Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
L3 ELECTRON DEVICES RETIREMENT PLAN FOR BARGAINED

1b Three-digit plan number (PN) ▶ 025

1c Effective date of plan 02/28/2005

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

1025 WEST NASA BOULEVARD
MELBOURNE, FL 32919-0001

1025 WEST NASA BOULEVARD
MELBOURNE, FL 32919-0001

2b Employer Identification Number (EIN)
91-2046609

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

2d Business code (see instructions)
334200

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

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

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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	252
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	109
a(2) Total number of active participants at the end of the plan year	**6a(2)**	89
b Retired or separated participants receiving benefits	**6b**	116
c Other retired or separated participants entitled to future benefits	**6c**	29
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	234
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f Total. Add lines **6d** and **6e**.	**6f**	241
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3F 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

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

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

A Name of plan
L3 ELECTRON DEVICES RETIREMENT PLAN FOR BARGAINED

B Three-digit plan number (PN) ▶ 025

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

D Employer Identification Number (EIN)
91-2046609

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	71014178
b Actuarial value	**2b**	73118929

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	112	26948276	26948276
b For terminated vested participants	30	3338335	3338335
c For active participants	109	24638610	25294297
d Total	251	54925221	55580908

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.49 %
6 Target normal cost	**6**	1817753

Statement by Enrolled Actuary

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

SIGN HERE

	06/26/2020
Signature of actuary	Date
JIMMY MAK, ASA, MAAA	20-05788
Type or print name of actuary	Most recent enrollment number
SEGAL	212-251-5000
Firm name	Telephone number (including area code)
333 W. 34TH STREET NEW YORK, NY 10001-2402	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5080038
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)		5080038
10	Interest on line 9 using prior year's actual return of -3.41 %		-173229
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		15092214
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.69 %		858747
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		15950961
d	Portion of (c) to be added to prefunding balance		15950961
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	20857770

Part III Funding Percentages

14	Funding target attainment percentage	14	94.02 %
15	Adjusted funding target attainment percentage	15	131.55 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/08/2019	0	5570	03/28/2019	0	4737
01/17/2019	0	4671	04/11/2019	0	4066
01/31/2019	0	4732	04/26/2019	0	3706
02/14/2019	0	4676	05/09/2019	0	3498
03/01/2019	0	4602	05/23/2019	0	3619
03/18/2019	0	4304	06/06/2019	0	3473
			Totals ► 18(b)		18(c) 96922

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

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

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/24/2019	0	3465	09/06/2019	0	3182
07/18/2019	0	3075	09/19/2019	0	3182
07/05/2019	0	3782	10/03/2019	0	3201
08/01/2019	0	3340	10/30/2019	0	3212
08/08/2019	0	1654	11/14/2019	0	3458
08/22/2019	0	3227	11/29/2019	0	3470
			Totals ► **18(b)**		**18(c)**

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

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

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/12/2019	0	3475			
12/27/2019	0	3545			
			Totals ► 18(b)		18(c)

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	1817753
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3319749	615594
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**	2433347

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2433347	2433347

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

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

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

A Name of plan
L3 ELECTRON DEVICES RETIREMENT PLAN FOR BARGAINED

B Three-digit plan number (PN) ▶ 025

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

D Employer Identification Number (EIN)
91-2046609

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation: CONSOLIDATION OF SERVICES.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
L3 ELECTRON DEVICES RETIREMENT PLAN FOR BARGAINED

B Three-digit plan number (PN) ▶ 025

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

D Employer Identification Number (EIN)
91-2046609

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

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

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

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6668234-300	M	75656370

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
L3 ELECTRON DEVICES RETIREMENT PLAN FOR BARGAINED

B Three-digit plan number (PN) ▶ 025

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

D Employer Identification Number (EIN)
91-2046609

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	19175000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	52534000	75656370
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	71709000	75656370
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	42000	36506
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	42000	36506
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	71667000	75619864

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	96922	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		96922
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		11788900
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		11885822
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7932958	
(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)		7932958
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7932958
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3952864
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:

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

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4229791. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
L3 ELECTRON DEVICES RETIREMENT PLAN FOR BARGAINED

B Three-digit plan number (PN) ▶ 025

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

D Employer Identification Number (EIN)
91-2046609

Part I Distributions

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

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

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

EIN(s): 13-7074646

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

L3 ELECTRON DEVICES RETIREMENT PLAN
FOR BARGAINED EMPLOYEES

Financial Statements

For the Years Ended December 31, 2019 and 2018

BUCHBINDER

L3 ELECTRON DEVICES RETIREMENT PLAN
FOR BARGAINED EMPLOYEES
Financial Statements
For the Years Ended December 31, 2019 and 2018

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BUCHBINDER

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants
L3 Electron Devices Retirement Plan for Bargained Employees

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements. Accordingly, we do not express an opinion on the 2019 financial statements referred to in the first paragraph.

