

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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ☒
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information									
1a	Name of plan <u>UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY REPRESENTED EMPLOYEES</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td><u>003</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td><u>05/02/1994</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶	<u>003</u>	1c	Effective date of plan	<u>05/02/1994</u>			
1b	Three-digit plan number (PN) ▶	<u>003</u>								
1c	Effective date of plan	<u>05/02/1994</u>								
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNITED LAUNCH ALLIANCE</u> <u>9501 E PANORAMA CIR</u> <u>CENTENNIAL, CO 80112</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN)</td> <td><u>81-0673845</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td><u>720-922-7100</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td><u>336410</u></td> </tr> </table>	2b	Employer Identification Number (EIN)	<u>81-0673845</u>	2c	Plan Sponsor's telephone number	<u>720-922-7100</u>	2d	Business code (see instructions)	<u>336410</u>
2b	Employer Identification Number (EIN)	<u>81-0673845</u>								
2c	Plan Sponsor's telephone number	<u>720-922-7100</u>								
2d	Business code (see instructions)	<u>336410</u>								

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2020	LIANE GEORGE
	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

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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2264
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) 591
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f 0
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:

1B 1I

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY REPRESENTED EMPLOYEES	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED LAUNCH ALLIANCE	D Employer Identification Number (EIN) 81-0673845	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ALIGHT SOLUTIONS LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 16	NONE	2100264	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONDUENT HR SERVICES LLC

16-0468020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 50	NONE	371313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(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?
31	NONE	80000	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)

NORTHERN TRUST COMPANY

36-1561860

(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?
25 50 64	NONE	62000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	46639	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DRINKER BIDDLE & REATH LLP

23-1423089

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	46546	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)

GREENHILL & CO

13-3867900

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	20915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALVAREZ AND MARSAL

56-2409465

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 70	NONE	19547	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K & L GATES

25-0921018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	7296	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019					
A Name of plan UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY REPRESENTED EMPLOYEES			B Three-digit plan number (PN) ▶		003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNITED LAUNCH ALLIANCE			D Employer Identification Number (EIN) 81-0673845		
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: UNITED LAUNCH ALLIANCE MASTER PENSI					
b Name of sponsor of entity listed in (a): UNITED LAUNCH ALLIANCE					
c EIN-PN 43-6931304-007		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
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)		

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

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		1298217
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)	299216218	0
(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	299216218 1298217
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	306498 985484
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	178222
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	306498 1163706
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	298909720 134511

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	21576089
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	21576089
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		33458304
(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		55034393

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	159648939	
(2) To insurance carriers for the provision of benefits	2e(2)	177722537	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		337371476
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)	2242889	
(2) Contract administrator fees	2i(2)	433313	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	80000	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2756202
j Total expenses. Add all expense amounts in column (b) and enter total	2j		340127678

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-285093285
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		13681924

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: GRANT THORNTON

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY EMPLOYEES OF THE SPACE SYSTEMS GROUP AT HARLINGEN	81-0673845	008

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 (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan UNITED LAUNCH ALLIANCE PENSION PLAN FOR HOURLY REPRESENTED EMPLOYEES		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED LAUNCH ALLIANCE		D Employer Identification Number (EIN) 81-0673845
Part I	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): 36-1561860		
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 1041
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

Stock: 80.0 % Investment-Grade Debt: 20.0 % 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 _____

As of December 31, 2019 (in Liquidation) and
2018 (Ongoing) and for the Year Ended
December 31, 2019 (in Liquidation)

United Launch Alliance Pension Plan for Hourly Represented Employees

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GRANT THORNTON LLP

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

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

Report on the financial statements

We were engaged to audit the accompanying financial statements of United Launch Alliance Pension Plan for Hourly Represented Employees (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 (liquidation basis) and 2018 (going concern basis), and the related statement of changes in net assets available for benefits for the year ended December 31, 2019 (liquidation basis), and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2019 and 2018, and for the year ended December 31, 2019, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Emphasis of matter

