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

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                |                                                |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                 |                                                |                     |
| <b>1a</b> Name of plan                                                                                                                                                                                                                                        | <u>L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT P</u>                                                                                                                                                                                                                                      | <b>1b</b> Three-digit plan number (PN) ▶       | <u>017</u>          |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                | <b>1c</b> Effective date of plan               | <u>03/09/2002</u>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | <u>L-3 COMMUNICATIONS INTEGRATED SYSTEMS L.P.</u><br><br><br><div style="display: flex; justify-content: space-between;"> <div><u>1025 WEST NASA BOULEVARD</u><br/><u>MELBOURNE, FL 32919-0001</u></div> <div><u>1025 WEST NASA BOULEVARD</u><br/><u>MELBOURNE, FL 32919-0001</u></div> </div> |                                                |                     |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                | <b>2b</b> Employer Identification Number (EIN) | <u>03-0391841</u>   |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                | <b>2c</b> Plan Sponsor's telephone number      | <u>321-724-3554</u> |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                | <b>2d</b> 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.

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

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>   |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 4892                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 2270<br><b>6a(2)</b> 2100<br><b>6b</b> 1698<br><b>6c</b> 918<br><b>6d</b> 4716<br><b>6e</b> 159<br><b>6f</b> 4875<br><br><b>6g</b><br><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                           |

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

1A 1E 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:

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
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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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT P</u>                                                        | <b>B</b> Three-digit plan number (PN) ▶ <u>017</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>L-3 COMMUNICATIONS INTEGRATED SYSTEMS L.P.</u>             | <b>D</b> Employer Identification Number (EIN)<br><u>03-0391841</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>                                                                                                                              |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                               |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>900298508</u>                                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>934982604</u>                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <u>1708</u> <u>390481054</u> <u>390481054</u>                                 |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>916</u> <u>59998661</u> <u>59998661</u>                                    |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>2268</u> <u>386839473</u> <u>416980730</u>                                 |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>4892</u> <u>837319188</u> <u>867460445</u>                                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                     |
| <b>b</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..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>5.65</u> %                                                        |
| <b>6</b> Target normal cost.....                                                                                                                                                                               | <b>6</b> <u>18085117</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.

|                                                             |                                        |
|-------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                            |                                        |
| Signature of actuary                                        | <u>06/26/2020</u>                      |
| <u>MICHAEL ACCARDO, FSA, MAAA</u>                           | Date                                   |
| Type or print name of actuary                               | <u>20-05390</u>                        |
| <u>SEGAL</u>                                                | Most recent enrollment number          |
| Firm name                                                   | <u>212-251-5000</u>                    |
| <u>333 W. 34TH STREET</u><br><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**  
**v. 190130**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 2358398               | 97797921               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 2358398               | 35827734               |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                |                       | 61970187               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-3.74</u> % .....                                                                                |                       | -2317685               |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 78292936               |
| <b>b(1)</b> 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>5.82</u> % ..... |                       | 2334216                |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | -1428161               |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 79198991               |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 79198991               |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 138851493              |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 91.77 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 107.78 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 94.39 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          | 0                                 | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             |                                   | <b>18(c)</b>                    |

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

|               |                                                                            |
|---------------|----------------------------------------------------------------------------|
| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
|---------------|----------------------------------------------------------------------------|

|                                                                                                                                                                                              |                        |                        |                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                                            |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.74 % | 2nd segment:<br>5.35 % | 3rd segment:<br>6.11 % <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        | <b>21b</b> 4                                                               |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 63                                                               |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                                            |

|                |                            |
|----------------|----------------------------|
| <b>Part VI</b> | <b>Miscellaneous Items</b> |
|----------------|----------------------------|

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                   | <b>27</b>                                                           |

|                 |                                                                                |
|-----------------|--------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
|-----------------|--------------------------------------------------------------------------------|

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> |   |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> |   |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 18085117           |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 71329334            |                    | 13083804      |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 31168921           |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 31168921           | 31168921      |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           |                    |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           |                    |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           |                    |               |

|                |                                                                                   |
|----------------|-----------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b> |
|----------------|-----------------------------------------------------------------------------------|

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

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

|                                                                                                             |                                                             |     |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019                  |                                                             |     |
| <b>A</b> Name of plan<br>L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT P                                 | <b>B</b> Three-digit plan number (PN) ▶                     | 017 |
|                                                                                                             |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>L-3 COMMUNICATIONS INTEGRATED SYSTEMS L.P. | <b>D</b> Employer Identification Number (EIN)<br>03-0391841 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                                                |                     |              |
|--------------------|------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | GRANT THORNTON LLP                             | <b>b</b> EIN:       | 36-6055558   |
| <b>c</b> Position: | AUDITOR                                        |                     |              |
| <b>d</b> Address:  | 757 THIRD AVE, 9TH FLOOR<br>NEW YORK, NY 10017 | <b>e</b> Telephone: | 212-599-0100 |
|                    |                                                |                     |              |

Explanation: CONSOLIDATION OF SERVICES.

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                           |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT P</b>                                        | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>017</b> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>L-3 COMMUNICATIONS INTEGRATED SYSTEMS L.P.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>03-0391841</b> |            |

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

|                                                                                          |                               |                                                                                                                       |
|------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>L-3 COMM. CORPORATION MASTER TRUST</b> |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <b>L3 TECHNOLOGIES, INC.</b>           |                               |                                                                                                                       |
| <b>c</b> EIN-PN <b>13-3937436-020</b>                                                    | <b>d</b> Entity code <b>M</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>L3HARRIS PENSION MASTER TRUST</b>      |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <b>HARRIS CORPORATION</b>              |                               |                                                                                                                       |
| <b>c</b> EIN-PN <b>36-6668234-300</b>                                                    | <b>d</b> Entity code <b>M</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1088230720</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                               |                                                                                                                       |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                               |                                                                                                                       |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                               |                                                                                                                       |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                               |                                                                                                                       |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                               |                                                                                                                       |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code          | <b>e</b> 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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT P</b>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>017</b>                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>L-3 COMMUNICATIONS INTEGRATED SYSTEMS L.P.</b>                                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><b>03-0391841</b>                                       |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 92277000              |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   | 849402000             | 1088230720      |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 941679000             | 1088230720      |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 62000 | 75277 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 62000 | 75277 |

**Net Assets**

|                                                           |           |           |            |
|-----------------------------------------------------------|-----------|-----------|------------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 941617000 | 1088155443 |
|-----------------------------------------------------------|-----------|-----------|------------|

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

|                                                                                                 |        | (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)  |            | 179879066 |
| (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 <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 179879066 |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 33340623 |          |
| (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) |          | 33340623 |
| 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 <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 33340623 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 146538443 |
| 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   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> 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  |          |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>d</b> 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  |          |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 10000000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>g</b> 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  |          |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>h</b> 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  |          |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                |     | X  |          |
| <b>4i</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>j</b> 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  |          |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |          |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>n</b> 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  |          |
| <b>4n</b>                                                                                                                                                                                                                     |     | 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 4244898. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>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<br>L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT P                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 017                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>L-3 COMMUNICATIONS INTEGRATED SYSTEMS L.P.                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>03-0391841                                            |
| 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):<br><br>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 3                                                                                             |
| 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**

**Financial Statements**

**For the Years Ended December 31, 2019 and 2018**



**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Financial Statements**  
**For the Years Ended December 31, 2019 and 2018**

**INDEX**

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## INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants  
L-3 Communications Integrated Systems Retirement Plan

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of L-3 Communications Integrated Systems 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

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS 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 | \$ 1,045,894               | \$ 811,261               |
| Net assets held in 401(h) account                                | 42,337                     | 38,141                   |
| Employer contributions receivable                                | -                          | 92,277                   |
| Total assets                                                     | <u>1,088,231</u>           | <u>941,679</u>           |
| Liabilities:                                                     |                            |                          |
| Accrued expenses                                                 | 75                         | 62                       |
| Amounts related to obligations of 401(h) account                 | <u>42,337</u>              | <u>38,141</u>            |
| Total liabilities                                                | <u>42,412</u>              | <u>38,203</u>            |
| Net assets available for pension benefits                        | <u><u>\$ 1,045,819</u></u> | <u><u>\$ 903,476</u></u> |

See notes to financial statements.