Other Matter – 2018 Financial Statements

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

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

The form and content of the information included in the 2019 financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Buchbinder Tunicle : Company LLP

BUCHBINDER TUNICK & COMPANY LLP

Bethesda, MD
October 6, 2020

L3 ELECTRON DEVICES RETIREMENT PLAN
FOR BARGAINED EMPLOYEES
Statements of Net Assets Available for Pension Benefits
December 31, 2019 and 2018
(In thousands)

	2019	2018
Assets:		
Investments, at fair value - Plan's interest in the Master Trust	$ 75,656	$ 52,534
Employer contributions receivable	-	19,175
Total assets	75,656	71,709
Liabilities:		
Accrued expenses	36	42
Net assets available for pension benefits	$ 75,620	$ 71,667

See notes to financial statements.

L3 ELECTRON DEVICES RETIREMENT PLAN
FOR BARGAINED EMPLOYEES
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)	$ 11,957	$ (1,861)
Employer contributions	-	19,175
Employee contributions	97	134
Total additions	12,054	17,448
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries	7,933	7,516
Administrative expenses	168	447
Total deductions	8,101	7,963
Net increase	3,953	9,485
Net assets available for pension benefits:		
Beginning of year	71,667	62,182
End of year	$ 75,620	$ 71,667

See notes to financial statements.

L3 ELECTRON DEVICES RETIREMENT PLAN
FOR BARGAINED EMPLOYEES
Notes to the Financial Statements
December 31, 2019 and 2018
(In thousands)

Note 1 - Description of Plan

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

The Plan was established effective February 28, 2005 in connection with the acquisition of Boeing Satellite Systems, Inc. by the Company, from the Boeing Company. On that date, the Plan accepted a transfer of assets and liabilities attributable to certain employees of Boeing Satellite Systems, Inc. who participated in The Boeing Satellite Systems Retirement Plan for Bargained Employees (the "Prior Plan").

The Plan is a defined benefit plan covering bargaining unit employees, who are eligible to participate in the non-contributory and/or contributory benefit. Participation in the Plan commenced as of the effective date when an employee was represented by a collective bargaining agreement that specifically provided for coverage under the Plan.

Under the contributory benefit participation, the Plan requires employee contributions for eligible employees under the Prior Plan with active or rehired status as of February 27, 2005. Participation in the contributory benefit requires employees' contribution of 3% of pay, as defined under the Plan. Active employees' accumulated contributions with interest for the years ended December 31, 2019 and 2018 were $3,688 and $4,238, respectively. Employee contributions were credited interest at a rate of 2.03% and 3.47% for the years ended December 31, 2019 and 2018, respectively.

The contributory portion of the Plan is frozen to any employee hired after the effective date of the Plan. The Plan is frozen for employees hired on or after June 1, 2007. The Plan is also frozen for all portions as of January 1, 2007 with respect to new hires who are represented by the Electronic and Space Technicians Local 1533 ("EAST"). As such, employees hired on or after January 1, 2007, who are represented by EAST are not eligible to participate in the Plan. The Plan is also frozen for all portions as of May 31, 2007 with respect to new hires who are hired on or after June 1, 2007 and are represented by the International Brotherhood of Electrical Workers Local 2995 ("IBEW 2995"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make significant estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, disclosures of contingent assets, liabilities and benefit obligations, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from those estimates.

Interest in Master Trust

Investment assets of the Plan were maintained in the L-3 Communications Corporation Master Trust (the "Master Trust"), administered by Bank of New York Mellon ("BNY"), as trustee through December 31, 2019. Effective December 31, 2019, the Plan's funds were transferred to the L3Harris Pension Master Trust, managed by Northern Trust, as trustee. The Plan participates in the Master Trust along with other defined benefit plans sponsored by the Company (collectively, the "Participating Plans"). The Plan is sponsored by L3 Electron Devices, Inc., 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.

Note 2 - Summary of Significant Accounting Policies (Continued)

Net Investment Income (Loss) from Master Trust

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

Benefit Payments

Benefit payments are recorded when paid.