As described in Notes 1 and 7 to the financial statements, in 2018, the Plan was amended to approve termination of the Plan contingent on certain milestones being achieved. These milestones were achieved in 2019, which is when management determined liquidation was imminent. Accordingly, the Plan has changed its basis of accounting from the going concern basis used in presenting the Plans 2018 financial statements to liquidation basis used in presenting the Plan's 2019 financial statements. Our opinion is not modified with respect to this matter.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements, other than that derived from the certified information described in Note 4, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Denver, Colorado
October 6, 2020

United Launch Alliance Pension Plan for Hourly Represented Employees

Statements of Net Assets Available for Benefits

	December 31, 2019 (in Liquidation)	2018 (Ongoing)
Assets:		
Investments:		
Plan's interest in ULA Master Trust, at fair value	\$ -	\$ 299,216,218
Receivables:		
Annuity purchase receivable (Note 1)	1,298,217	-
Total assets	<u>1,298,217</u>	<u>299,216,218</u>
Liabilities:		
Accrued expenses	(985,484)	(306,498)
Accrued expenses expected to be incurred in liquidation	(134,511)	-
Due to ULA Master Trust	(178,222)	-
Net assets available for benefits	<u>\$ -</u>	<u>\$ 298,909,720</u>

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

United Launch Alliance Pension Plan for Hourly Represented Employees

Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2019 (in Liquidation)
Additions to (deductions from) net assets attributed to:	
Employer contributions	\$ 21,576,089
Plan's interest in ULA Master Trust investment earnings (Note 5)	33,458,304
Benefit payments	(159,648,939)
Annuity buyout (Note 1)	(177,722,537)
Administrative expenses	(2,756,202)
	<hr/>
Net decrease, prior to adjustments	(285,093,285)
Adjustment to liquidation basis (Note 1)	(134,511)
Transfer to other Plan (Note 1)	(13,681,924)
Net assets available for benefits at beginning of year	298,909,720
Net assets available for benefits at end of year	<hr/> <hr/> \$ -

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

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

1. PLAN DESCRIPTION

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

General

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

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

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

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

Effective December 31, 2018 the Plan was amended to allow for a spinoff of certain Harlingen members, as defined. Harlingen members ceased to have any benefit under the Plan as of the close of business on December 31, 2018, and instead shall participate under the United Launch Alliance Pension Plan for Hourly Employees of the Space System Group at Harlingen (“Harlingen Plan”) effective January 1, 2019. Effective January 1, 2019 approximately \$13.7 million was transferred to the Harlingen Plan from the Plan.

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

Plan Termination

Effective December 31, 2018 the Plan was amended to approve termination of the Plan and distribute all benefits contingent on all milestones being achieved. These milestones include receiving a favorable determination letter from the IRS, approval from the PBGC, and a signed agreement with the ULA's Corporate Administrative Contracting Officer ("CACO") with favorable cost recovery. It was determined that these milestones were met on August 19, 2019 when the IRS Determination Letter for termination was received, as the Plan had received the CACO agreement on October 30, 2018 and the PBGC approval on July 2, 2019. Upon termination of the Plan all participants became 100% vested to the extent they were not already vested. In connection with the approved termination, the Company completed the following:

- Allowed a lump sum payment window in which eligible participants could elect to take a lump sum payment. Approximately \$151 million in benefit payments were distributed during the year in relation to this payment window.
- Effective September 23, 2019, the Company entered into a group annuity contract purchase with an insurance company. Upon execution of the contract the insurance company assumed the liability and guarantees for all participant benefits that are due under the Plan after the distribution of lump sums. In June 2020 a reconciliation of the final premium due to the insurance company was performed, which resulted in a reduction to the initial premium due of \$1,298,217 (recorded as a receivable as of December 31, 2019) for an adjusted premium of \$177,722,537. Funds under this contract have been allocated and applied to purchase these annuities and are excluded from the Plan's interest in the ULA Master Trust as of December 31, 2019.

