multiplied by years of non-union credited service.

The Integration Level is 50% of the average of the last five years social security wage bases. Benefits vest 100% after 5 years of cumulative service and are payable at age 65. Service in the Prior Plan is considered as service under the Plan.

The Plan permits early retirement for participants at ages 55 to 64 with at least 5 years of service. The benefit may begin at the date of early retirement, reduced by 6% for each year by which commencement of benefits precedes the normal retirement date (age 65 or age 62 for a participant with 20 or more years of service). 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 5 years of service, they forfeit the right to receive their accumulated benefits.

The actuarial present value of the accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of 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 55 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.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

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	\$ 154,461
Other participants	76,107
	<hr/>
Total vested accumulated plan benefits	230,568
Nonvested accumulated plan benefits	16
	<hr/>
Total actuarial present value of accumulated plan benefits	<u>\$ 230,584</u>

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		\$ 223,962
Increase (decrease) during the year attributable to:		
Benefits accumulated and other		128
Benefits paid		(16,417)
Assumption changes		4,994
Interest		17,917
		<hr/>
Actuarial present value of accumulated plan benefits at January 1, 2019		<u>\$ 230,584</u>

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. 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.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

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.

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 ("PBGC"), up to specified limits.

L3 COMMUNICATION SYSTEMS-WEST RETIREMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2019 and 2018
(In thousands)

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 - Group Annuity Contract

Effective January 1, 2005, John Hancock Life Insurance Company issued a Group Annuity Contract for certain participants of the Plan. Per the contract, John Hancock Life Insurance will make payments of the monthly retirement annuity payments to the Bank of New York as Trustee. Bank of New York Mellon assumes responsibility to pay over these amounts to the payee under the terms of the contract. These amounts have been excluded from plan assets.

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. 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 Communication Systems – West Pension Plan.

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 Communication Systems - West Retirement Plan
EIN 13-3937436 PN 003

Summary of Plan Provisions

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

Plan Status	Plan is closed to new participants Frozen accruals for certain highly compensated participants for Utah division; ongoing accruals for other participants in Utah division; frozen accruals for all participants in E&TS division.
Plan Effective Date	May 1, 1997
Normal Retirement	<ul style="list-style-type: none"> • <i>Age Requirement:</i> 65 • <i>Service Requirement:</i> None • <i>Amount:</i> The sum of (1), (2) and (3), but not less than (4): <ol style="list-style-type: none"> 1. For service through December 31, 1990: 1% of the lesser of Final Average Compensation (5-year average compensation in the final 10-year period) and the Integration Level plus 1.35% of the excess of Final Average Compensation over the Integration Level multiplied by years of non-union credited service as of December 31, 1990. Integration Level and Final Average Compensation are determined as of December 31, 1990. 2. For service after December 31, 1990 and through December 31, 2018: 1% of Compensation earned during each plan year up to the Integration Level plus 1.35% of the excess of Final Average Compensation over the Integration Level multiplied by years of non-union credited service as of December 31, 2018. Integration Level and Final Average Compensation are determined as of December 31, 2018. 3. For service after December 31, 2018: 0.75% of Compensation earned during each plan year 4. For service through December 31, 1992: 1% of the lesser of Final Average Compensation (5-year average compensation in the final 10-year period) and the Integration Level plus 1.35% of the excess of Final Average Compensation over the Integration Level multiplied by years of non-union credited service. Integration Level and Final Average Compensation are determined as of December 31, 1992. • <i>Integration Level:</i> 50% of the average of the last five Social Security wage bases. • <i>Compensation:</i> Compensation paid by the employer including overtime, shift differential, overseas, performance based bonuses plus Military pay for reserve duty, short term and long term disability pay.

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Communication Systems - West Retirement Plan
EIN 13-3937436 PN 003

