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

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |                                                                         |                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                  | <b>Basic Plan Information</b> —enter all requested information |                                                                         |                                                                      |
| <b>1a</b> Name of plan<br><br><u>COBHAM MISSION SYSTEMS DAVENPORT LSS INC. 401K PLAN</u>                                                                                                                                                                                                                                                                                                        | <b>1b</b> Three-digit plan number (PN) ▶                       | <u>001</u>                                                              |                                                                      |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br><u>COBHAM MISSION SYSTEMS DAVENPORT LSS, INC.</u><br><br><u>2734 HICKORY GROVE ROAD</u><br><u>DAVENPORT, IA 52804-1299</u> | <b>1c</b> Effective date of plan<br><br><u>08/18/2003</u>      | <b>2b</b> Employer Identification Number (EIN)<br><br><u>57-1169120</u> | <b>2c</b> Plan Sponsor's telephone number<br><br><u>563-383-6364</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                | <b>2d</b> Business code (see instructions)<br><br><u>541990</u>         |                                                                      |

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

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

|                  |                                                   |                   |                                                              |
|------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | <u>10/15/2020</u> | <u>ROB BAUGOUS</u>                                           |
|                  | Signature of plan administrator                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |                   |                                                              |
|                  | Signature of employer/plan sponsor                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |                   |                                                              |
|                  | Signature of DFE                                  | Date              | Enter name of individual signing as DFE                      |

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

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                   |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name <b>CARLETON LIFE SUPPORT SYSTEMS INC.</b><br><b>c</b> Plan Name <b>CARLETON LIFE SUPPORT SYSTEMS INC. 401(K) PLAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>4b</b> EIN <b>57-1169120</b><br><b>4d</b> PN <b>001</b>                                                                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>5</b> <b>1027</b>                                                                                                                                                                                                                                                                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>913</b><br><b>6a(2)</b> <b>979</b><br><b>6b</b> <b>2</b><br><b>6c</b> <b>196</b><br><b>6d</b> <b>1177</b><br><b>6e</b> <b>1</b><br><b>6f</b> <b>1178</b><br><b>6g</b> <b>1090</b><br><b>6h</b> <b>95</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>7</b>                                                                                                                                                                                                                                                                                           |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2E 2F 2G 2J 2K 2R 2T 3D 3F 3H</b><br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                    |

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

**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 \_\_\_\_\_

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

|                                                                                                             |                                                             |     |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019                  |                                                             |     |
| <b>A</b> Name of plan<br>COBHAM MISSION SYSTEMS DAVENPORT LSS INC. 401K PLAN                                | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                             |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COBHAM MISSION SYSTEMS DAVENPORT LSS, INC. | <b>D</b> Employer Identification Number (EIN)<br>57-1169120 |     |

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

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

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                |
| 04-2647786                                                                                                        |

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

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

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

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

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

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

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

PRECEPT ADVISORY GROUP

56-1623293

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISOR                                                                                | 66052                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STRATEGIC ADVISORS, INC.

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 18350                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64<br>65 71      | RECORDKEEPER                                                                                      | 5352                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| HTFD INTL OPPTS R5 - HARTFORD ADMIN<br><br>41-0679409                                      | 0.20%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| INVS DIVRS DIVD R5 - INVESCO INVES<br>11 GREENWAY PLAZA, SUITE 100<br>HOUSTON, TX 77046    | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PIONEER BOND Y - DST ASSET MANAGER<br>430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.23%                                                                                                                                                              |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UM BEHAVIORAL VAL L - DST ASSET MA      430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.15%                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation                               | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMERICAN BEACON SMALL CAP<br>INVESTOR      220 EAST LAS COLINAS BLVD SUITE 12<br>IRVING, TX 75039 | 0.40%                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
|                                                         |                                         |                                              |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                          |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                     |                                                                            |            |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>COBHAM MISSION SYSTEMS DAVENPORT LSS INC. 401K PLAN</u> | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|

|                                                                                                                           |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>COBHAM MISSION SYSTEMS DAVENPORT LSS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>57-1169120</u> |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO STABLE INC IV

**b** Name of sponsor of entity listed in (a): SEI TRUST COMPANY

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>45-4367155-036</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7153527</u> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AC IN RETIRE TR I

**b** Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>30-6406015-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18598239</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CT BALANCED TRUST 1

**b** Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>41-0007957-159</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1235277</u> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>COBHAM MISSION SYSTEMS DAVENPORT LSS INC. 401K PLAN</b>                                                                                                                                                                                      | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COBHAM MISSION SYSTEMS DAVENPORT LSS, INC.</b>                                                                                                                                                       | <b>D</b> Employer Identification Number (EIN)<br><b>57-1169120</b>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 1029                  | 2345            |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 175741                | 298922          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 434125                | 757500          |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 1181762               | 1447771         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 22310246              | 26987043        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 53085710              | 67026701        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 77188613              | 96520282        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 77188613 | 96520282 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3766396    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 6118279    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 519775     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          | 10404450  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 4587  |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 0     |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 0     |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> | 0     |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 62586 |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 0     |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 67173 |