Administration

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

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

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

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

Benefits

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

Vesting

Prior to the Plan's termination, participants became fully vested upon completion of five years of service. Unvested participants became fully vested upon achieving the milestones, which occurred on August 19, 2019, for termination of the Plan.

Funding Policy

The Company's funding policy is to contribute annually an amount so as to meet the minimum funding requirements and as recommended by the Plan's actuary. No employee contributions are required or permitted. During 2019, the Plan met the minimum funding requirements of ERISA. The Company contributed \$21,576,089 in contributions for the 2019 Plan year.

Termination of the Plan

As discussed above, the Company terminated the Plan. The Company had the right under the Plan to discontinue its contributions and to terminate the Plan, subject to the provisions set forth in ERISA. Upon termination the assets of the Plan were allocated to plan participants and beneficiaries or distributed in a lump sum to an insurance company for the purchase of annuities in accordance with applicable provisions of ERISA and the Plan document. See further discussion in *Plan Termination* above.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

Financial Accounting Standards Board ("FASB") issued Accounting Standards Codification ("ASC") 205-30, *Presentation of Financial Statements: Liquidation Basis of Accounting* which requires an entity to prepare its financial statements using the liquidation basis of accounting when liquidation is imminent. The Plan implemented the ASC 205-30 for the 2019 plan year as this is when liquidation was determined to be imminent. Therefore, the accompanying financial statements have been prepared on the liquidation basis of accounting as of and for the year ended December

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

31, 2019, and on the ongoing (accrual) basis of accounting as of December 31, 2018. The Plan's financial statements and related disclosures have been updated to conform with ASC 205-30-25, as follows:

- *Statement of Net Assets Available for Benefits:* The statement of net assets available for benefits as of December 31, 2019 (in Liquidation), includes accrued expenses expected to be incurred through the end of its liquidation and the accrual of the annuity contract true up. There are no additional expected contributions to be funded through its liquidation;
- *Statement of Changes in Net Assets Available for Benefits:* The statement of changes in net assets available for benefits as of December 31, 2019 (in Liquidation), reflects an adjustment to the liquidation basis in the aggregate as a separate line item.

Use of Estimates

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

Investments in ULA Master Trust and Income Recognition

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

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

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

Actuarial Present Value of Accumulated Plan Benefits

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

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

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

The Plan's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted. The accumulated plan benefits as of December 31, 2018 have been prepared on an ongoing basis. There were no accumulated plan benefits as of December 31, 2019 due to the termination of the Plan. See Note 3, *Accumulated Plan Benefits*.

Payment of Benefits

Benefits are recorded when paid.

New Accounting Pronouncement

In February 2017, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2017-06 *Employee Benefit Plan Master Trust Reporting*. For each master trust in which a plan holds an interest, the amendment in the update requires a plan's interest in that master trust and any change in that interest to be presented in separate line items. The update removes the requirement to disclose the percentage interest in the master trust for plans with divided interests and require that all plans disclose the dollar amount of their interest in each of those general types of investments, which supplements the existing requirement to disclose the master trust's balances in each general type of investments. The update also requires all plans to disclose their master trust's other asset and liability balances and the dollar amount of the plan's interest in each of those balances. Management has adopted ASU 2017-06 for the 2019 plan year and has applied it retrospectively, as required. The adoption of the is ASU did not have a material impact on the financial statements.

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

3. ACCUMULATED PLAN BENEFITS

As a result of the Plan's termination (see Note 1), all benefits were settled in 2019. These distributions include the monthly annuities prior to the settlement of the Plan (\$9 million)s as well as the distributions arising from the Plan termination which include lump sum payments for participants who elected a lump sum distribution (\$151 million), the annuity payment purchases for participants who elected or were already enrolled for annuity payments (\$178 million) and the spin-off of certain amounts to the Harlingen Plan (\$9 million). As a result, there was no obligation for accumulated plan benefits as of December 31, 2019.