Plan Expenses

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

Risks and Uncertainties

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

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

Note 3 - Interest in Master Trust

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

The Plan's percentage interest in the Master Trust was approximately 0.90% at December 31, 2019 and 2.0% at December 31, 2018.

	Master Trust		Plan's Interest in Master Trust	
	2019	**2018**	**2019**	**2018**
Investments:				
Common collective trusts	$ 935,289	$ 178,889	$ 8,400	$ 3,649
Common and preferred stocks	3,801,086	1,502,079	34,137	30,640
Corporate debt	1,273,721	437,208	11,439	8,939
U.S. Government securities	732,569	49,822	6,579	996
Partnerships/joint ventures	426,338	-	3,829	-
Hedge funds	187,511	8	1,684	-
Registered investment companies	54,900	268,294	493	5,473
Other	341,178	-	3,064	-
Short-term investments	655,266	148,195	5,884	3,023
Total investments	8,407,858	2,584,495	75,509	52,720
Accrued income, cash and net unsettled trades:				
Cash	2,363	914	21	19
Accrued income	25,004	8,100	225	165
Receivable for unsettled trades	6,160	682	55	14
Other payables	(2,899)	-	(26)	-
Payable for unsettled trades	(14,271)	(18,831)	(128)	(384)
Accrued income, cash and net unsettled trades	16,357	(9,135)	147	(186)
	$ 8,424,215	$ 2,575,360	$ 75,656	$ 52,534

Note 3 - Interest in Master Trust (Continued)

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

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

Note 4 - Fair Value Measurements

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

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

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

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

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

Note 4 - Fair Value Measurements (Continued)

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

Asset Valuation Techniques

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

Domestic and international equity:

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

REITs:

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

Fixed income investments:

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

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

Note 4 - Fair Value Measurements (Continued)

Short-term investments:

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

Limited partnerships:

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

Hedge funds:

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

Common collective trusts:

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

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

Note 4 - Fair Value Measurements (Continued)

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

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

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

Note 4 - Fair Value Measurements (Continued)

The following table sets forth by level within the fair value hierarchy a summary of the Master Trust's investments measured at fair value on a recurring basis at December 31, 2018 (in thousands):

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

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

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

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

Note 4 - Fair Value Measurements (Continued)

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

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

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

Note 4 - Fair Value Measurements (Continued)

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

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

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

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

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

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

Changes in Fair Value Levels

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

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

Note 5 - Funding Policy

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

Each active participant may elect to contribute to their participant contribution account for each payroll period prior to their retirement date 3% of compensation earned during the plan year.

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.

Participants are entitled to receive pension benefits beginning at the normal retirement age of 65 equal to the greatest of the following:

(i) Final Average Monthly Compensation Benefit:
1¾% of final average earnings per year of benefit accrual service, less social security primary insurance amount times 1½% of total accrued service (up to 33⅓ years) times benefit accrued service over total accrued service. Final Average Monthly Compensation means 1/12th of the amount derived by dividing the participant's aggregate compensation paid within 30 days following his or her separation from service attributed to the lesser of the 5 highest of his or her last 10 qualifying 12 accounting month periods.

Note 6 - Accumulated Plan Benefits (Continued)

(ii) Career Average Benefit:
1/24th of total participant contributions through December 1, 1985, plus accrued benefit as of December 31, 1975 less 1/24th of participant contributions as of December 31, 1975, plus 1/12th of the sum of 1% of annual pay up to $3.6 and 2% of annual pay over $3.6.

(iii) Minimum Benefit:
Twenty dollars plus 1/2 % of Final Average Monthly Compensation, per year of benefit accrual service.

The Plan permits early retirement at age 55 for participants with five years of service. The benefit may begin at the date of early retirement and is the greater of the Actuarial Equivalent using an interest rate of 4.0% and the applicable mortality table of the accrued benefit as of April 30, 2003 or the total vested accrued benefit reduced by 6% for each year by which commencement of benefits precedes the retiree's 65th birthday. Actuarial Equivalent is the equivalent of a given benefit or its optional form as described in the Plan document. Retirees may elect to receive their pension benefits in the form of a joint and survivor annuity or a life annuity payable monthly from the date of retirement. Under the joint and survivor annuity, if a vested participant dies prior to the date pension benefits commence, the surviving spouse of the deceased vested participant generally receives benefits equal to 50% of the amount which would have been payable to the retiree under the applicable joint and survivor annuity. Under the life annuity, there are no continuing payments after the death of the retiree. If participants are terminated before completing 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 increased by 10%, with this adjustment tapering linearly to 0% starting at age 85 and ending at age 95. These assumed rates are projected generationally with the 2017 SSA Intermediate - Cost Projections Scale.