|                                                                                           |                 |         |         |
|-------------------------------------------------------------------------------------------|-----------------|---------|---------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> | 0       |         |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 13648   |         |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 2790950 |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |         | 2804598 |

|                 |              |  |   |
|-----------------|--------------|--|---|
| (3) Rents ..... | <b>2b(3)</b> |  | 0 |
|-----------------|--------------|--|---|

|                                                                                           |                 |        |       |
|-------------------------------------------------------------------------------------------|-----------------|--------|-------|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 339012 |       |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 285713 |       |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |        | 53299 |

|                                                                                                    |                 |       |       |
|----------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                 | <b>2b(5)(A)</b> | 0     |       |
| <b>(B)</b> Other .....                                                                             | <b>2b(5)(B)</b> | 89512 |       |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |       | 89512 |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 3147728   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 9878347   |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 26445107  |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 7023053 |         |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) | 0       |         |
| (3) Other .....                                                                      | 2e(3) | 0       |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4) |         | 7023053 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         | 0       |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         | 1730    |
| h Interest expense .....                                                             | 2h    |         | 0       |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) | 0       |         |
| (2) Contract administrator fees .....                                                | 2i(2) | 0       |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 18350   |         |
| (4) Other .....                                                                      | 2i(4) | 70305   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 88655   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 7113438 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 19331669 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  | 0        |
| (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: **TRONCONI, SEGARRA & ASSOCIATES LLP**

(2) EIN: **04-3728817**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                     |     | X  |         |

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

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

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

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

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

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

|                                                                                                                    |                                                                    |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>COBHAM MISSION SYSTEMS DAVENPORT LSS INC. 401K PLAN</u>                                | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COBHAM MISSION SYSTEMS DAVENPORT LSS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>57-1169120</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> |  |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>04-6568107</u> |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |  |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2019  
v. 190130

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years   <input type="checkbox"/> 3-6 years   <input type="checkbox"/> 6-9 years   <input type="checkbox"/> 9-12 years   <input type="checkbox"/> 12-15 years   <input type="checkbox"/> 15-18 years   <input type="checkbox"/> 18-21 years   <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration   <input type="checkbox"/> Macaulay duration   <input type="checkbox"/> Modified duration   <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                               |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:<br/> <input type="checkbox"/> Yes.<br/> <input type="checkbox"/> 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.<br/> <input type="checkbox"/> 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.<br/> <input type="checkbox"/> No. Other. Provide explanation _____</p> |

**Cobham Mission Systems Davenport LSS, Inc.  
401(k) Plan**

**Financial Statements and  
Supplemental Schedule**

**December 31, 2019 and 2018**

**Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan**  
*Financial Statements*

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## Independent Auditors' Report

To the Plan Sponsor and Participants of the  
Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan  
Davenport, Iowa

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years 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.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company (the "Trustee"), 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 years ended December 31, 2019 and 2018, 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. Accordingly, we do not express an opinion on these financial statements.

## **Other Matter**

The supplemental schedule of assets (held at end of year) as of December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

## **Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with GAAS and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Trancon Segura & Associates LLP*

Williamsville, New York

October 15, 2020

# Cobham Mission Systems Davenport LSS Inc. 401k Plan

## *Statements of Net Assets Available for Benefits*

*December 31, 2019 and 2018*

|                                    | <u>2019</u>                 | <u>2018</u>                 |
|------------------------------------|-----------------------------|-----------------------------|
| <b><i>Investments</i></b>          |                             |                             |
| Investments, at fair value         | \$ 95,072,511               | \$ 76,006,851               |
| <b><i>Receivables</i></b>          |                             |                             |
| Notes receivable from participants | <u>1,447,771</u>            | <u>1,181,762</u>            |
| Total receivables                  | <u>1,447,771</u>            | <u>1,181,762</u>            |
| Net assets available for benefits  | <u><u>\$ 96,520,282</u></u> | <u><u>\$ 77,188,613</u></u> |