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS 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) | \$ 179,257          | \$ (30,215)       |
| Employer contributions                                       | -                   | 92,277            |
| Total additions                                              | <u>179,257</u>      | <u>62,062</u>     |
| Deductions from net assets attributed to:                    |                     |                   |
| Benefits paid to participants and beneficiaries              | 33,340              | 29,395            |
| Administrative expenses                                      | 3,574               | 5,294             |
| Total deductions                                             | <u>36,914</u>       | <u>34,689</u>     |
| Net increase                                                 | 142,343             | 27,373            |
| Net assets available for pension benefits:                   |                     |                   |
| Beginning of year                                            | <u>903,476</u>      | <u>876,103</u>    |
| End of year                                                  | <u>\$ 1,045,819</u> | <u>\$ 903,476</u> |

See notes to financial statements.

## **L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**

### **Notes to the Financial Statements**

**December 31, 2019 and 2018**

**(In thousands)**

#### **Note 1 - Description of Plan**

On December 31, 2016, following the merger of L-3 Communications Holdings, Inc. ("L-3 Holdings") with and into L-3 Communications Corporation, L-3 Communications Corporation changed its name to L3 Technologies, Inc. (the "Company"). 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 L-3 Communications Integrated Systems Retirement Plan (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 March 8, 2002 in connection with the acquisition of the Aircraft Integration Systems ("AIS") business of Raytheon Company ("Raytheon") by the Company. On that date, certain participants in certain pension plans ("the Prior Plans") of Raytheon became participants in the Plan. Following the acquisition, AIS was renamed L-3 Communications Integrated Systems, L.P.

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

The Plan is frozen with respect to new participants hired on or after January 1, 2007. As such, any employees hired on or after January 1, 2007 are not eligible to participate in the Plan. If a Plan participant is transferred to any business unit within the Company at any time after the effective date of the Plan, any service and compensation earned by the participant of the Plan from the date of transfer until the date of the participant's termination of employment with the Company will be treated as though earned by the participant at the business unit of the Plan. The Plan amendment does not affect the benefits of a Plan participant who continues to be employed by the Company but becomes or ceases to be a represented employee covered by a collective bargaining agreement.

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

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the Financial Statements (Continued)**  
**December 31, 2019 and 2018**  
**(In thousands)**

**Note 1 - Description of Plan (Continued)**

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

**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.

**Investment Valuation and Income Recognition**

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 Plan is sponsored by L-3 Communications Integrated Systems, L.P., but is maintained with plans sponsored by the Company. 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.

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the Financial Statements (Continued)**  
**December 31, 2019 and 2018**  
**(In thousands)**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

**Net Investment Income (Loss) from Master Trust**

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

**401(h) Account**

Effective September 13, 2003, the Plan includes a medical benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). A separate account has been established and is maintained in the Master Trust for the net assets related to the medical benefit component (401(h) account). In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in this Plan's obligations in the Statement of Accumulated Plan Benefits but are reported as obligations in the financial statements of the L3 Technologies Funded Group Health and Welfare Plan for Retired Participants. Plan participants do not contribute to the 401(h) account. Employer contributions to the 401(h) account are determined annually and are at the discretion of the Company. Contributions not used during the year are accumulated in the 401(h) account and carried forward to pay future retiree medical expenses.

**Payment of Benefits**

Benefit payments are recorded when paid.

**Plan Expenses**

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

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the Financial Statements (Continued)**  
**December 31, 2019 and 2018**  
**(In thousands)**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

**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.

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the 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 12.4 % at December 31, 2019 and 31.5% at December 31, 2018. The 401(h) account's percentage interest in the Master Trust was 0.5% at December 31, 2019 and 1.5% at December 31, 2018.

|                                                   | <b>Master Trust</b> |                     | <b>Plan's Interest in<br/>Master Trust</b> |                   | <b>401(h) Interest in<br/>Master Trust</b> |                  |
|---------------------------------------------------|---------------------|---------------------|--------------------------------------------|-------------------|--------------------------------------------|------------------|
|                                                   | <b>2019</b>         | <b>2018</b>         | <b>2019</b>                                | <b>2018</b>       | <b>2019</b>                                | <b>2018</b>      |
| Investments:                                      |                     |                     |                                            |                   |                                            |                  |
| Common collective trusts                          | \$ 935,289          | \$ 178,889          | \$ 116,119                                 | \$ 56,352         | \$ 4,700                                   | \$ 2,649         |
| Common and preferred stocks                       | 3,801,086           | 1,502,079           | 471,917                                    | 473,167           | 19,103                                     | 22,246           |
| Corporate debt                                    | 1,273,721           | 437,208             | 158,137                                    | 137,727           | 6,401                                      | 6,466            |
| U.S. Government securities                        | 732,569             | 49,822              | 90,951                                     | 15,694            | 3,682                                      | 747              |
| Partnerships/joint ventures                       | 426,338             | -                   | 52,931                                     | -                 | 2,143                                      | -                |
| Hedge funds                                       | 187,511             | 8                   | 23,280                                     | -                 | 942                                        | -                |
| Registered investment companies                   | 54,900              | 268,294             | 6,816                                      | 84,515            | 276                                        | 3,973            |
| Other                                             | 341,178             | -                   | 42,358                                     | -                 | 1,715                                      | -                |
| Short-term investments                            | 655,266             | 148,195             | 81,354                                     | 46,683            | 3,293                                      | 2,195            |
| Total investments                                 | <u>8,407,858</u>    | <u>2,584,495</u>    | <u>1,043,863</u>                           | <u>814,138</u>    | <u>42,255</u>                              | <u>38,276</u>    |
| Accrued income, cash and net<br>unsettled trades: |                     |                     |                                            |                   |                                            |                  |
| Cash                                              | 2,363               | 914                 | 294                                        | 288               | 12                                         | 14               |
| Accrued income                                    | 25,004              | 8,100               | 3,104                                      | 2,552             | 126                                        | 120              |
| Receivable for unsettled trades                   | 6,160               | 682                 | 765                                        | 215               | 31                                         | 10               |
| Other payables                                    | (2,899)             | -                   | (360)                                      | -                 | (15)                                       | -                |
| Payable for unsettled trades                      | <u>(14,271)</u>     | <u>(18,831)</u>     | <u>(1,772)</u>                             | <u>(5,932)</u>    | <u>(72)</u>                                | <u>(279)</u>     |
| Accrued income, cash and net<br>unsettled trades  | <u>16,357</u>       | <u>(9,135)</u>      | <u>2,031</u>                               | <u>(2,877)</u>    | <u>82</u>                                  | <u>(135)</u>     |
|                                                   | <u>\$ 8,424,215</u> | <u>\$ 2,575,360</u> | <u>\$ 1,045,894</u>                        | <u>\$ 811,261</u> | <u>\$ 42,337</u>                           | <u>\$ 38,141</u> |

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the 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.