Note 6 - Accumulated Plan Benefits (Continued)

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.

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	$	24,156
Other participants		25,312
Total vested accumulated plan benefits		49,468
Nonvested accumulated plan benefits		630
Total actuarial present value of accumulated plan benefits	$	50,098

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

Actuarial present value of accumulated plan benefits at January 1, 2018	$	52,532
Increase (decrease) during the year attributable to:		
Benefits accumulated and other		323
Benefits paid		(7,515)
Assumption changes		555
Interest		4,203
Actuarial present value of accumulated plan benefits at January 1, 2019	$	50,098

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.

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 collective bargaining and the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated as specified by the Plan in accordance with ERISA, generally to provide the following benefits in the order indicated:

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

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

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

d. All vested and non-vested benefits.

Note 9 - Plan Termination (Continued)

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

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

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

Note 11 - 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. Effective January 1, 2020, the Plan name was changed to L3Harris Electron Devices Pension Plan for Bargained Employees.

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.

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Electron Devices Retirement Plan for Bargained Employees
EIN 91-2046609 PN 025

Summary of Plan Provisions

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

PLAN STATUS: CLOSED TO NEW HIRES EFFECTIVE 06/01/2007	
The plan is closed to employees hired on or after June 1, 2007. Employees hired prior to June 1, 2007 will receive ongoing accruals. The plan is also closed to Employees who are (a) members of Electronic and Space Technicians Local 1533 and were hired on or after January 1, 2007, or (b) members of IBEW Local 2995 and were hired on or after June 1, 2007.	
Normal retirement:	
Age requirement:	65
Service requirement:	None
Amount:	Contributory Benefit Structure: Greatest of the following, including COLA: 1. Final Average Monthly Compensation Benefit: a. 1 ¾ % of Final Average Earnings per year of Benefit Accrual Service, *less* b. Social Security Primary Insurance Amount at Normal Retirement age times a factor of 1 ½ % of Total Accrual Service (up to 33-1/3 years), times the ratio of Benefit Accrual Service over Total Accrual Service. For retirements prior to age 62, the factor is not greater than:

Age at Separation	Maximum Factor
55	.37
56	.39
57	.42
58	.44
59	.47
60	.49
61	.50

Summary of Plan Provisions *continued*

Amount:	2. Career Average Benefit: a. 1/24 of total Participant contributions through 12/1/1985 (net of unrepaid withdrawals), *plus* b. Accrued Benefit as of 12/31/75 less 1/24th of Participant contributions as of 12/31/75, *plus* c. 1/12th of [1% of first $3,600 of annual pay plus 2% of annual pay over $3,600] for all Benefit Accrual Service years after 1985 3. Minimum Benefit: $20 + ½% of Final Average Earnings per year of Benefit Accrual Service 4. Equivalent Mandatory Contributions: Actuarial equivalent of mandatory employee contributions with interest <u>Non-Contributory Benefit Structure:</u> Monthly benefit equal to 1., plus 2., less 3., reduced per Early Retirement reductions if Normal Retirement is before Social Security Normal Retirement: 1. 1 ½% of Final Average Earnings per year of Benefit Accrual Service included in the first 35 years of Total Accrual Service, *plus* 2. ½% of Final Average Earnings per year of Benefit Accrual Service included in the Total Benefit Accrual Service in excess of 35 years, *less* 3. 0.6% of Final Average Earnings not in excess of Social Security Covered Compensation per year of Benefit Accrual Service included in the first 35 years of Total Accrual Service