*See report of independent auditors and notes to financial statements.*

# Cobham Mission Systems Davenport LSS Inc. 401k Plan

## *Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2019 and 2018*

|                                                                 | 2019                | 2018                |
|-----------------------------------------------------------------|---------------------|---------------------|
|                                                                 | <hr/>               | <hr/>               |
| <b><i>Additions to Net Assets Attributed to</i></b>             |                     |                     |
| Net appreciation (depreciation) in fair value<br>of investments | \$ 13,168,886       | \$ (8,612,958)      |
| Interest and dividends                                          | <hr/> 2,871,771     | <hr/> 3,932,804     |
|                                                                 | <hr/>               | <hr/>               |
| Net investment income (loss)                                    | 16,040,657          | (4,680,154)         |
| Contributions                                                   |                     |                     |
| Employer                                                        |                     |                     |
| Match                                                           | 2,582,094           | 2,086,261           |
| Service                                                         | 864,288             | 763,497             |
| Supplemental                                                    | 316,278             | 334,038             |
| Qualified discretionary                                         | <hr/> 3,736         | <hr/> 0             |
|                                                                 | <hr/>               | <hr/>               |
| Total employer                                                  | 3,766,396           | 3,183,796           |
| Participant                                                     | <hr/> 6,638,054     | <hr/> 5,793,377     |
|                                                                 | <hr/>               | <hr/>               |
| Total contributions                                             | <hr/> 10,404,450    | <hr/> 8,977,173     |
|                                                                 | <hr/>               | <hr/>               |
| Total additions                                                 | 26,445,107          | 4,297,019           |
| <b><i>Deductions from Net Assets Attributed to</i></b>          |                     |                     |
| Benefits paid to participants                                   | 7,024,783           | 4,897,152           |
| Administrative expenses (net of revenue credits)                | <hr/> 88,655        | <hr/> 61,694        |
|                                                                 | <hr/>               | <hr/>               |
| Total deductions                                                | <hr/> 7,113,438     | <hr/> 4,958,846     |
|                                                                 | <hr/>               | <hr/>               |
| Net increase (decrease)                                         | 19,331,669          | (661,827)           |
| <b><i>Net Assets Available for Benefits</i></b>                 |                     |                     |
| Beginning of year                                               | <hr/> 77,188,613    | <hr/> 77,850,440    |
|                                                                 | <hr/>               | <hr/>               |
| End of year                                                     | <hr/> \$ 96,520,282 | <hr/> \$ 77,188,613 |
|                                                                 | <hr/>               | <hr/>               |

*See report of independent auditors and notes to financial statements.*

# **Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan**

## ***Notes to Financial Statements (continued)***

### **1. Description of Plan**

The following description of the Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

**General** – The Plan is a defined contribution plan established on August 18, 2003 and sponsored by Cobham Mission Systems Davenport LSS, Inc. (the “Plan Sponsor”). The Plan covers substantially all employees of the Plan Sponsor, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective November 1, 2016, the Plan was amended and restated as a volume-submitter defined contribution plan sponsored by Fidelity Management & Research Company (“Fidelity”). The Carleton Life Support System’s Retirement Plan was merged with the Plan as of the effective date. The Plan was amended effective January 1, 2018 to limit employee contributions to 90% of compensation and allow for in-plan Roth rollover contributions. The Plan was amended effective May 1, 2018 to allow for automatic participant deferrals of 10% for all newly eligible participants. The Plan was amended effective November 1, 2019 to change the name of the Plan to the Cobham Mission Systems Davenport LSS Inc. 401(k) Plan to align with the change in the Plan Sponsor’s name.

**Contributions** – Participants may elect to contribute to the Plan amounts equal to a full percentage between 1% and 90% of the participant’s eligible compensation as defined by the Plan, limited by the amount imposed by law. Participants may make Roth contributions into the Plan which are accounted for in separate participant-level subaccounts. Roth contributions made to the Plan amounted to \$616,795 and \$544,197 during the years ended December 31, 2019 and 2018, respectively. Additionally, participants age 50 or older may elect to make a catch-up contribution limited to the amount imposed by law. Contributions received from participants for the years ended December 31, 2019 and 2018 include rollover contributions of \$519,775 and \$666,371, respectively.

The Plan Sponsor matches 50% of the first 10% of eligible compensation contributed to the Plan by the employee.

# Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan

## *Notes to Financial Statements (continued)*

### 1. Description of Plan (continued)

Effective November 1, 2016 and in accordance with the Plan document, the Plan Sponsor also makes service-weighted contributions based on the following criteria:

| Completed Years of Service | Service-Weighted Contribution  |
|----------------------------|--------------------------------|
| 0 – 4                      | .50% of eligible compensation  |
| 5 – 9                      | 1.25% of eligible compensation |
| 10 – 14                    | 2.00% of eligible compensation |
| 15 – 19                    | 2.75% of eligible compensation |
| 20 – 24                    | 3.50% of eligible compensation |
| 25 – 29                    | 4.25% of eligible compensation |
| 30+                        | 5.00% of eligible compensation |

Also, effective November 1, 2016, the Plan Sponsor makes a supplemental contribution for those eligible participants who commenced employment on or before August 18, 2003 (Acquisition Date of Life Support Division of Litton Systems, Inc.). Such participants who met The Rule of 100 on August 18, 2003, or who subsequently meet the Rule of 100 as of January 1<sup>st</sup> of a given Plan year, are eligible to receive the supplemental contribution. The Rule of 100 requires that the sum of 2½ times the participant's age as of his or her most recent birthday and the number of full years of benefit service completed by the participant as of the most recent anniversary of his or her most recent date of hire in a given Plan year is greater than 100.

***Participant Accounts*** – Individual accounts are maintained for each Plan participant. Participant accounts are increased by participant contributions, Plan Sponsor contributions, and the participant's share of Plan earnings. Participant accounts are decreased by participant distributions and the participant's share of Plan expenses and losses. The allocation of earnings and losses to participant accounts is based on the value of an individual account in relation to the total assets of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Vesting*** – Participants are immediately vested in their salary deferral and rollover contribution accounts and the earnings thereon. Participants vest ratably in Plan Sponsor contributions at 25% for each year of service and become fully vested after four years.

# Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan

## *Notes to Financial Statements (continued)*

### 1. Description of Plan (continued)

***Notes Receivable from Participants*** – In accordance with Plan provisions, participants are permitted to borrow a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000, less the highest outstanding previous loan balance, if any, during the one-year period ending immediately before the date of any new loan, or 50% of their vested balance as of the date the loan is made. Participants may have only one loan outstanding at any time.

The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates determined by the Plan administrator. Repayment terms may not exceed five years, with the exception of a loan used to purchase a primary residence, in which case repayment terms may not exceed 10 years. Principal and interest is paid ratably through each payroll deduction. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document.

***Payments of Benefits*** – Plan assets allocated to a participant's account will be distributed upon termination of employment, after reaching age 65, or death. Participants may withdraw funds from their rollover account at any time. Participants may withdraw funds from their matching contribution account at any time after they reach 70½. Participants may withdraw funds from their deferral account at any time after they reach 59½. Hardship withdrawals, as defined by the Internal Revenue Code (the "Code"), are available to participants only from their deferral-contributions account.

***Forfeitures*** – Forfeited Plan Sponsor-matching contributions are used to reduce future Plan Sponsor contributions. Forfeited matching contributions used to fund Plan Sponsor contributions amounted to \$126,635 and \$102,106 during the years ended December 31, 2019 and 2018, respectively. Unallocated forfeitures were \$405,085 and \$278,450 as of December 31, 2019 and 2018, respectively

***Tax Status*** – The Plan is a volume-submitter profit-sharing plan sponsored by Fidelity Management and Research Co. The IRS has determined and informed the Plan sponsor by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

***Plan Termination*** – Although it has not expressed any intent to do so, the Plan Sponsor has the right to discontinue its contributions at any time and terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in Plan Sponsor contributions and associated earnings thereon.

# Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan

## *Notes to Financial Statements (continued)*

### 2. Summary of Significant Accounting Policies

***Basis of Accounting*** – The accompanying financial statements are prepared on the accrual basis of accounting.

***Investment Valuation and Income Recognition*** – The Plan's investments in a money market fund, mutual funds, a self-directed brokerage fund and common collective trusts are stated 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 4 for a discussion of fair value measurements.

The Plan presents in the accompanying statements of changes in net assets available for benefits the net appreciation in the fair value of its investments, which includes both realized gains (losses) and unrealized net appreciation (depreciation) in the fair value of investments. Realized gains (losses) on disposition of investments were based upon actual costs and selling prices.

Purchases and sales of securities are recorded on a settlement-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

***Notes Receivable from Participants*** – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. In the event of death or termination of employment, the entire outstanding principal and accrued interest shall be due and payable within 90 days. Any unpaid balance will be deemed a taxable distribution from the Plan.

***Payment of Benefits*** – Benefits are recorded when paid.

***Administrative Expenses*** – Certain accounting and administrative expenses necessary to administer the Plan are paid for by the Plan Sponsor. Expenses relating to investment activity are paid by participants from their respective individual accounts. Certain administrative and investment activity expenses are paid by the Plan. Each year, Fidelity awards the Plan revenue credits payable to the Plan from Fidelity that either can be used for eligible Plan expenses or allocated to participant accounts. The Plan received credits as part of this program totaling \$5,966 and \$61,782 for the years ended December 31, 2019 and 2018, respectively. Administrative expenses in the accompanying statements of changes in net assets are reduced by these amounts.

***Party-in-Interest Transactions*** – Certain Plan investments were held in Fidelity mutual funds, a self-directed brokerage fund, and a money-market fund. Fidelity is a trustee of the Plan and, as such, transactions involving these funds qualify as party-in-interest transactions.

# Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan

## *Notes to Financial Statements (continued)*

### 2. Summary of Significant Accounting Policies (continued)

***Risks and Uncertainties*** – Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in risks in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

***Use of Estimates*** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

***Accounting Changes*** – Management periodically assesses the applicability of new accounting pronouncements and technical guidance and the effect, if any, on the Plan's financial statements.

In July 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2018-09, Codification Improvements: Amended Subtopic 962-325, Plan Accounting – Defined Contribution Pension Plans – Investments – Other. The purpose of this update is to clarify the codification to state that a plan should evaluate whether a readily determinable fair value exists to determine if certain investments may qualify for the practical expedient to measure at net asset value in accordance with FASB Accounting Standards Codification ("ASC") Topic 820. The amendments of this update were applied by the Plan for the years ended December 31, 2019 and 2018 (see Note 4).

***Recently Issued Accounting Pronouncements*** – In August 2018, the FASB issued ASU 2018-13, Fair Value Measurement – Disclosure Framework (Topic 820). The updated guidance improves the disclosure requirements on fair-value measurements. The updated guidance is effective for fiscal years beginning after December 15, 2019, with early adoption permitted for any removed or modified disclosures. The Plan is currently assessing the timing and impact of adopting the updated provisions.