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the 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.

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the 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.

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the 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<br>in Active Markets<br>for Identical Assets<br>(Level 1) | Significant Other<br>Observable Inputs<br>(Level 2) | Unobservable<br>Inputs<br>(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><u>\$ 8,424,215</u></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.

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the 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<br>in Active Markets<br>for Identical Assets<br>(Level 1) | Significant Other<br>Observable Inputs<br>(Level 2) | Unobservable<br>Inputs<br>(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>                         | 2,584,495           |
| 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):

|                                                                                                                                                                                                              | <b>Fixed Income<br/>Investments</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Beginning balance - January 1, 2019                                                                                                                                                                          | \$ -                                |
| Beginning balance in L3Harris Pension<br>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<br>in changes in net assets attributable to the change in<br>unrealized gains or (losses) related to assets still<br>held at December 31, 2019 | <u>\$ 1,609</u>                     |

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the 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):

| <b>December 31, 2019</b>     | <b>Fair Value</b> | <b>Unfunded<br/>Commitments</b> | <b>Frequency<br/>(If Eligible)</b> | <b>Redemption<br/>Notice Period</b> |
|------------------------------|-------------------|---------------------------------|------------------------------------|-------------------------------------|
| 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)                             |
|                              |                   |                                 |                                    |                                     |
| <b>December 31, 2018</b>     | <b>Fair Value</b> | <b>Unfunded<br/>Commitments</b> | <b>Frequency<br/>(If Eligible)</b> | <b>Redemption<br/>Notice Period</b> |
| Common collective trusts     | <u>\$ 178,889</u> | <u>\$ -</u>                     | Monthly                            | See (b)                             |

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the 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.

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the 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. There was no minimum funding requirement in 2019 and 2018. The Company's contributions met or exceeded the minimum funding requirements of ERISA in 2019 and 2018. Minimum contributions are calculated using the Unit Credit Actuarial Cost Method, as prescribed by law. Under this method, the liability is measured on an accrued-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year. Assuming all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the minimum required contribution is generally designed to achieve the following: (1) if the plan is underfunded, funding at the minimum level would achieve 100% funding within seven years, and then contributions would equal the target normal cost, or (2) if the plan is overfunded, there will be no required contributions unless the target normal cost exceeds the overfunding.

**Note 6 - Accumulated Plan Benefits**

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

For those participants of the Plan who did not participate in the Prior Plans, the Plan provides a monthly benefit of 1.0% of a participant's Average Monthly Compensation multiplied by years of benefit service up to 35 years plus 0.4% of Average Monthly Compensation in excess of 150% of Social Security Covered Compensation multiplied by years of benefit service up to 35 years. Average Monthly Compensation is derived from the 60 consecutive months for which compensation was the highest out of the last 180 consecutive months. Social Security Covered Compensation is defined as one-twelfth of the average of the social security taxable wage bases for each calendar year during the 35-year period ending with the calendar year in which the participant retires or terminates employment with the Company. Benefits vest 100% after five years of service and are payable at age 65. Service in the Prior Plans is considered as service under the Plan.

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the Financial Statements (Continued)**  
**December 31, 2019 and 2018**  
**(In thousands)**

**Note 6 - Accumulated Plan Benefits (Continued)**

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

| <b>Specific Group Covered</b>                                                       | <b>Normal Benefit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Former participants in the Raytheon E-Systems, Inc. Richardson/Waco Retirement Plan | Richardson employees:<br>1.2% of Average Monthly Compensation times years of benefit service up to ten years plus 1.6% of Average Monthly Compensation times the years of benefit service in excess of ten years, not less than \$12 times years of benefit service.<br><br>Waco employees:<br>1% of Average Monthly Compensation times years of benefit service up to 35 years plus 0.4% of Average Monthly Compensation in excess of 150% of Social Security Covered Compensation times years of benefit service up to 35 years. |
| Former participants in the Raytheon Company Pension Plan for Salaried Employees     | The greater of 1 or 2:<br>1) Final Average Earnings, as defined, less the Estimated Primary Social Security Benefit, as defined, times 1.8% for the first 20 years of participation and 1.2% for each year of participation in excess of 20 years.<br><br>2) Four hundred ninety two dollars times years of service.                                                                                                                                                                                                               |

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the Financial Statements (Continued)**  
**December 31, 2019 and 2018**  
**(In thousands)**

**Note 6 - Accumulated Plan Benefits (Continued)**

| <b>Specific Group Covered</b>                                                                            | <b>Normal Benefit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Former participants in the Raytheon TI Systems Employees Pension Plan                                    | <p>The greater of 1, 2 or 3:</p> <p>1) 1.5% of Average Credited Earnings, as defined, times years of benefit service, minus a retirement age factor times lesser of Final Average Earnings, as defined, or Social Security Cap times Benefit Service up to 35 years.</p> <p>2) Eighty four dollars times years of benefit service.</p> <p>3) December 31, 1988 Accrual Benefit (for service prior to January 1, 1989) plus (for service post December 31, 1988) 1.5% of Average Credited Earnings, as defined, times years of benefit service, minus a retirement age factor times lesser of Final Average Earnings, as defined, or Social Security Cap times Benefit Service up to 35 years.</p> |
| Former participants in the E-Systems, Inc. Salaried Participants Retirement Plan                         | <p>The greatest of 1, 2 or 3:</p> <p>1) 1.2% of Average Monthly Compensation times years of benefit service up to ten years plus 1.6% of Average Monthly Compensation times the years of benefit service in excess of ten years.</p> <p>2) Twelve dollars times months of benefit service.</p> <p>3) If the participant has reached age 50 before January 1, 1991, then 1.5% times Average Monthly Compensation times years of benefit service, less 0.5% of the Monthly Social Security Benefit, as defined, times years of benefit service.</p>                                                                                                                                                 |
| Former participants in the noncontributory benefit structure in the Raytheon Non-Bargaining Pension Plan | <p>1.5% of the Final Average Monthly Compensation, as defined, times years of benefit accrual service up to 35 years plus 0.5% of Final Average Monthly Compensation for each year of participation in excess of 35 years, minus 0.6% of the lesser of Final Average Monthly Compensation times years of Benefit Service up to 35 years.</p>                                                                                                                                                                                                                                                                                                                                                      |

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the Financial Statements (Continued)**  
**December 31, 2019 and 2018**  
**(In thousands)**

**Note 6 - Accumulated Plan Benefits (Continued)**

The Plan permits early retirement for participants at ages 55 to 64 with at least 5, 10 or 20 years of service, depending on which set of grandfathered benefit provisions is applicable to the participant. Under all provisions, the benefit may begin at the date of early retirement, reduced by a certain percentage for each year by which commencement of benefits precedes the normal retirement date. Dependent on the provisions of the group for which you are covered, retirees may elect to receive their pension benefits in the form of a joint and survivor annuity, certain and continuous annuity or a life annuity payable monthly from the date of retirement. Under the joint and survivor annuity, if a vested participant dies prior to the date pension payments commence, the surviving spouse of the deceased vested participant receives benefits equal to 50% of the amount which would have been payable to the retiree under a joint and survivor annuity. Under the certain and continuous annuity, there is an unreduced lifetime benefit and a limited death benefit. Under the life annuity, there are no continuing payments after the death of the retiree. If participants are terminated before completing five years of service, they forfeit the right to receive their accumulated benefits.