Summary of Plan Provisions *continued*

Early Retirement	<ul style="list-style-type: none"> • <i>Age Requirement:</i> 55 • <i>Service Requirement:</i> 5 years of service • <i>Amount:</i> Accrued normal retirement benefit determined as of early retirement date, reduced by 6% for each year by which commencement of benefits precedes age 65 or, age 62 for a participant with 20 or more years of service.
Vesting	<ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of service • <i>Amount:</i> Accrued benefit payable at age 65 reduced by 6% per year if benefit commences early but not before age 55.
Spouse Benefits	<ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of service • <i>Amount:</i> 50% of benefit employee would have received had he or she retired the day before he or she died and elected the 50% joint and survivor option. Benefits commence immediately, or at the participant's early retirement age, if later.
Additional Pre-Retirement Death Benefits	<ul style="list-style-type: none"> • <i>Amount:</i> \$5,000 to beneficiary of participant who has died after terminating after attaining age 55 with ten years of vesting service.
Forms of Benefit	<ul style="list-style-type: none"> • <i>Normal Form:</i> If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless employee and spouse waive this form. If not waived, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If waived by employee and spouse, or if not married, benefits are payable for the life of the employee without reduction or in any other available optional form elected by the employee in an actuarially equivalent amount. • <i>Optional Forms:</i> <ul style="list-style-type: none"> – Life annuity – Joint and 100% survivor annuity – benefit is reduced by the factor equal to 85% plus / (minus) 0.5% for each year a participant is younger / (older) than 65 plus / (minus) 0.5% for each year the beneficiary is older / (younger) than the participant. The factor cannot exceed 95%. – Joint and 75% survivor annuity – benefit is reduced by the factor equal to 88.5% plus / (minus) 0.5% for each year a participant is younger / (older) than 65 plus / (minus) 0.5% for each year the beneficiary is older / (younger) than the participant. The factor cannot exceed 96%. – Joint and 50% survivor annuity – benefit is reduced by the factor equal to 92% plus / (minus) 0.5% for each year a participant is younger / (older) than 65 plus / (minus) 0.5% for each year the beneficiary is older / (younger) than the participant. The factor cannot exceed 97.5%.

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Communication Systems - West Retirement Plan
EIN 13-3937436 PN 003

Summary of Plan Provisions *continued*

Forms of Benefit <i>continued</i>	<ul style="list-style-type: none"> – Age 62 Social Security adjustment optional form – projected Social Security benefit at age 62 is increased by the appropriate factor from the table below. <table border="1" data-bbox="1062 383 1467 703"> <thead> <tr> <th>Years to 62</th><th>Factor</th></tr> </thead> <tbody> <tr><td>7</td><td>.485</td></tr> <tr><td>6</td><td>.535</td></tr> <tr><td>5</td><td>.590</td></tr> <tr><td>4</td><td>.655</td></tr> <tr><td>3</td><td>.725</td></tr> <tr><td>2</td><td>.805</td></tr> <tr><td>1</td><td>.900</td></tr> </tbody> </table> – Life annuity with period certain guarantee of 120 or 180 months – For 120 month guarantee, benefit is reduced by the factor equal to 93.5% plus / (minus) 0.5% for each year a participant is younger / (older) than 65. The factor cannot exceed 98.5%. For 180 month guarantee, benefit is reduced by the factor equal to 88% plus / (minus) 1.0% for each year a participant is younger / (older) than 65. The factor cannot exceed 98%. • <i>Lump Sum Benefits:</i> Benefits with a present value less than or equal to \$1,000 are automatically cashed out. Benefits with a present value greater than \$1,000 but less than or equal to \$5,000 are eligible for a lump sum distribution but it will not be paid to the participant prior to his Normal Retirement Age without the participant's consent. If the present value of the benefit is greater than \$5,000 but less than or equal to \$20,000, the participant may elect to receive a lump sum or an annuity. 	Years to 62	Factor	7	.485	6	.535	5	.590	4	.655	3	.725	2	.805	1	.900
Years to 62	Factor																
7	.485																
6	.535																
5	.590																
4	.655																
3	.725																
2	.805																
1	.900																
Participation	Eligible employee who was an active participant in the prior plan immediately prior to May 1, 1997.																
Benefit Credit	All years of employment																
Vesting Credit	All years of employment																
Certain Highly Compensated Employees	<p>Any participant who had "Section 415 earnings" (as defined in Section 5.5(d) of the L3 Technologies Master Savings Plan) in excess of \$180,000 in 2014, ceased to accrue benefits under the Plan as of December 31, 2015. Any other participant who has "Section 415 earnings" in excess of \$180,000 in any calendar year thereafter shall cease to accrue benefits under the Plan as of December 31 of the immediately following calendar year. Any participant who ceases to accrue benefits under the provisions of this paragraph is referred to as a "Frozen HCE".</p> <p>Any Frozen HCE will resume accruing benefits under the Plan (and will cease to be treated as a Frozen HCE) on the first day of any calendar year following a calendar year in which the "Section 415 earnings" is less than \$160,000. Service while a Frozen HCE will be treated as cumulative service under the Plan for determining early retirement. The "Additional Death Benefit" will not be payable to a participant who is a Frozen HCE at the time of termination.</p>																

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Communication Systems - West Retirement Plan
EIN 13-3937436 PN 003