***Subsequent Events*** – The Plan Administrator has evaluated subsequent events, for recognition or disclosure, through October 15, 2020, the date the accompanying financial statements were available to be issued. During the first quarter of 2020 through the date the accompanying financial statements were available for issuance, employee benefit plans have been impacted as a result of the spread of COVID-19 (Coronavirus). The Plan is currently assessing potential adverse impacts to its operations, which includes volatility in the fair-market value of the Plan's investments as well as regulations applicable to employee benefit plans under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act waives all required minimum distributions (RMDs) for calendar year 2020, provides

# **Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan**

## ***Notes to Financial Statements (continued)***

### **2. Summary of Significant Accounting Policies (continued)**

participants with penalty-free access to their balances up to \$100,000 subject to certain eligibility criteria if distributed prior to January 1, 2021, and loan repayment deferment where all loans deferred will be re-amortized in January 2021.

### **3. Information Certified by the Trustee (Unaudited)**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity has certified that the investments and notes receivable from participants included in the accompanying financial statements and supplementary information are complete and accurate at December 31, 2019 and 2018, respectively.

The Trustee also certified interest and dividend income totaling \$2,871,771 and \$3,932,804 and net appreciation (depreciation) in fair value of investments of \$13,168,886 and (\$8,612,958) for the years ended December 31, 2019 and 2018, respectively.

### **4. Fair Value Measurements**

ASC 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides 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 below:

- **Level 1** – Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date.
- **Level 2** – Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. This level also includes inputs other than quoted prices that are observable, either directly or indirectly, for substantially the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security.
- **Level 3** – Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity’s own assumptions about the assumptions that market participants would use in pricing the asset or liability. There were no assets of the Plan that were valued using Level 3 inputs at December 31, 2019 and 2018.

# Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan

## *Notes to Financial Statements (continued)*

### 4. Fair Value Measurements (continued)

The asset 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.

The following is a description of the valuation methodologies used for assets measured at fair value, which remain unchanged from the prior year.

*Money Market Fund:* Shares of the money market fund are valued at amortized cost, which approximates fair value. The amortized cost of an instrument is determined by valuing it at its original cost and thereafter amortizing any discount or premium from its face value at a constant rate until maturity.

*Self-Directed Brokerage Account:* Account primarily consists of cash and common stocks that are valued on the basis of readily determined market prices.

*Mutual Funds:* Shares of mutual funds are valued at quoted market prices which represent the net asset value ("NAV") of shares held by the Plan at year end.

*Common and Collective Trusts ("CCTs"):* CCTs were reclassified as a Level 2 investment as of December 31, 2018, due to the implementation of ASU 2018-09. This investment was previously classified within the fair-value hierarchy using net asset value per share to serve as a practical expedient to estimate fair value under ASU 2015-10, Technical Correction. CCTs are valued daily based on the market value of the underlying assets. Fair value is determined by dividing the fair value of the CCT's net assets by the total number of units owned.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

|                              | <u>2019</u>          | <u>2018</u>          |
|------------------------------|----------------------|----------------------|
| Level 1                      |                      |                      |
| Money market fund            | \$ 246,563           | \$ 172,258           |
| Mutual funds                 | 66,685,484           | 52,978,305           |
| Self-directed brokerage      | 1,153,421            | 546,042              |
| Level 2                      |                      |                      |
| Common and collective trusts | <u>26,987,043</u>    | <u>22,310,246</u>    |
|                              | <u>\$ 95,072,511</u> | <u>\$ 76,006,851</u> |