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

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

Retirement 2019 and 2018: Retirement starting at 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.

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the 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 | \$ 325,944     |
| Other participants                                                     | <u>335,971</u> |

|                                        |         |
|----------------------------------------|---------|
| Total vested accumulated plan benefits | 661,915 |
|----------------------------------------|---------|

|                                     |               |
|-------------------------------------|---------------|
| Nonvested accumulated plan benefits | <u>21,910</u> |
|-------------------------------------|---------------|

|                                                            |                          |
|------------------------------------------------------------|--------------------------|
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 683,825</u></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 | \$ 611,522               |
| Increase (decrease) during the year attributable to:                    |                          |
| Benefits accumulated and other                                          | 33,415                   |
| Benefits paid                                                           | (29,395)                 |
| Assumption changes                                                      | 19,361                   |
| Interest                                                                | <u>48,922</u>            |
| Actuarial present value of accumulated plan benefits at January 1, 2019 | <u><u>\$ 683,825</u></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.

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the 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 18, 2017, that the Plan is designed in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. The plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable regulations of the IRC; therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions by the Plan and has concluded that as of December 31, 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.

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the Financial Statements (Continued)**  
**December 31, 2019 and 2018**  
**(In thousands)**

**Note 9 - Plan Termination (Continued)**

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

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

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

**Note 11 - Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for pension benefits per the financial statements to the net assets available for pension benefits per the Form 5500 at December 31, 2019 and 2018 in thousands:

|                                                                        | <u>2019</u>         | <u>2018</u>       |
|------------------------------------------------------------------------|---------------------|-------------------|
| Net assets available for pension benefits per the financial statements | \$ 1,045,819        | \$ 903,476        |
| Net assets held in defined benefit plan - 401(h) Account               | <u>42,337</u>       | <u>38,141</u>     |
| Net assets available for pension benefits per Form 5500                | <u>\$ 1,088,156</u> | <u>\$ 941,617</u> |

The net assets of the 401(h) Account included in Form 5500 are not available to pay pension benefits but can be used only to pay retiree health benefits. The following is a reconciliation of the changes in net assets available for pension benefits per the financial statements to the net income per the Form 5500 for the years ended December 31, 2019 and 2018:

|                                                                                    | <u>2019</u>       | <u>2018</u>      |
|------------------------------------------------------------------------------------|-------------------|------------------|
| Increase in net assets available for pension benefits per the financial statements | \$ 142,343        | \$ 27,373        |
| Net increase (decrease) 401(h) Account                                             | <u>4,196</u>      | <u>(5,309)</u>   |
| Net income per Form 5500                                                           | <u>\$ 146,539</u> | <u>\$ 22,064</u> |

**L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT PLAN**  
**Notes to the Financial Statements (Continued)**  
**December 31, 2019 and 2018**  
**(In thousands)**

**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 Integrated Systems 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  
L-3 Communications Integrated Systems Retirement Plan  
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## 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.

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Status</b>             | CLOSED TO EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2007. EMPLOYEES HIRED PRIOR TO JANUARY 1, 2007 WILL RECEIVE ONGOING ACCRUALS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Applicable provisions:</b>  | Employees who were eligible participants at the effective date will have their benefits determined in accordance with the terms of the plan stated below that correspond to their participation status in the former Raytheon Company Pension Plan for Salaried Employees. New hires after the effective date participate in the E-Systems Waco provisions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Prior Raytheon service:</b> | Benefits are based on the total service; service under the prior plan to 1/1/2019. However, benefits will be offset by the accrued benefit under the prior plan at the date of acquisition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Participation</b>           | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 21 years</li> <li>• <i>Service Requirement:</i> The completion of 1,000 hours of service if such 1,000 hours are completed either during the 12-month period beginning with the employee's employment commencement date, or during any calendar year following his commencement date.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Statutory limits:</b>       | <ul style="list-style-type: none"> <li>• <i>Section 415:</i> \$225,000 (previously \$220,000)</li> <li>• <i>Section 401(1)(17):</i> \$280,000 (previously, \$275,000)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Forms of Benefit</b>        | <ul style="list-style-type: none"> <li>• <i>Normal Form:</i> Single life annuity, if single; 50% joint and survivor, if married</li> <li>• <i>Optional Forms:</i> <ul style="list-style-type: none"> <li>E-Systems Waco Benefit Structure: Joint and 50% survivor annuity</li> <li>Joint and 75% survivor annuity</li> <li>All Other Benefit Structures: Joint and 50% survivor annuity</li> <li>Joint and 75% survivor annuity</li> <li>Joint and 100% survivor annuity</li> <li>Life annuity with period certain guarantee of 5 years (except Raytheon Salaried)</li> <li>Life annuity with period certain guarantee of 10 years</li> <li>Social Security level income annuity (Raytheon Salaried only)</li> </ul> </li> <li>• <i>Lump Sum:</i> Benefits with present values less than or equal to \$1,000 are automatically cashed out. If the present value of the benefit is greater than \$1,000 but less than or equal to \$5,000, a lump sum is offered to the participant. If the present value 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, an immediate annuity, or a deferred annuity.</li> </ul> |

Attachment to 2019 Schedule SB of Form 5500  
Schedule SB, Part V – Summary of Plan Provisions  
L-3 Communications Integrated Systems Retirement Plan  
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Summary of Plan Provisions *continued*

| Raytheon Salaried                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal Retirement</b>             | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 65</li> <li>• <i>Service Requirement:</i> None</li> <li>• <i>Amount:</i> The greater of: <ul style="list-style-type: none"> <li>– 1.8% x years of service up to 20 x Final Average Earnings (FAE) over Social Security benefit + 1.2% x years of service over 20 x excess of Final Average Earnings (FAE) over Social Security benefit.</li> <li>– \$492 per year of the participation service.</li> </ul> <p>Note: In this case, “years of service” means years of service completed on or before December 31, 2018</p> </li> <li>• <i>Compensation:</i> Base pay, incentive pay, overtime pay, commission</li> <li>• <i>Average Compensation:</i> FAE: Average of the highest consecutive 60 months out of last 120 months</li> </ul>                                                                                                                           |
| <b>Early Retirement</b>              | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 55</li> <li>• <i>Service Requirement:</i> 10 years of service</li> <li>• <i>Amount:</i> 7% reduction for each year retirement precedes age 60</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Form of Benefit:</b>              | <ul style="list-style-type: none"> <li>• <i>Normal Form:</i> Single life annuity, if single; 50% joint and survivor, if married</li> <li>• <i>Actuarial Equivalence:</i> <ul style="list-style-type: none"> <li>Joint and 50% survivor annuity: <math>0.90 + 0.005 \cdot (y - x)</math> but not <math>&gt; 0.999</math></li> <li>Joint and 75% survivor annuity: <math>0.85 + 0.0075 \cdot (y - x)</math> but not <math>&gt; 0.999</math></li> <li>Joint and 100% survivor annuity: <math>0.80 + 0.01 \cdot (y - x)</math> but not <math>&gt; 0.999</math></li> </ul> <p>Where <math>x</math> is the participants' age at retirement and <math>y</math> is the beneficiary's age at retirement</p> <p>All other forms: UP 1984 Table with the PBGC interest rate that is in effect for the period commencing two months prior to the actual retirement date.<br/> See article V of exhibit C in the plan document.</p> </li> </ul> |
| <b>Vesting</b>                       | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> None</li> <li>• <i>Service Requirement:</i> 5 years of service</li> <li>• <i>Amount:</i> Eligible for unreduced pension at age 65 and reduced pension at age 55 (with 10 years of service).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Pre-Retirement Death Benefits</b> | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> None</li> <li>• <i>Service Requirement:</i> None</li> <li>• <i>Amount:</i> Surviving spouse eligible to receive benefit payable if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Benefit credit:</b>               | <ul style="list-style-type: none"> <li>• From date of participation through 12/31/2018; service frozen thereafter</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