Prior to the termination, the actuarial present value of accumulated plan benefits as of December 31, 2018 was determined using the following significant actuarial assumptions for an ongoing plan: (a) life expectancy of participants (RP2006 Fully Generational Scale MP 2018 for annuitants and non-annuitants with white collar adjustment for 2018), (b) average retirement age of 61 for 2018, (c) an annual discount rate of 6.75% for 2018.

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

	<u>December 31, 2018</u> <u>(Ongoing)</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 134,925,139
Current and terminated employees with vested benefits	211,892,552
Total vested benefits	<u>346,817,691</u>
Non-vested benefits	211,789
Total actuarial present value of accumulated plan benefits	<u>\$ 347,029,480</u>

4. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election and as requested by the plan administrator, the following information was not subjected to any auditing procedures performed by the Plan's independent certified public accountants except to compare the amounts to the financial statements:

- a. Investments as shown in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2019 (in Liquidation) and 2018 (Ongoing).
- b. Investment income from the Plan's interest in ULA Master Trust Investment as shown in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2019 (in Liquidation).

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

- c. Investment information provided in Note 5 as of December 31, 2019 and 2018, and for the year ended December 31, 2019.

5. ULA MASTER TRUST

The Plan had an interest in the ULA Master Trust as of December 31, 2019 and 2018 of approximately 0% and 99.9%, respectively. Each participating Plan has an undivided interest in the ULA Master Trust. Investment income and loss and related investment expenses are allocated to the individual participating plans based upon average monthly balances invested by each Plan.

The condensed statements of net assets for the ULA Master Trust as of December 31, 2019 and 2018 are as follows:

	December 31, 2019		December 31, 2018	
	Master Trust	Plan	Master Trust	Plan
Assets:				
Investments, at fair value:				
Cash and cash equivalents	\$ 2,188,107	\$ -	\$ 23,761,196	\$ 23,745,820
Common/collective trusts	13,060,205	-	265,808,244	265,636,242
Limited partnership/private equity	-	-	9,870,616	9,864,229
	15,248,312	-	299,440,056	299,246,291
Due from Plan	178,222	-	-	-
Investment income receivable	2,420	-	44,322	44,293
Total assets	15,428,954	-	299,484,378	299,290,584
Liabilities:				
Accrued investment expenses	(19,153)	-	(74,414)	(74,366)
Net assets	\$ 15,409,801	\$ -	\$ 299,409,964	\$ 299,216,218

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

The following presents the change in net assets and net investment income (loss) of the ULA Master Trust for the years ended December 31, 2019 and 2018:

	December 31, 2019		December 31, 2018	
	Master Trust	Plan	Master Trust	Plan
Investment Results:				
Interest and dividends	\$ 1,852,765	\$ 1,742,477	\$ 1,312,127	\$ 598,985
Net appreciation (depreciation)	34,051,293	32,024,386	(14,960,993)	4,437,641
Other income	-	-	796,810	335,437
Investment expense	(328,088)	(308,559)	(238,867)	(101,229)
	35,575,970	33,458,304	(13,090,923)	5,270,834
Net (redemptions) purchases	(140,555,379)	(139,971,844)	(11,057,126)	65,674,089
Annuity buyout	(179,020,754)	(179,020,754)	(218,060,000)	-
Transfer to other plans	-	(13,681,924)	-	-
Beginning net assets	299,409,964	299,216,218	541,618,013	228,271,295
Ending net assets	\$ 15,409,801	\$ -	\$ 299,409,964	\$ 299,216,218

6. FAIR VALUE MEASUREMENTS AND DISCLOSURES

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

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability;
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

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

Following is a description of the valuation methodologies used for investments at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

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

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

Limited Partnership: The limited partnership was calculated by a third party and was based on fair value of underlying investments and ULA Master Trust's share of the partnership. There is little to no market activity to determine the fair value of the investment and a significant degree of judgment is used in determining the value. Estimated fair value generally is based on the partner's capital account (which can be one to two quarters in arrears) adjusted for capital contribution or divestiture activity through year end. The partner capital account, as determined by the terms of the partnership agreement approximates fair value. During January 2019, the ULA Master Trust liquidated its interest in the remaining partnership.