## **Supplemental Schedule**

# Cobham Mission Systems Davenport LSS Inc. 401k Plan

Form 5500 - Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2019

EIN: #57-1169120

Plan: #001

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------|
|     | <b>American Century</b>                                         |                                                                                             |                         |
|     | American Century Retirement Date 2020 Trust I                   | Common Collective Trust                                                                     | \$ 4,058,049            |
|     | American Century Retirement Date 2025 Trust I                   | Common Collective Trust                                                                     | 4,202,156               |
|     | American Century Retirement Date 2030 Trust I                   | Common Collective Trust                                                                     | 2,481,553               |
|     | American Century Retirement Date 2035 Trust I                   | Common Collective Trust                                                                     | 1,382,202               |
|     | American Century Retirement Date 2040 Trust I                   | Common Collective Trust                                                                     | 1,144,845               |
|     | American Century Retirement Date 2045 Trust I                   | Common Collective Trust                                                                     | 1,086,683               |
|     | American Century Retirement Date 2050 Trust I                   | Common Collective Trust                                                                     | 1,245,873               |
|     | American Century Retirement Date 2055 Trust I                   | Common Collective Trust                                                                     | 1,335,246               |
|     | American Century Retirement Date 2060 Trust I                   | Common Collective Trust                                                                     | 700,135                 |
|     | American Century In Retirement Trust I                          | Common Collective Trust                                                                     | 961,497                 |
|     | <b>American Funds</b>                                           |                                                                                             |                         |
|     | American Funds EuroPacific Growth Fund R6                       | Mutual Fund                                                                                 | 8,774,086               |
|     | American Funds AMCAP Fund Class R6                              | Mutual Fund                                                                                 | 8,634,840               |
|     | <b>Columbia Trust Balanced Fund I</b>                           | Common Collective Trust                                                                     | 1,235,277               |
| *   | <b>Fidelity</b>                                                 |                                                                                             |                         |
|     | Fidelity Contrafund                                             | Mutual Fund                                                                                 | 8,693,717               |
|     | Fidelity Low-Priced Stock Fund                                  | Mutual Fund                                                                                 | 5,330,509               |
|     | Fidelity 500 Index Institutional Class                          | Mutual Fund                                                                                 | 4,573,925               |
|     | Fidelity Extended Market Index Fund                             | Mutual Fund                                                                                 | 2,876,634               |
|     | Fidelity Brokerage Link                                         | Self-Directed Brokerage                                                                     | 1,153,421               |
|     | Fidelity US Bond Index Fund                                     | Mutual Fund                                                                                 | 1,250,416               |
|     | Fidelity Growth Company Fund                                    | Mutual Fund                                                                                 | 1,793,864               |
|     | Fidelity Government Money Market Portfolio                      | Money Market Fund                                                                           | 246,563                 |
|     | Fidelity International Index Fund                               | Mutual Fund                                                                                 | 341,337                 |
|     | Fidelity Government Income Fund                                 | Mutual Fund                                                                                 | 146,161                 |
|     | <b>Franklin Small Cap Growth Fund Class R6</b>                  | Mutual Fund                                                                                 | 1,017,180               |
|     | <b>Hartford International Opportunities Class R5</b>            | Mutual Fund                                                                                 | 146,552                 |
|     | <b>Invesco Diversified Dividend Fund R5 Class</b>               | Mutual Fund                                                                                 | 6,289,921               |
|     | <b>PIMCO Stable Income Fund Class IV</b>                        | Common Collective Trust                                                                     | 7,153,527               |
|     | <b>Pioneer Bond Fund Class Y</b>                                | Mutual Fund                                                                                 | 11,327,327              |
|     | <b>Undiscovered Managers Behavioral Value Fund Class L</b>      | Mutual Fund                                                                                 | 5,489,015               |
|     |                                                                 |                                                                                             | 95,072,511              |
|     | <b>Participant Loans</b>                                        | 3.25 - 6.50%                                                                                | 1,447,771               |
|     |                                                                 |                                                                                             | <u>\$ 96,520,282</u>    |

\* Party-in-interest

See report of independent auditors.

**Cobham Mission Systems Davenport LSS, Inc.  
401(k) Plan**

**Financial Statements and  
Supplemental Schedule**

**December 31, 2019 and 2018**

**Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan**  
*Financial Statements*

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| Statements of Changes in Net Assets Available for Benefits | 2                  |
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## Independent Auditors' Report

To the Plan Sponsor and Participants of the  
Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan  
Davenport, Iowa

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years 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.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company (the "Trustee"), 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 years ended December 31, 2019 and 2018, 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. Accordingly, we do not express an opinion on these financial statements.

## **Other Matter**

The supplemental schedule of assets (held at end of year) as of December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

## **Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with GAAS and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Trancon Segura & Associates LLP*

Williamsville, New York

October 15, 2020

# Cobham Mission Systems Davenport LSS Inc. 401k Plan

## *Statements of Net Assets Available for Benefits*

*December 31, 2019 and 2018*

|                                    | <u>2019</u>                 | <u>2018</u>                 |
|------------------------------------|-----------------------------|-----------------------------|
| <b><i>Investments</i></b>          |                             |                             |
| Investments, at fair value         | \$ 95,072,511               | \$ 76,006,851               |
| <b><i>Receivables</i></b>          |                             |                             |
| Notes receivable from participants | <u>1,447,771</u>            | <u>1,181,762</u>            |
| Total receivables                  | <u>1,447,771</u>            | <u>1,181,762</u>            |
| Net assets available for benefits  | <u><u>\$ 96,520,282</u></u> | <u><u>\$ 77,188,613</u></u> |

*See report of independent auditors and notes to financial statements.*

# Cobham Mission Systems Davenport LSS Inc. 401k Plan

## *Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2019 and 2018*

|                                                              | <u>2019</u>                 | <u>2018</u>                 |
|--------------------------------------------------------------|-----------------------------|-----------------------------|
| <b><i>Additions to Net Assets Attributed to</i></b>          |                             |                             |
| Net appreciation (depreciation) in fair value of investments | \$ 13,168,886               | \$ (8,612,958)              |
| Interest and dividends                                       | <u>2,871,771</u>            | <u>3,932,804</u>            |
| Net investment income (loss)                                 | 16,040,657                  | (4,680,154)                 |
| Contributions                                                |                             |                             |
| Employer                                                     |                             |                             |
| Match                                                        | 2,582,094                   | 2,086,261                   |
| Service                                                      | 864,288                     | 763,497                     |
| Supplemental                                                 | 316,278                     | 334,038                     |
| Qualified discretionary                                      | <u>3,736</u>                | <u>0</u>                    |
| Total employer                                               | 3,766,396                   | 3,183,796                   |
| Participant                                                  | <u>6,638,054</u>            | <u>5,793,377</u>            |
| Total contributions                                          | <u>10,404,450</u>           | <u>8,977,173</u>            |
| Total additions                                              | 26,445,107                  | 4,297,019                   |
| <b><i>Deductions from Net Assets Attributed to</i></b>       |                             |                             |
| Benefits paid to participants                                | 7,024,783                   | 4,897,152                   |
| Administrative expenses (net of revenue credits)             | <u>88,655</u>               | <u>61,694</u>               |
| Total deductions                                             | <u>7,113,438</u>            | <u>4,958,846</u>            |
| Net increase (decrease)                                      | 19,331,669                  | (661,827)                   |
| <b><i>Net Assets Available for Benefits</i></b>              |                             |                             |
| Beginning of year                                            | <u>77,188,613</u>           | <u>77,850,440</u>           |
| End of year                                                  | <u><u>\$ 96,520,282</u></u> | <u><u>\$ 77,188,613</u></u> |