Attachment to 2019 Schedule SB of Form 5500  
Schedule SB, Part V – Summary of Plan Provisions  
L-3 Communications Integrated Systems Retirement Plan  
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Summary of Plan Provisions *continued*

| Raytheon TI              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal Retirement</b> | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 65</li> <li>• <i>Service Requirement:</i> 5 years of service</li> <li>• <i>Amount:</i> The greater of: <ul style="list-style-type: none"> <li>(1) <math>1.5\% \times \text{years of service} \times \text{Average Credited Earnings (ACE)}</math> offset by Retirement Age Factor <math>\times</math> Final Average Earnings (FAE) <math>\times</math> years of projected service at NRA (not more than 35) <math>\times</math> ratio of service at termination to projected service at NRA (not to exceed 1).</li> <li>(2) <math>\\$84 \times \text{years of service}</math></li> </ul> <p>Note: In this case, "years of service" means years of service completed on or before December 31, 2018</p> </li> <li>• <i>Compensation:</i> Base pay, incentive pay, overtime pay, hazard pay</li> <li>• <i>Average Compensation:</i> <p>ACE: Average of highest 5 consecutive calendar years</p> <p>FAE: The lesser of (a) average compensation for the 3-year period up to the year of termination (not more than the Social Security wage base)</p> <p>and</p> <p>(b) the average of Social Security wage bases during 35 years up to participant's Social Security Retirement Age.</p> </li> <li>• <i>Retirement age factor:</i> For employees born before 1938: 0.75%; between 1938 and 1954: 0.70%; after 1954: 0.65%</li> </ul> |
| <b>Early Retirement</b>  | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 60</li> <li>• <i>Service Requirement:</i> 5 years of service</li> <li>• <i>Amount:</i> 1/3% reduction for each of the first 60 months prior to age 65; 7/24% reduction for each of the next 60 months. Different factors apply to offset.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                          | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 55</li> <li>• <i>Service Requirement:</i> 20 years of service</li> <li>• <i>Amount:</i> 1/3% reduction for each of the first 60 months prior to age 65; 7/24% reduction for each of the next 60 months. Different factors apply to offset.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Form of Benefit</b>   | <ul style="list-style-type: none"> <li>• <i>Normal Form:</i> Single life annuity, if single; 50% joint and survivor, if married</li> <li>• <i>Actuarial Equivalence:</i> UP 1984 Table with the PBGC interest rate at the first month of the plan year for all option forms</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Attachment to 2019 Schedule SB of Form 5500  
Schedule SB, Part V – Summary of Plan Provisions  
L-3 Communications Integrated Systems Retirement Plan  
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Summary of Plan Provisions *continued*

| Raytheon TI <i>continued</i>         |                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Disability</b>                    | <ul style="list-style-type: none"> <li>Disabled employees with 5 or more years of vesting service are eligible for an annuity deferred to Normal Retirement Age computed based on compensation at the time of disability and service projected to Normal Retirement Age.</li> </ul>                                         |
| <b>Vesting</b>                       | <ul style="list-style-type: none"> <li><i>Age Requirement:</i> None</li> <li><i>Service Requirement:</i> 5 years of service</li> <li><i>Amount:</i> Eligible for unreduced pension at age 65 and reduced pension at age 60.</li> </ul>                                                                                      |
| <b>Pre-Retirement Death Benefits</b> | <ul style="list-style-type: none"> <li><i>Age Requirement:</i> None</li> <li><i>Service Requirement:</i> None</li> <li><i>Amount:</i> Surviving spouse eligible to receive benefit payable if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died.</li> </ul> |
| <b>Benefit credit</b>                | <ul style="list-style-type: none"> <li>Equal to participation service (without age requirement of prior TI plan) through 12/31/2018; service frozen thereafter</li> </ul>                                                                                                                                                   |

Attachment to 2019 Schedule SB of Form 5500  
Schedule SB, Part V – Summary of Plan Provisions  
L-3 Communications Integrated Systems Retirement Plan  
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Summary of Plan Provisions *continued*

| E-Systems Waco                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal Retirement</b>             | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 65</li> <li>• <i>Service Requirement:</i> 5 years of service</li> <li>• <i>Amount:</i> 1% x Average Monthly Compensation (AMC) x years of benefit service up to 35 + 0.4% of AMC in excess of 150% of Covered Compensation x years of benefit service up to 35.</li> <li>• <i>Note:</i> In this case, "years of benefit service" means years of benefit service completed on or before December 31, 2018</li> <li>• <i>Compensation:</i> Base pay</li> <li>• <i>Average Compensation:</i> AMC: Average of highest consecutive 60 months out of last 180 months</li> </ul> |
| <b>Early Retirement</b>              | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 60</li> <li>• <i>Service Requirement:</i> 10 years of service</li> <li>• <i>Amount:</i> 6% reduction for each year retirement precedes age 62</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Form of Benefit</b>               | <ul style="list-style-type: none"> <li>• <i>Normal Form:</i> Life annuity. Actuarially equivalent 50% Joint and Survivor for married participants.</li> <li>• <i>Actuarial Equivalence:</i> 1983 Group Annuity Mortality Table (70/30) at 9.00% interest rate of all option forms</li> </ul>                                                                                                                                                                                                                                                                                                                                               |
| <b>Vesting</b>                       | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> None</li> <li>• <i>Service Requirement:</i> 5 years of service</li> <li>• <i>Amount:</i> Eligible for unreduced pension at age 65 and reduced pension at age 60 (with 10 years of service).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Pre-Retirement Death Benefits</b> | <ul style="list-style-type: none"> <li>• Surviving spouse eligible to receive benefit payable if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Benefit credit</b>                | <ul style="list-style-type: none"> <li>• From date of hire after 1/1/1990 through 12/31/2018; service frozen thereafter</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Disability</b>                    | <ul style="list-style-type: none"> <li>• N/A</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Attachment to 2019 Schedule SB of Form 5500  
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L-3 Communications Integrated Systems Retirement Plan  
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Summary of Plan Provisions *continued*