Summary of Plan Provisions *continued*

Early retirement:	
Age requirement:	55 and 5 years of vesting service
Regular Early Retirement Benefit:	Benefit determined as for Normal Retirement, based on credited service to early retirement date. Vested Accrued Benefit payable immediately with a reduction equal to 6% for each year (and a proportional reduction for partial years) that the participant's early retirement date precedes age 65. COLA applies for Contributory benefit structure participants.
Early Retirement Benefits:	50/15 Early Retirement Benefit (Contributory Benefit Structure; applicable post-1990 layoffs only): Benefit determined as for normal retirement, based on credited service to early retirement date, payable immediately, with reduction of 1½% for each month from the date benefits commence to age when they would have fulfilled the rule of 75, but no less than Actuarial Equivalent, including COLA. 62/10 Early Retirement Benefit (Non-Contributory Benefit Structure only): Benefit determined as for normal retirement, based on credited service to early retirement date, payable immediately without reduction as long as the Participant has reached age 62. Rule of 75 Early Retirement Benefit (Contributory Benefit Structure only): Benefit determined as for normal retirement, based on credited service to early retirement date, payable immediately without reduction, including COLA.
Late retirement:	
Amount:	Contributory Benefit Structure: Benefit determined as for normal retirement, based on employee's credited service to actual retirement date with an actuarial equivalent adjustment for the accrued benefit derived from participant contributions, including COLA. Non-Contributory Benefit Structure: Normal Retirement Benefit payable immediately with Benefit Accrual Service, Social Security Covered Compensation and Final Average Compensation determined as of the Late Retirement Date.
Disability:	
None	
Vesting:	
Eligibility:	The earlier of five years of vesting service and age 65

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Electron Devices Retirement Plan for Bargained Employees
EIN 91-2046609 PN 025

Summary of Plan Provisions *continued*

Pre-retirement death benefits:	
Amount:	Contributory Benefit Structure: 1. If not vested, a lump sum of the Participant contribution account is paid to the beneficiary 2. If vested, but not eligible for retirement, the surviving spouse of a married Participant is entitled to a choice of a lifetime benefit of a 50% Survivor Annuity, without COLA, or a lump sum of the Participant Contributions Account and 50% Survivor Annuity of Employer paid benefit, without COLA. Payments commence on the first day of the month following death or, if later, the earliest date on which the employee would have been eligible to retire based on service at death 3. If vested, and eligible for retirement, the surviving spouse of a married Participant is entitled to a choice of a lifetime benefit of a 100% Survivor Annuity, with COLA, or a lump sum of the Participant Contributions Account and 100% Survivor Annuity of Employer paid benefit, with COLA. Payments commence on the first day of the month following death or, if later, the earliest date on which the employee would have been eligible to retire based on service at death. 4. If a former Participant dies before age 55, the surviving spouse is entitled to a choice of a lifetime benefit of 50% survivor annuity, without COLA, or a lump sum of the Participant Contributions Account and 50% Survivor Annuity of Employer paid benefit, without COLA. 5. If a former Participant dies after age 55, the surviving spouse is entitled to a choice of a lifetime benefit of 100% survivor annuity, without COLA, or a lump sum of the Participant Contributions Account and 100% Survivor Annuity of Employer paid benefit, without COLA. Non-Contributory Benefit Structure: The surviving spouse of a married vested Participant is entitled to a lifetime benefit of a 50% survivor annuity, payable at what would have been the Participant's Early Retirement Date.
Form of Benefit:	
Normal Form:	Single life annuity, if single; 50% joint and survivor, if married.
Optional Forms:	Contributory Benefit Structure: 66 2/3% Joint and Survivor Annuity 75% Joint and Survivor Annuity 100% Joint and Survivor Annuity 5, 10, or 15 Certain Only Annuity. Benefits are converted to a certain only form of payment based on factors that assume 4% COLA. 10 Year Certain and Life Annuity. Benefits are converted to a certain only form of payment based on factors that assume 4% COLA. Accelerated Income option

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Electron Devices Retirement Plan for Bargained Employees
EIN 91-2046609 PN 025

Summary of Plan Provisions *continued*

Optional Forms:	Non-Contributory Benefit Structure: 75% Joint and Survivor Annuity 100% Joint and Survivor Annuity 10 Year Certain Only Annuity 10 Year Certain and Life Annuity
Lump Sum Benefit:	Benefits with a present value less than or equal to $1,000 are automatically cashed out. Benefits with a present value greater than $1,000 but less than or equal to $5,000 are eligible for a lump sum distribution but it will not be paid to the participant prior to his Normal Retirement Age without the participant's consent. If the present value of the benefit is greater than $5,000 but less than or equal to $15,000, the participant may elect to receive a lump sum with the spouse's consent.
Actuarial Equivalence:	Joint and Survivor: GA71 (80/20) Male with 4% interest rate Other Forms: GAR94 (50/50) projected to 2002 with 6% interest rate
Definitions:	
Participation:	An Employee who is 1) represented by a collective bargaining agent, and 2) covered by the terms of a collective bargaining agreement that specifically provide coverage for the Employee is eligible to participate in this Plan. An Employee covered by any other defined benefit plan maintained by a member of the Controller Group is not eligible to participate in this Plan. Eligibility for the contributory benefit structure was a closed group when L3 purchased the plan.
Benefit Accrual Service:	Contributory Benefit Structure: Months of service when Employee contributions were made by the participant, or as a participant in the Income Insurance Plan. Non-Contributory Benefit Structure: Months of service while employed by the Company plus applicable service while employed by appropriate Hughes divisions prior to February 28, 2005.
Total Accrual Service:	Benefit Accrual Service in this Plan, plus the appropriate Benefit Accrual Service pursuant to the Boeing Satellite Systems Retirement Plan
Final Average Compensation:	Average Monthly Compensation for five highest years out of the final 10 years while an Eligible Employee