Summary of Plan Provisions *continued*

Statutory Limits	<ul style="list-style-type: none"> • <i>Section 415 limit:</i> \$205,000 (previously, \$200,000) • <i>Section 401(a)(17) limit:</i> \$250,000 (previously, \$250,000)
Recent Plan Amendments	The Plan has been restated as of January 1, 2017.
	<ul style="list-style-type: none"> • <i>Plan Amendment:</i> : Amendment #1 – Special lump sum distribution • <i>Effective Date:</i> 01/01/2017 • <i>Reflected in 2019 Actuarial Valuation:</i> Yes
	<ul style="list-style-type: none"> • <i>Plan Amendment:</i> Amendment #2 – Soft freeze accrual reduction • <i>Effective Date:</i> 01/01/2019 • <i>Reflected in 2019 Actuarial Valuation:</i> Yes
	<ul style="list-style-type: none"> • <i>Plan Amendment:</i> Amendment #3 – Merger with Harris • <i>Effective Date:</i> 06/29/2019 • <i>Reflected in 2019 Actuarial Valuation:</i> N/A

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Line 26 – Schedule of Active Participant Data
L3 Communication Systems - West Retirement Plan
EIN 13-3937436 PN 003

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

Age	Years of Credited Service									
	Less than 1	1-4	5-9	10-14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Over
Under 25	--	--	--	--	--	--	--	--	--	--
25 - 29	--	--	--	--	--	--	--	--	--	--
30 - 34	--	--	--	--	--	--	--	--	--	--
35 - 39	--	--	--	--	--	--	--	--	--	--
40 - 44	--	--	--	--	--	1	--	--	--	--
45 - 49	--	--	--	--	--	10	2	--	--	--
50 - 54	--	--	--	--	--	14	5	2	1	--
55 - 59	--	--	--	--	--	8	2	15	28	2
60 - 64	--	--	--	--	--	8	--	18	41	16
65 - 69	--	--	--	--	--	3	--	5	7	13
70 & Over	--	--	--	--	--	2	--	--	--	3

* Only includes active participants accruing benefits.

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%	5.48%
Current Year, without stabilization	2.28%	3.81%	4.46%	3.96%
Prior Year, reflecting stabilization	3.92%	5.52%	6.29%	5.67%
Prior Year, without stabilization	1.75%	3.76%	4.66%	4.00%

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 be changed for the next 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 Communication Systems - West Retirement Plan
EIN 13-3937436 PN 003

Actuarial Assumptions and Methodologies (Funding) *continued*

Mortality Rates	RP-2014 separate employee and annuitant healthy mortality tables (sex-specific), reflecting both blue and white collar data, adjusted backward to the base year (2006) using scale MP-2014. Mortality is projected forward using scale MP-2017 using static projection. This reflects an update to the mandated mortality projection assumption. This assumption is one of the choices allowed by the regulations																	
Salary Increases	3.50% per year. This assumption is based on historical and current data, adjusted to reflect the economic conditions of the area and/or industry, advice from the sponsor, and estimated future experience and professional judgment.																	
Social Security Benefit	Increase in national average wage base at 3.0% annum																	
Termination Rates	<table><tr><th>Age</th><th>Rates</th></tr><tr><td>20</td><td>7.0%</td></tr><tr><td>25</td><td>6.0</td></tr><tr><td>30</td><td>5.0</td></tr><tr><td>35</td><td>4.0</td></tr><tr><td>40 - 50</td><td>2.5</td></tr><tr><td>55</td><td>0.0</td></tr><tr><td>60</td><td>0.0</td></tr></table> <p>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.</p>		Age	Rates	20	7.0%	25	6.0	30	5.0	35	4.0	40 - 50	2.5	55	0.0	60	0.0
Age	Rates																	
20	7.0%																	
25	6.0																	
30	5.0																	
35	4.0																	
40 - 50	2.5																	
55	0.0																	
60	0.0																	
Disability Rates	None assumed																	
Retirement Rates (from active status)	<table><tr><th>Age</th><th>Rates</th></tr><tr><td>55 – 61</td><td>3%</td></tr><tr><td>62 – 64</td><td>15</td></tr><tr><td>65</td><td>25</td></tr><tr><td>66 – 69</td><td>20</td></tr><tr><td>70</td><td>100</td></tr></table> <p>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.</p>		Age	Rates	55 – 61	3%	62 – 64	15	65	25	66 – 69	20	70	100				
Age	Rates																	
55 – 61	3%																	
62 – 64	15																	
65	25																	
66 – 69	20																	
70	100																	

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Communication Systems - West Retirement Plan
EIN 13-3937436 PN 003

Actuarial Assumptions and Methodologies (Funding) *continued*

Retirement from inactive status	100% at age 65			
Description of Weighted Average Retirement Age	Age 64, determined as follows: The weighted-average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.			
Percent Married	70% for male participants and 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.			
Benefit Election	Life annuity for unmarried participants. 100% joint and survivor annuity for married participants. 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.			
Administrative Expenses	An expense assumption is required under the funding rules. Plan-related expenses of \$1,180,000 are expected to be paid by the plan during the year. (Previously, \$1,160,000 was assumed). This assumption is based on recent historical data, adjusted to reflect PBGC variable-rate premium changes, advice from the plan sponsor, and estimated future experience and professional judgment.			
Asset Method	As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 7.50%, not to exceed the applicable third segment 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	<u>Assumption Type</u> Administrative Expenses	<u>Current Assumption</u> \$1,180,000	<u>Prior Assumption</u> \$1,160,000	<u>Reason for Change</u> Plan Experience