| E-Systems Richardson                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|----|------|----|----|----|----|----|----|----|----|----|----|
| <b>Normal Retirement</b>             | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 65</li> <li>• <i>Service Requirement:</i> None</li> <li>• <i>Amount:</i> 1.2% x Average Monthly Compensation (AMC) x years of benefit service up to 10 + 1.6% of AMC x years of benefit service over 10, not less than \$144 times years of benefit service.<br/>Note: In this case, "years of benefit service" means years of benefit service completed on or before December 31, 2018</li> <li>• <i>Compensation:</i> Base pay, incentive pay, overtime pay, commission</li> <li>• <i>Average Compensation:</i> AMC: Average of highest consecutive 60 months out of last 120 months</li> </ul> |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| <b>Early Retirement</b>              | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 55</li> <li>• <i>Service Requirement:</i> 10 years of service (age 52 with 10 years of service if terminated due to layoff).</li> <li>• <i>Amount:</i> <table border="1"> <thead> <tr> <th>Age</th><th>Rate</th></tr> </thead> <tbody> <tr><td>60</td><td>100%</td></tr> <tr><td>59</td><td>99</td></tr> <tr><td>58</td><td>96</td></tr> <tr><td>57</td><td>91</td></tr> <tr><td>56</td><td>84</td></tr> <tr><td>55</td><td>75</td></tr> </tbody> </table> </li> </ul>                                                                                                                            | Age | Rate | 60 | 100% | 59 | 99 | 58 | 96 | 57 | 91 | 56 | 84 | 55 | 75 |
| Age                                  | Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| 60                                   | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| 59                                   | 99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| 58                                   | 96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| 57                                   | 91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| 56                                   | 84                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| 55                                   | 75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| <b>Form of Benefit</b>               | <ul style="list-style-type: none"> <li>• <i>Normal Form:</i> 5 year certain and life. Actuarially equivalent 50% Joint and Survivor for married participants.</li> <li>• <i>Actuarial Equivalence:</i> GA71 mortality table (50/50) at 7% interest rate for all option forms</li> </ul>                                                                                                                                                                                                                                                                                                                                                                            |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| <b>Vesting</b>                       | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> None</li> <li>• <i>Service Requirement:</i> 5 years of service</li> <li>• <i>Amount:</i> Eligible for unreduced pension for married participants at age 65 and reduced pension at age 55 (with 10 years of service).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                   |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| <b>Pre-Retirement Death Benefits</b> | <ul style="list-style-type: none"> <li>• Surviving spouse eligible to receive benefit payable if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| <b>Benefit credit</b>                | <ul style="list-style-type: none"> <li>• From date of hire after 1/1/1990 through 12/31/2018; service frozen thereafter</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| <b>Disability</b>                    | <ul style="list-style-type: none"> <li>• N/A</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |      |    |      |    |    |    |    |    |    |    |    |    |    |

Attachment to 2019 Schedule SB of Form 5500  
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Summary of Plan Provisions *continued*

| E-Systems Salaried                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|----|------|----|----|----|----|----|----|----|----|----|----|
| <b>Normal Retirement</b>             | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 65</li> <li>• <i>Service Requirement:</i> None</li> <li>• <i>Amount:</i> 1.2% x Average Monthly Compensation (AMC) x years of benefit service up to 10 + 1.6% of AMC x years of benefit service over 10, not less than \$144 times years of benefit service.<br/>Note: In this case, "years of benefit service" means years of benefit service completed on or before December 31, 2018</li> <li>• <i>Compensation:</i> Base pay, incentive pay, overtime pay, commission</li> <li>• <i>Average Compensation:</i> AMC: Average of highest consecutive 60 months out of last 120 months</li> </ul> |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| <b>Early Retirement</b>              | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> 55</li> <li>• <i>Service Requirement:</i> 10 years of service</li> <li>• <i>Amount:</i> <table border="1"> <thead> <tr> <th>Age</th><th>Rate</th></tr> </thead> <tbody> <tr> <td>60</td><td>100%</td></tr> <tr> <td>59</td><td>99</td></tr> <tr> <td>58</td><td>96</td></tr> <tr> <td>57</td><td>91</td></tr> <tr> <td>56</td><td>84</td></tr> <tr> <td>55</td><td>75</td></tr> </tbody> </table> </li> </ul>                                                                                                                                                                                     | Age | Rate | 60 | 100% | 59 | 99 | 58 | 96 | 57 | 91 | 56 | 84 | 55 | 75 |
| Age                                  | Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| 60                                   | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| 59                                   | 99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| 58                                   | 96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| 57                                   | 91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| 56                                   | 84                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| 55                                   | 75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| <b>Form of Benefit</b>               | <ul style="list-style-type: none"> <li>• <i>Normal Form:</i> 5 year certain and life. Actuarially equivalent 50% Joint and Survivor for married participants.</li> <li>• <i>Actuarial Equivalence:</i> GA71 mortality table (50/50) at 7% interest rate for all option forms</li> </ul>                                                                                                                                                                                                                                                                                                                                                                            |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| <b>Vesting</b>                       | <ul style="list-style-type: none"> <li>• <i>Age Requirement:</i> None</li> <li>• <i>Service Requirement:</i> 5 years of service</li> <li>• <i>Amount:</i> Eligible for unreduced pension for married participants at age 65 and reduced pension at age 55 (with 10 years of service).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                   |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| <b>Pre-Retirement Death Benefits</b> | <ul style="list-style-type: none"> <li>• Surviving spouse eligible to receive benefit payable if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| <b>Benefit credit</b>                | <ul style="list-style-type: none"> <li>• From date of hire through 12/31/2018; service frozen thereafter</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |      |    |      |    |    |    |    |    |    |    |    |    |    |
| <b>Disability</b>                    | <ul style="list-style-type: none"> <li>• Disabled employees with 10 or more years of service are eligible for an annuity deferred to Normal Retirement Age computed based on compensation at the time of disability and service projected to Normal Retirement Age.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                     |     |      |    |      |    |    |    |    |    |    |    |    |    |    |

Attachment to 2019 Schedule SB of Form 5500  
Schedule SB, Part V – Summary of Plan Provisions  
L-3 Communications Integrated Systems Retirement Plan  
EIN 03-0391841 PN 017

Summary of Plan Provisions *continued*

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recent Plan Amendments | <ul style="list-style-type: none"> <li>• <i>Plan Amendment 1:</i> Addition of a lump sum payment on or before December 31, 2017 if the following is satisfied:<br/> Participant is eligible to receive benefits under any of the following benefit structures:<br/> Raytheon Salaried<br/> E-Systems Waco<br/> E-Systems Richardson<br/> E-Systems Salaried<br/> Present value of vested benefit is less than \$100,000<br/> Participant terminated prior to January 1, 2017<br/> Participant's normal retirement date is after November 1, 2017</li> <li>• <i>Effective Date:</i> September 1, 2017</li> <li>• <i>Reflected in 2019 Actuarial Valuation:</i> Yes</li> </ul> |
|                        | <ul style="list-style-type: none"> <li>• <i>Plan Amendment 2:</i> No additional service accruals shall be recognized.</li> <li>• <i>Effective Date:</i> January 1, 2019</li> <li>• <i>Reflected in 2019 Actuarial Valuation:</i> Yes</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                        | <ul style="list-style-type: none"> <li>• <i>Plan Amendment 3:</i> L3 Technologies and Harris Corporation merged to form L3Harris Technologies</li> <li>• <i>Effective Date:</i> N/A</li> <li>• <i>Reflected in 2019 Actuarial Valuation:</i> N/A</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                        | The Plan has been restated as of January 1, 2017.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

Attachment to 2019 Schedule SB of Form 5500  
Schedule SB, Line 26 – Schedule of Active Participant Data  
L-3 Communications Integrated Systems Retirement Plan  
EIN 03-0391841 PN 017