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3 Electron Devices Retirement Plan for Bargained Employees
EIN 91-2046609 PN 025

Summary of Plan Provisions *continued*

Cost of Living Adjustment (COLA):	Contributory Benefit Structure: Annual cost of living adjustments from .96 up to 1.04 based on the annual change in CPI, Urban consumers, U.S. cities, as of the September before the applicable calendar year. Non-Contributory Benefit Structure: None
Employee contributions:	Contributory Benefit Structure: An active Participant contributes 3% of Compensation earned in a Plan Year. Non-Contributory Benefit Structure: None
Statutory Limits:	
Section 415 limit:	$225,000 (previously $220,000)
Section 401(a)(17) limit:	$280,000 (previously $275,000)

Most Recent Plan Amendments

Plan Amendment	Effective Date	Reflected in 2019 Actuarial Valuation
1. The plan has been amended to redefine the Plan Administer as the L3Harris Technologies, Inc. Employee Benefits Committee	June 29, 2019	Yes

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

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Line 26 – Schedule of Active Participant Data
L3 Electron Devices Retirement Plan for Bargained Employees
EIN 91-2046609 PN 025

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

	Years of Benefit Service									
Age	Less than 1	1-4	5-9	10-14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Over
Under 25	--	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
25 - 29	--	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
30 - 34	--	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
35 - 39	--	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
40 - 44	--	--	--	--	2	1	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
45 - 49	--	--	--	1	2	2	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
50 - 54	--	--	--	--	3	2	3	--	--	--
	--	--	--	--	--	--	--	--	--	--
55 - 59	--	--	--	1	11	1	7	1	3	--
	--	--	--	--	--	--	--	--	--	--
60 - 64	--	--	1	5	1	3	4	6	3	--
	--	--	--	--	--	--	--	--	--	--
65 - 69	--	--	--	3	1	3	1	4	--	--
	--	--	--	--	--	--	--	--	--	--
70 & Over	--	--	--	--	3	2	3	1	1	--
	--	--	--	--	--	--	--	--	--	--

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Electron Devices Retirement Plan for Bargained Employees
EIN 91-2046609 PN 025

Actuarial Assumptions and Methodologies (Funding)

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

Interest:

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

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter	Effective Interest Rate
Current Year, reflecting stabilization	3.74%	5.35%	6.11%	5.49%
Current Year, without stabilization	2.28%	3.81%	4.46%	3.99%
Prior Year, reflecting stabilization	3.92%	5.52%	6.29%	5.69%
Prior Year, without stabilization	1.75%	3.76%	4.66%	4.04%

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

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

These interest rates are based on the plan sponsor's election for the 2014 plan year (an election that can next be changed for the 2019 plan year) and are subject to the constraints established by law.

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Electron Devices Retirement Plan for Bargained Employees
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Actuarial Assumptions and Methodologies (Funding) *continued*

Mortality Rates	RP-2014 combined employee and annuitant healthy mortality tables (sex-specific), reflecting both blue and white collar data, adjusted backward to the base year (2006) using scale MP-2014. Mortality is projected forward using scale MP-2017 using static projection. This reflects an update to the mandated mortality projection assumption. This assumption is one of the choices allowed by the regulations.
Salary Increases	3.50%. This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Benefit Election	Contributory: 100% of active participants are assumed to elect a five-year certain annuity at retirement Non-Contributory: 100% of active participants are assumed to elect a ten-year certain annuity at retirement This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment. Actuarial equivalence for the five-year and ten-year certain payment options is based on the PPA Lump Sum mandated mortality table for the valuation year and the same interest rates as used for funding. A post-retirement cost-of-living adjustment of 4.00% is applied when converting to alternative benefit payment options under the contributory structure.
Interest on Employee Contributions	3.00% 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 and postretirement benefit adjustments 3.00% for Social Security Wage Base These assumptions are based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Termination Rates	None Based on the advanced age of the participants and the vastly greater pension benefits that apply for retirement vs termination, based on our professional judgment, we expect minimal turnover prior to retirement eligibility.
Disability Rates	None