*See report of independent auditors and notes to financial statements.*

# Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan

## *Notes to Financial Statements (continued)*

### 1. Description of Plan

The following description of the Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

**General** – The Plan is a defined contribution plan established on August 18, 2003 and sponsored by Cobham Mission Systems Davenport LSS, Inc. (the “Plan Sponsor”). The Plan covers substantially all employees of the Plan Sponsor, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective November 1, 2016, the Plan was amended and restated as a volume-submitter defined contribution plan sponsored by Fidelity Management & Research Company (“Fidelity”). The Carleton Life Support System’s Retirement Plan was merged with the Plan as of the effective date. The Plan was amended effective January 1, 2018 to limit employee contributions to 90% of compensation and allow for in-plan Roth rollover contributions. The Plan was amended effective May 1, 2018 to allow for automatic participant deferrals of 10% for all newly eligible participants. The Plan was amended effective November 1, 2019 to change the name of the Plan to the Cobham Mission Systems Davenport LSS Inc. 401(k) Plan to align with the change in the Plan Sponsor’s name.

**Contributions** – Participants may elect to contribute to the Plan amounts equal to a full percentage between 1% and 90% of the participant’s eligible compensation as defined by the Plan, limited by the amount imposed by law. Participants may make Roth contributions into the Plan which are accounted for in separate participant-level subaccounts. Roth contributions made to the Plan amounted to \$616,795 and \$544,197 during the years ended December 31, 2019 and 2018, respectively. Additionally, participants age 50 or older may elect to make a catch-up contribution limited to the amount imposed by law. Contributions received from participants for the years ended December 31, 2019 and 2018 include rollover contributions of \$519,775 and \$666,371, respectively.

The Plan Sponsor matches 50% of the first 10% of eligible compensation contributed to the Plan by the employee.

# Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan

## *Notes to Financial Statements (continued)*

### 1. Description of Plan (continued)

Effective November 1, 2016 and in accordance with the Plan document, the Plan Sponsor also makes service-weighted contributions based on the following criteria:

| Completed Years of Service | Service-Weighted Contribution  |
|----------------------------|--------------------------------|
| 0 – 4                      | .50% of eligible compensation  |
| 5 – 9                      | 1.25% of eligible compensation |
| 10 – 14                    | 2.00% of eligible compensation |
| 15 – 19                    | 2.75% of eligible compensation |
| 20 – 24                    | 3.50% of eligible compensation |
| 25 – 29                    | 4.25% of eligible compensation |
| 30+                        | 5.00% of eligible compensation |

Also, effective November 1, 2016, the Plan Sponsor makes a supplemental contribution for those eligible participants who commenced employment on or before August 18, 2003 (Acquisition Date of Life Support Division of Litton Systems, Inc.). Such participants who met The Rule of 100 on August 18, 2003, or who subsequently meet the Rule of 100 as of January 1<sup>st</sup> of a given Plan year, are eligible to receive the supplemental contribution. The Rule of 100 requires that the sum of 2½ times the participant's age as of his or her most recent birthday and the number of full years of benefit service completed by the participant as of the most recent anniversary of his or her most recent date of hire in a given Plan year is greater than 100.

***Participant Accounts*** – Individual accounts are maintained for each Plan participant. Participant accounts are increased by participant contributions, Plan Sponsor contributions, and the participant's share of Plan earnings. Participant accounts are decreased by participant distributions and the participant's share of Plan expenses and losses. The allocation of earnings and losses to participant accounts is based on the value of an individual account in relation to the total assets of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Vesting*** – Participants are immediately vested in their salary deferral and rollover contribution accounts and the earnings thereon. Participants vest ratably in Plan Sponsor contributions at 25% for each year of service and become fully vested after four years.

# Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan

## *Notes to Financial Statements (continued)*

### 1. Description of Plan (continued)

***Notes Receivable from Participants*** – In accordance with Plan provisions, participants are permitted to borrow a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000, less the highest outstanding previous loan balance, if any, during the one-year period ending immediately before the date of any new loan, or 50% of their vested balance as of the date the loan is made. Participants may have only one loan outstanding at any time.

The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates determined by the Plan administrator. Repayment terms may not exceed five years, with the exception of a loan used to purchase a primary residence, in which case repayment terms may not exceed 10 years. Principal and interest is paid ratably through each payroll deduction. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document.

***Payments of Benefits*** – Plan assets allocated to a participant's account will be distributed upon termination of employment, after reaching age 65, or death. Participants may withdraw funds from their rollover account at any time. Participants may withdraw funds from their matching contribution account at any time after they reach 70½. Participants may withdraw funds from their deferral account at any time after they reach 59½. Hardship withdrawals, as defined by the Internal Revenue Code (the "Code"), are available to participants only from their deferral-contributions account.