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

| Age       | Years of Benefit 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   | --                       | 2   | --  | --        | --        | --        | --        | --        | --        | --        |
| 30 - 34   | 1                        | 6   | 3   | 32        | --        | --        | --        | --        | --        | --        |
| 35 - 39   | --                       | --  | --  | \$92,569  | --        | --        | --        | --        | --        | --        |
| 40 - 44   | --                       | 8   | 12  | 177       | 29        | 1         | --        | --        | --        | --        |
| 45 - 49   | --                       | --  | --  | \$107,288 | \$104,332 | --        | --        | --        | --        | --        |
| 50 - 54   | --                       | 3   | 9   | 106       | 61        | 62        | --        | --        | --        | --        |
| 55 - 59   | --                       | --  | --  | \$104,546 | \$118,472 | \$139,142 | --        | --        | --        | --        |
| 60 - 64   | --                       | 2   | 10  | 84        | 65        | 64        | 17        | 2         | --        | --        |
| 65 - 69   | --                       | --  | --  | \$103,010 | \$117,601 | \$135,210 | --        | --        | --        | --        |
| 70 & Over | --                       | 4   | 9   | 118       | 64        | 67        | 93        | 41        | 3         | --        |
|           | --                       | --  | --  | \$113,200 | \$107,102 | \$126,913 | \$139,104 | \$166,316 | --        | --        |
|           | --                       | 1   | 9   | 128       | 114       | 88        | 135       | 98        | 41        | 2         |
|           | --                       | --  | --  | \$109,957 | \$111,887 | \$120,627 | \$126,789 | \$167,860 | \$163,245 | --        |
|           | --                       | --  | 3   | 59        | 41        | 53        | 68        | 38        | 36        | 5         |
|           | --                       | --  | --  | \$109,398 | \$109,330 | \$114,071 | \$116,113 | \$135,387 | \$146,478 | --        |
|           | --                       | --  | 1   | 16        | 9         | 17        | 12        | 12        | 3         | 5         |
|           | --                       | --  | --  | --        | --        | --        | --        | --        | --        | --        |
|           | --                       | --  | --  | 4         | 3         | 1         | 6         | 3         | --        | 4         |
|           | --                       | --  | --  | --        | --        | --        | --        | --        | --        | --        |

Note: Compensation above is limited by IRC§401(a)(17)

## Actuarial Assumptions and Methodologies

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.

| <b>Interest:</b>                       | <p>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:</p> <table><tr><th></th><th>Payments in the First 5 Years</th><th>Payments in Years 6 – 20</th><th>Payments Thereafter</th><th>Effective Interest Rate</th></tr><tr><td>Current Year, reflecting stabilization</td><td>3.74%</td><td>5.35%</td><td>6.11%</td><td>5.65%</td></tr><tr><td>Current Year, without stabilization</td><td>2.28%</td><td>3.81%</td><td>4.46%</td><td>4.12%</td></tr><tr><td>Prior Year, reflecting stabilization</td><td>3.92%</td><td>5.52%</td><td>6.29%</td><td>5.82%</td></tr><tr><td>Prior Year, without stabilization</td><td>1.75%</td><td>3.76%</td><td>4.66%</td><td>4.18%</td></tr></table> <p>The interest rates used to determine the PBGC variable rate premium are the same as those used for funding, without reflecting funding stabilization.</p> <p>These interest rates are based on the plan sponsor's election (an election that can currently be changed) subject to the constraints established by law.</p> |                          | 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% | 5.65% | Current Year, without stabilization | 2.28% | 3.81% | 4.46% | 4.12% | Prior Year, reflecting stabilization | 3.92% | 5.52% | 6.29% | 5.82% | Prior Year, without stabilization | 1.75% | 3.76% | 4.66% | 4.18% |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|--------------------------|---------------------|-------------------------|----------------------------------------|-------|-------|-------|-------|-------------------------------------|-------|-------|-------|-------|--------------------------------------|-------|-------|-------|-------|-----------------------------------|-------|-------|-------|-------|
|                                        | 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%                         | 5.65%                    |                     |                         |                                        |       |       |       |       |                                     |       |       |       |       |                                      |       |       |       |       |                                   |       |       |       |       |
| Current Year, without stabilization    | 2.28%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3.81%                    | 4.46%                         | 4.12%                    |                     |                         |                                        |       |       |       |       |                                     |       |       |       |       |                                      |       |       |       |       |                                   |       |       |       |       |
| Prior Year, reflecting stabilization   | 3.92%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5.52%                    | 6.29%                         | 5.82%                    |                     |                         |                                        |       |       |       |       |                                     |       |       |       |       |                                      |       |       |       |       |                                   |       |       |       |       |
| Prior Year, without stabilization      | 1.75%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3.76%                    | 4.66%                         | 4.18%                    |                     |                         |                                        |       |       |       |       |                                     |       |       |       |       |                                      |       |       |       |       |                                   |       |       |       |       |
| <b>Mortality Rates</b>                 | <p>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. (Previously, RP-2000 separate annuitant and non-annuitant healthy mortality tables (sex-specific) with static projection using scale AA and no collar-adjustment. Mortality was projected from 2000 through the valuation date plus 7 years for annuitants, and through the valuation date plus 15 years for non-annuitants.) This assumption is one of the choices allowed by the regulations.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                               |                          |                     |                         |                                        |       |       |       |       |                                     |       |       |       |       |                                      |       |       |       |       |                                   |       |       |       |       |

Attachment to 2019 Schedule SB of Form 5500  
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
L-3 Communications Integrated Systems Retirement Plan  
EIN 03-0391841 PN 017

Actuarial Assumptions and Methodologies *continued*

| Salary Increases          | 3.50%. Bonuses are averaged over the last five years and added to the current year's base pay as of the valuation date.<br>This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment. |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|----|-------|----|------|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|--|
| Cost of living increases: | 2.50% for Social Security COLA<br>3.00% for Social Security Wage Base<br>This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.                                                   |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |
| Sample Termination Rates  |                                                                                                                                                                                                                                                                | <table><tr><th>Age</th><th>Rate</th></tr><tr><td>20</td><td>10.2%</td></tr><tr><td>25</td><td>10.2</td></tr><tr><td>30</td><td>7.3</td></tr><tr><td>35</td><td>5.4</td></tr><tr><td>40</td><td>4.1</td></tr><tr><td>45</td><td>3.3</td></tr><tr><td>50</td><td>2.7</td></tr><tr><td>55</td><td>0.0</td></tr><tr><td>60</td><td>0.0</td></tr></table> | Age | Rate | 20 | 10.2% | 25 | 10.2 | 30 | 7.3 | 35 | 5.4 | 40 | 4.1 | 45 | 3.3 | 50 | 2.7 | 55 | 0.0 | 60 | 0.0 |  |
| Age                       | Rate                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |
| 20                        | 10.2%                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |
| 25                        | 10.2                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |
| 30                        | 7.3                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |
| 35                        | 5.4                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |
| 40                        | 4.1                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |
| 45                        | 3.3                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |
| 50                        | 2.7                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |
| 55                        | 0.0                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |
| 60                        | 0.0                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |
|                           | 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.                                                      |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |
| Disability Rates          | None                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                      |     |      |    |       |    |      |    |     |    |     |    |     |    |     |    |     |    |     |    |     |  |

Attachment to 2019 Schedule SB of Form 5500  
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
L-3 Communications Integrated Systems Retirement Plan  
EIN 03-0391841 PN 017

Actuarial Assumptions and Methodologies *continued*

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| Retirement (From Active Status) Rates |  |
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Attachment to 2019 Schedule SB of Form 5500  
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
L-3 Communications Integrated Systems Retirement Plan  
EIN 03-0391841 PN 017