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

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Notes to Financial Statements

The following table reflects the investments of the ULA Master Trust that are measured and carried at fair value on a recurring basis as of December 31, 2019:

Asset Category	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ -	\$ 2,188,107	\$ -	\$ 2,188,107
Total assets in the fair value hierarchy	-	2,188,107	-	2,188,107
Investments measured at net asset value (a)				13,060,205
Total investments at fair value				\$ 15,248,312

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

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

- (a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent), as a practical expedient, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the ULA Master Trust's statements of net assets available for plan benefits.

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

The following table sets forth a summary of changes in the fair value of the Plan's level 3 investments for the year ended December 31, 2019:

	Limited Partnership
Balance, beginning of year	\$ 9,870,616
Realized gains/(losses)	(713,641)
Unrealized gains/(losses) relating to instruments still held at the reporting date	-
Purchases	-
Sales	(9,156,975)
Balance, end of year	\$ -

The availability of observable market data is monitored to assess the appropriate classification of financial statements within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the year ended December 31, 2019, there were no significant transfers in or out of levels 1, 2, or 3.

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

December 31, 2018

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

There are no level 3 investments held at December 31, 2019.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2019 and 2018, respectively.

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

<i>Year Ended December 31,</i>	<i>Investment Type</i>	<i>Fair Value</i>	<i>Unfunded Commitments</i>	<i>Redemption Frequency</i>	<i>Redemption Notice Period</i>
2019	Group trust investment fund (a)	\$ 13,060,205	None	Daily	15 day notice
2018	Group trust investment fund (a)	\$ 265,808,244	None	Daily	15 day notice

(a) The purpose of these funds is to achieve a total return by investing in a diversified portfolio of fixed-income securities with maturities ranging over an extended period of time.

7. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated January 25, 2017 stating that the Plan is designed in compliance with the applicable requirements of the Code. The Plan is required to operate in conformity with the Internal Revenue Code (the “Code”) to maintain its tax-qualified status. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related Trust is tax exempt. The Plan has received a determination letter from the IRS dated August 19, 2019 stating that the termination of the Plan does not affect its tax status.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS audits for any tax periods in progress.

8. PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

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

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

9. CONCENTRATIONS, RISKS AND UNCERTAINTIES

The ULA Master Trust invests in various investment securities. Investments in general, are subject to various risks, such as interest rate, credit and overall market volatility risk. Additionally, the value, liquidity and related income of the investment securities are sensitive to changes in economic conditions, including real estate values, delinquencies, and defaults and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits and the funded status of the Plan. As of December 31, 2019 and 2018 there were two investments, respectively, held in the master trust which individually accounted for more than 10% of net assets available for benefits.

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

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

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits and net decrease in net assets available for benefits per the financial statements to Form 5500:

<i>December 31,</i>	2019
Net assets available for benefits per the financial statements	\$ -
Add: Accrued expenses expected to be incurred in liquidation	134,511
Net assets available for benefits per the Form 5500 (unaudited)	\$ 134,511
<i>For the year ended December 31,</i>	2019
Net decrease in net assets available for benefits per the financial statements	\$(298,909,720)
Add: Adjustment to liquidation basis	134,511
Net income (loss) per the Form 5500 (unaudited)	\$(298,775,209)

United Launch Alliance Pension Plan for Hourly Represented Employees

Notes to Financial Statements

11. SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 6, 2020, which is the date the financial statements were available to be issued. There were no events or transactions discovered during the evaluation that require recognition or disclosure in the financial statements.