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	(\$1,324,443)	(\$1,324,443)	7	(\$215,206)
2018	11,375,659	10,070,597	6	1,857,069
2017	399,570	<u>305,253</u>	5	<u>65,614</u>
Total		\$9,051,407		\$1,707,477

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions
L3 Communication Systems - West Retirement Plan
EIN 13-3937436 PN 003

Change in Actuarial Assumptions

Assumption Changes from Prior year:	<u>Assumption Type</u> Administrative Expenses	<u>Current Assumption</u> \$1,180,000	<u>Prior Assumption</u> \$1,160,000	<u>Reason for Change</u> These assumptions are based on recent historical data, adjusted to reflect estimated future experience and professional judgment.
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Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
L3 Communication Systems - West Retirement Plan
EIN 13-3937436 PN 003

<u>Age</u>	<u>Rate</u>	<u>Probability of Retiring</u>	<u>Age x Probability</u>
55	3.00%	3.00%	1.65
56	3.00%	2.91%	1.63
57	3.00%	2.82%	1.61
58	3.00%	2.74%	1.59
59	3.00%	2.66%	1.57
60	3.00%	2.58%	1.55
61	3.00%	2.50%	1.52
62	15.00%	12.12%	7.51
63	15.00%	10.30%	6.49
64	15.00%	8.76%	5.60
65	25.00%	12.41%	8.06
66	20.00%	7.44%	4.91
67	20.00%	5.95%	3.99
68	20.00%	4.76%	3.24
69	20.00%	3.81%	2.63
70	100.00%	15.24%	10.67
Weighted Average			64.22

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
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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.)	
B	This return/report is:	☒ a single-employer plan ☐ a DFE (specify) _____	
		☐ the first return/report ☐ the final return/report	
		☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here	▶ ☐	
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
		☐ special extension (enter description)	

Part II Basic Plan Information - enter all requested information			
1a Name of plan L3 COMMUNICATION SYSTEMS - WEST RETIREMENT PLAN	1b	Three-digit plan number (PN) ▶	003
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	1c	Effective date of plan	05/01/1997
	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		12/7/22	ANDREA HARTMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2019)
v. 190130

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

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

5 Total number of participants at the beginning of the plan year	5	1,497
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)	341
a (2) Total number of active participants at the end of the plan year	6a(2)	293
b Retired or separated participants receiving benefits	6b	909
c Other retired or separated participants entitled to future benefits	6c	155
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,357
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	126
f Total. Add lines 6d and 6e	6f	1,483
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

1A 3F 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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 ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

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 Communication Systems - West Retirement Plan**B Three-digit
plan number (PN)**003**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:** ☒ Single ☐ Multiple-A ☐ Multiple-B**F Prior year plan size:** ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2019**2 Assets:****a** Market value..... **2a** 285,181,432**b** Actuarial value..... **2b** 295,568,718**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	990	181,023,102	181,023,102
b For terminated vested participants	166	16,783,485	16,783,485
c For active participants	341	81,550,164	81,573,893
d Total	1,497	279,356,751	279,380,480

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** 5.48%**6** Target normal cost..... **6** 2,514,212**Statement by Enrolled Actuary**

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

**SIGN
HERE**Aida Domlija

Signature of actuary

AIDA DOMLIJA, FSA, MAAA

Type or print name of actuary

SEGAL

Firm name

333 W 34TH STREETNEW YORK NY 10001-2402

Address of the firm

06/26/2020

Date

2006955

Most recent enrollment number

212-251-5000

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2019
v. 190130**

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	3,986,698
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3,314,501
9 Amount remaining (line 7 minus line 8).....	0	672,197
0 Interest on line 9 using prior year's actual return of <u>-3.62%</u>	0	-24,334
1 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		23,563,641
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.67%</u>		1,148,126
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		-119,985
c Total available at beginning of current plan year to add to prefunding balance.....		24,591,782
d Portion of (c) to be added to prefunding balance.....		24,591,782
2 Other reductions in balances due to elections or deemed elections.....	0	0
3 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	25,239,645

14	Funding target attainment percentage	14	96.76%
15	Adjusted funding target attainment percentage.....	15	105.79%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.74%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

[illegible]

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	1,517,432
--	------------	-----------

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions)☐

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**

2,514,212

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

0

32 Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

Installment

9,051,407

1,707,477

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**

4,221,689

35 Balances elected for use to offset funding requirement

Carryover balance

Prefunding balance

Total balance

0

2,704,257

2,704,257

36 Additional cash requirement (line 34 minus line 35)**36**

1,517,432

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

1,517,432

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