Actuarial Assumptions and Methodologies *continued*

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Asset Method</b>                             | 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.                                                                                                                   |
| <b>Funding Method</b>                           | 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. |
| <b>Assumption Changes Since Prior Valuation</b> | <ul style="list-style-type: none"> <li>• <i>Assumption Type:</i> Administrative Expenses</li> <li>• <i>Current Assumptions:</i> \$3,750,000</li> <li>• <i>Prior Assumptions:</i> \$2,110,000</li> <li>• <i>Reason for Change:</i> Experience</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                 |

Attachment to 2019 Schedule SB of Form 5500  
Schedule SB, Line 32 – Schedule of Amortization Bases  
L-3 Communications Integrated Systems Retirement Plan  
EIN 03-0391841 PN 017

**SCHEDULE OF SHORTFALL AMORTIZATION BASES AS OF JANUARY 1, 2019**

| Year Established | Original Base | Present Value<br>of Remaining<br>Installments | Years Remaining | Shortfall Amortization<br>Installment |
|------------------|---------------|-----------------------------------------------|-----------------|---------------------------------------|
| 2019             | \$31,497,099  | \$31,497,099                                  | 7               | \$5,117,901                           |
| 2018             | 22,042,066    | 19,513,305                                    | 6               | 3,598,352                             |
| 2017             | 26,597,074    | <u>20,318,930</u>                             | 5               | <u>4,367,551</u>                      |
| <b>Total</b>     |               | <b>\$71,329,334</b>                           |                 | <b>\$13,083,804</b>                   |

Attachment to 2019 Schedule SB of Form 5500  
Schedule SB, Line 24 – Change in Actuarial Assumptions  
L-3 Communications Integrated Systems Retirement Plan  
EIN 03-0391841 PN 017

**Change in Actuarial Assumptions**

| <b>Assumption changes since prior valuation:</b> | <u>Assumption Type</u>  | <u>Current Assumption</u> | <u>Prior Assumption</u> | <u>Reason for Change</u>                                                                                                          |
|--------------------------------------------------|-------------------------|---------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
|                                                  | Administrative Expenses | \$3,750,000               | \$2,110,000             | These assumptions are based on recent historical data, adjusted to reflect estimated future experience and professional judgment. |

Attachment to 2019 Schedule SB of Form 5500  
Schedule SB, Line 22 – Description of Weighted Average Retirement Age  
L-3 Communications Integrated Systems Retirement Plan  
EIN 03-0391841 PN 017

| <u>Age</u>          | <u>Rate</u> | <u>Probability<br/>of Retiring</u> | <u>Age x<br/>Probability</u> |
|---------------------|-------------|------------------------------------|------------------------------|
| 55                  | 5.00%       | 5.00%                              | 2.75                         |
| 56                  | 5.00%       | 4.75%                              | 2.66                         |
| 57                  | 5.00%       | 4.51%                              | 2.57                         |
| 58                  | 5.00%       | 4.29%                              | 2.49                         |
| 59                  | 5.00%       | 4.07%                              | 2.40                         |
| 60                  | 10.00%      | 7.74%                              | 4.64                         |
| 61                  | 10.00%      | 6.96%                              | 4.25                         |
| 62                  | 15.00%      | 9.40%                              | 5.83                         |
| 63                  | 15.00%      | 7.99%                              | 5.03                         |
| 64                  | 15.00%      | 6.79%                              | 4.35                         |
| 65                  | 25.00%      | 9.62%                              | 6.25                         |
| 66                  | 20.00%      | 5.77%                              | 3.81                         |
| 67                  | 20.00%      | 4.62%                              | 3.09                         |
| 68                  | 20.00%      | 3.70%                              | 2.51                         |
| 69                  | 20.00%      | 2.96%                              | 2.04                         |
| 70                  | 100.00%     | 11.82%                             | 8.28                         |
| Weighted<br>Average |             |                                    | <b>62.96</b>                 |

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

► **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110  
1210 - 0089**2019****This Form is Open to  
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

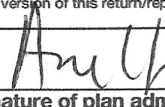
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- ☐ the first return/report ☐ 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

|                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>1a</b> Name of plan<br><b>L-3 COMMUNICATIONS INTEGRATED SYSTEMS RETIREMENT P</b>                                                                                                                                                                                                                                                                                                        | <b>1b</b> Three-digit plan number (PN) ► <b>017</b>                 |
|                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c</b> Effective date of plan<br><b>03/09/2002</b>               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>L-3 COMMUNICATIONS INTEGRATED SYSTEMS L.P.</b><br><br><b>1025 WEST NASA BOULEVARD</b><br><br><b>MELBOURNE FL 32919</b> | <b>2b</b> Employer Identification Number (EIN)<br><b>03-0391841</b> |
|                                                                                                                                                                                                                                                                                                                                                                                            | <b>2c</b> Plan Sponsor's telephone number<br><b>321-724-3554</b>    |
|                                                                                                                                                                                                                                                                                                                                                                                            | <b>2d</b> Business code (see instructions)<br><b>334200</b>         |

**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.

|                  |                                                                                     |                 |                                                              |
|------------------|-------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | <b>12/17/19</b> | <b>ANDREA HARTMAN</b>                                        |
|                  | Signature of plan administrator                                                     | Date            | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                                                     |                 |                                                              |
|                  | Signature of employer/plan sponsor                                                  | Date            | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |                 |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>5</b> 4,892                                                                                                                                                                                                                                       |
| <b>6</b> 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).<br><b>a (1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a (2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines 6d and 6e .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 2,270<br><b>6a(2)</b> 2,100<br><b>6b</b> 1,698<br><b>6c</b> 918<br><b>6d</b> 4,716<br><b>6e</b> 159<br><b>6f</b> 4,875<br><br><b>6g</b><br><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>7</b>                                                                                                                                                                                                                                             |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>1A 1E 3F 3H</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                      |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                          | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                              |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan<br/>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>L-3 Communications Integrated Systems Retirement Plan                                                            | <b>B</b> Three-digit plan number (PN) ▶ 017                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>L-3 Communications Integrated Systems L.P.                    | <b>D</b> Employer Identification Number (EIN)<br>03-0391841                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2019                                                                                                                                                    |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b>                  | 900,298,508               |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 934,982,604               |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 1,708                      | 390,481,054               | 390,481,054              |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 916                        | 59,998,661                | 59,998,661               |
| <b>c</b> For active participants .....                                                                                                                                                                          | 2,268                      | 386,839,473               | 416,980,730              |
| <b>d</b> Total .....                                                                                                                                                                                            | 4,892                      | 837,319,188               | 867,460,445              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 5.65%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 18,085,117                |                          |

**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.

|                               |                                                                                                     |                                        |
|-------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>              | Michael Accardo  | 06/26/2020                             |
| MICHAEL ACCARDO, FSA, MAAA    |                                                                                                     | Date                                   |
| Type or print name of actuary |                                                                                                     | 2005390                                |
| SEGAL                         |                                                                                                     | Most recent enrollment number          |
| Firm name                     |                                                                                                     | 212-251-5000                           |
| 333 W 34TH STREET             |                                                                                                     | Telephone number (including area code) |
| NEW YORK NY 10001-2402        |                                                                                                     |                                        |
| Address of the firm           |                                                                                                     |                                        |

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

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

**Schedule SB (Form 5500) 2019  
v. 190130**



**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** 63**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment ..... **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) ..... **31a** 18,085,117**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 71,329,334 Installment 13,083,804**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** 31,168,921

|                                                                       | Carryover balance | Prefunding balance | Total balance |
|-----------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement..... | 0                 | 31,168,921         | 31,168,921    |

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011