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Electron Devices Retirement Plan for Bargained Employees
EIN 91-2046609 PN 025

Actuarial Assumptions and Methodologies (Funding) *continued*

<table>
<tr><td>Retirement (From Active Status) Rates</td><td>
<table>
<tr><th>Age</th><th>Contributory</th><th>Non-Contributory</th></tr>
<tr><td>55</td><td>20.00%</td><td>10.00%</td></tr>
<tr><td>56-59</td><td>10.00%</td><td>5.00%</td></tr>
<tr><td>60-61</td><td>15.00%</td><td>5.00%</td></tr>
<tr><td>62</td><td>15.00%</td><td>25.00%</td></tr>
<tr><td>63-64</td><td>15.00%</td><td>15.00%</td></tr>
<tr><td>65</td><td>25.00%</td><td>25.00%</td></tr>
<tr><td>66-69</td><td>20.00%</td><td>20.00%</td></tr>
<tr><td>70</td><td>100.00%</td><td>100.00%</td></tr>
</table>
Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.
</td></tr>
<tr><td>Description of Weighted Average Retirement Age</td><td>Age 61, determined as follows: The individual weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements. The overall weighted average retirement age is the average of the individual weighted average retirement ages based on all the active participants included in the January 1, 2019 actuarial valuation.</td></tr>
<tr><td>Retirement From Inactive Status</td><td><u>Contributory:</u>
Participants who met the “Rule of 75” eligibility at termination are assumed to retire immediately
<u>Non-Contributory and Non-“Rule of 75” Contributory:</u>
Age 65</td></tr>
<tr><td>Percent Married</td><td>70% male, 55% female. Spouse is assumed to be the opposite gender.</td></tr>
<tr><td>Age Difference</td><td>Male spouses are assumed to be three years older than female spouses.</td></tr>
<tr><td>Administrative Expenses</td><td>An expense assumption is required under the funding rules. Plan-related expenses of $300,000 are expected to be paid by the plan during the year (previously, $320,000).
This assumption is based on recent historical data, adjusted to reflect PBGC premium changes, advice from the plan sponsor, and estimated future experience and professional judgment.</td></tr>
</table>

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
L3 Electron Devices Retirement Plan for Bargained Employees
EIN 91-2046609 PN 025

Actuarial Assumptions and Methodologies (Funding) *continued*

Asset Method	As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 7.50%, not to exceed the applicable third segment rates of 6.48% for 2017 and 6.29% for 2018.
Funding Method	Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year. If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within seven years. Once that is achieved, or for overfunded plans, the required contribution will generally equal the target normal cost reduced by any overfunding.
Non-Prescribed Assumption Changes Since Prior Valuation	• *Assumption Type:* Administrative Expenses • *Current Assumptions:* $300,000 • *Prior Assumptions:* $320,000 • *Reason for Change:* Experience

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases
L3 Electron Devices Retirement Plan for Bargained Employees
EIN 91-2046609 PN 025

SCHEDULE OF SHORTFALL AMORTIZATION BASES AS OF JANUARY 1, 2019

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
2019	($155,850)	($155,850)	7	($25,324)
2018	3,926,010	3,475,599	6	640,918
Total		**$3,319,749**		**$615,594**

Attachment to 2019 Schedule SB of Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions
L3 Electron Devices Retirement Plan for Bargained Employees
EIN 91-2046609 PN 025

Changes in Actuarial Assumptions

Assumption changes since prior valuation:	Assumption Type	Current Assumption	Prior Assumption	Reason for Change
	Administrative Expenses	$300,000	$320,000	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
L3 Electron Devices Retirement Plan for Bargained Employees
EIN 91-2046609 PN 025

	Non-Contributory				Contributory		
Age	**Rate**	**Probability of Retiring**	**Age x Probability**	**Age**	**Rate**	**Probability of Retiring**	**Age x Probability**
55	10.00%	10.00%	5.50	55	20.00%	20.00%	11.00
56	5.00%	4.50%	2.52	56	10.00%	8.00%	4.48
57	5.00%	4.28%	2.44	57	10.00%	7.20%	4.10
58	5.00%	4.06%	2.36	58	10.00%	6.48%	3.76
59	5.00%	3.86%	2.28	59	10.00%	5.83%	3.44
60	5.00%	3.67%	2.20	60	15.00%	7.87%	4.72
61	5.00%	3.48%	2.12	61	15.00%	6.69%	4.08
62	25.00%	16.54%	10.25	62	15.00%	5.69%	3.53
63	15.00%	7.44%	4.69	63	15.00%	4.84%	3.05
64	15.00%	6.33%	4.05	64	15.00%	4.11%	2.63
65	25.00%	8.96%	5.83	65	25.00%	5.82%	3.78
66	20.00%	5.38%	3.55	66	20.00%	3.49%	2.31
67	20.00%	4.30%	2.88	67	20.00%	2.79%	1.87
68	20.00%	3.44%	2.34	68	20.00%	2.24%	1.52
69	20.00%	2.75%	1.90	69	20.00%	1.79%	1.23
70	100.00%	11.01%	7.71	70	100.00%	7.15%	5.01
			62.62				**60.51**

Headcount

Non Contributory	48
Contributory	61
Total	109

Weighted Average

(62.62*48+60.51*61)/109 61.44

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
L3 ELECTRON DEVICES RETIREMENT PLAN FOR BARGAINED

1b Three-digit plan number (PN) ▶ 025

1c Effective date of plan 02/28/2005

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

1025 WEST NASA BOULEVARD

MELBOURNE FL 32919

2b Employer Identification Number (EIN) 91-2046609

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

2d Business code (see instructions) 334200

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

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

SIGN HERE	[signature]	7-10-20	ANDREA HARTMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

5 Total number of participants at the beginning of the plan year	5	252
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	109
a (2) Total number of active participants at the end of the plan year	6a(2)	89
b Retired or separated participants receiving benefits	6b	116
c Other retired or separated participants entitled to future benefits	6c	29
d Subtotal. Add lines **6a(2), 6b,** and **6c**	6d	234
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	7
f Total. Add lines **6d** and **6e**	6f	241
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

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

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

A Name of plan
L3 Electron Devices Retirement Plan for Bargained Employees

B Three-digit plan number (PN) ▶ 025

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
L3 Electron Devices

D Employer Identification Number (EIN)
91-2046609

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	71,014,178
b Actuarial value	**2b**	73,118,929

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	112	26,948,276	26,948,276
b For terminated vested participants	30	3,338,335	3,338,335
c For active participants	109	24,638,610	25,294,297
d Total	251	54,925,221	55,580,908

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.49%
6 Target normal cost	**6**	1,817,753

Statement by Enrolled Actuary

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

SIGN HERE Jimmy Mak Jimmy Mak 06/26/2020

Signature of actuary — Date

JIMMY MAK, ASA, MAAA — 2005788

Type or print name of actuary — Most recent enrollment number

SEGAL — 212-251-5000

Firm name — Telephone number (including area code)

333 W 34TH STREET

NEW YORK NY 10001-2402

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5,080,038
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	5,080,038
10	Interest on line 9 using prior year's actual return of -3.41%	0	-173,229
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		15,092,214
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.69%		858,747
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		15,950,961
	d Portion of (c) to be added to prefunding balance		15,950,961
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	20,857,770

Part III Funding Percentages

14	Funding target attainment percentage	14	94.02%
15	Adjusted funding target attainment percentage	15	131.55%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.16%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/08/2019	0	5,570	07/05/2019	0	3,782
01/17/2019	0	4,671	08/01/2019	0	3,340
01/31/2019	0	4,732	08/08/2019	0	1,654
02/14/2019	0	4,676	08/22/2019	0	3,227
03/01/2019	0	4,602	09/06/2019	0	3,182
03/18/2019	0	4,304	09/19/2019	0	3,182
03/28/2019	0	4,737	10/03/2019	0	3,201
04/11/2019	0	4,066	10/30/2019	0	3,212
04/26/2019	0	3,706	11/14/2019	0	3,458
05/09/2019	0	3,498	11/29/2019	0	3,470
05/23/2019	0	3,619	12/12/2019	0	3,475
06/06/2019	0	3,473	12/27/2019	0	3,545
06/24/2019	0	3,465			
07/18/2019	0	3,075			
			Totals ► 18(b)	0	18(c) 96,922

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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**	1,817,753
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3,319,749	615,594
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**	2,433,347

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,433,347	2,433,347

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