***Forfeitures*** – Forfeited Plan Sponsor-matching contributions are used to reduce future Plan Sponsor contributions. Forfeited matching contributions used to fund Plan Sponsor contributions amounted to \$126,635 and \$102,106 during the years ended December 31, 2019 and 2018, respectively. Unallocated forfeitures were \$405,085 and \$278,450 as of December 31, 2019 and 2018, respectively

***Tax Status*** – The Plan is a volume-submitter profit-sharing plan sponsored by Fidelity Management and Research Co. The IRS has determined and informed the Plan sponsor by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

***Plan Termination*** – Although it has not expressed any intent to do so, the Plan Sponsor has the right to discontinue its contributions at any time and terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in Plan Sponsor contributions and associated earnings thereon.

# Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan

## *Notes to Financial Statements (continued)*

### 2. Summary of Significant Accounting Policies

***Basis of Accounting*** – The accompanying financial statements are prepared on the accrual basis of accounting.

***Investment Valuation and Income Recognition*** – The Plan's investments in a money market fund, mutual funds, a self-directed brokerage fund and common collective trusts are stated 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 4 for a discussion of fair value measurements.

The Plan presents in the accompanying statements of changes in net assets available for benefits the net appreciation in the fair value of its investments, which includes both realized gains (losses) and unrealized net appreciation (depreciation) in the fair value of investments. Realized gains (losses) on disposition of investments were based upon actual costs and selling prices.

Purchases and sales of securities are recorded on a settlement-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

***Notes Receivable from Participants*** – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. In the event of death or termination of employment, the entire outstanding principal and accrued interest shall be due and payable within 90 days. Any unpaid balance will be deemed a taxable distribution from the Plan.

***Payment of Benefits*** – Benefits are recorded when paid.

***Administrative Expenses*** – Certain accounting and administrative expenses necessary to administer the Plan are paid for by the Plan Sponsor. Expenses relating to investment activity are paid by participants from their respective individual accounts. Certain administrative and investment activity expenses are paid by the Plan. Each year, Fidelity awards the Plan revenue credits payable to the Plan from Fidelity that either can be used for eligible Plan expenses or allocated to participant accounts. The Plan received credits as part of this program totaling \$5,966 and \$61,782 for the years ended December 31, 2019 and 2018, respectively. Administrative expenses in the accompanying statements of changes in net assets are reduced by these amounts.

***Party-in-Interest Transactions*** – Certain Plan investments were held in Fidelity mutual funds, a self-directed brokerage fund, and a money-market fund. Fidelity is a trustee of the Plan and, as such, transactions involving these funds qualify as party-in-interest transactions.

# Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan

## *Notes to Financial Statements (continued)*

### 2. Summary of Significant Accounting Policies (continued)

***Risks and Uncertainties*** – Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in risks in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

***Use of Estimates*** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

***Accounting Changes*** – Management periodically assesses the applicability of new accounting pronouncements and technical guidance and the effect, if any, on the Plan's financial statements.

In July 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2018-09, Codification Improvements: Amended Subtopic 962-325, Plan Accounting – Defined Contribution Pension Plans – Investments – Other. The purpose of this update is to clarify the codification to state that a plan should evaluate whether a readily determinable fair value exists to determine if certain investments may qualify for the practical expedient to measure at net asset value in accordance with FASB Accounting Standards Codification ("ASC") Topic 820. The amendments of this update were applied by the Plan for the years ended December 31, 2019 and 2018 (see Note 4).

***Recently Issued Accounting Pronouncements*** – In August 2018, the FASB issued ASU 2018-13, Fair Value Measurement – Disclosure Framework (Topic 820). The updated guidance improves the disclosure requirements on fair-value measurements. The updated guidance is effective for fiscal years beginning after December 15, 2019, with early adoption permitted for any removed or modified disclosures. The Plan is currently assessing the timing and impact of adopting the updated provisions.

***Subsequent Events*** – The Plan Administrator has evaluated subsequent events, for recognition or disclosure, through October 15, 2020, the date the accompanying financial statements were available to be issued. During the first quarter of 2020 through the date the accompanying financial statements were available for issuance, employee benefit plans have been impacted as a result of the spread of COVID-19 (Coronavirus). The Plan is currently assessing potential adverse impacts to its operations, which includes volatility in the fair-market value of the Plan's investments as well as regulations applicable to employee benefit plans under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act waives all required minimum distributions (RMDs) for calendar year 2020, provides

# **Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan**

## ***Notes to Financial Statements (continued)***

### **2. Summary of Significant Accounting Policies (continued)**

participants with penalty-free access to their balances up to \$100,000 subject to certain eligibility criteria if distributed prior to January 1, 2021, and loan repayment deferment where all loans deferred will be re-amortized in January 2021.

### **3. Information Certified by the Trustee (Unaudited)**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity has certified that the investments and notes receivable from participants included in the accompanying financial statements and supplementary information are complete and accurate at December 31, 2019 and 2018, respectively.

The Trustee also certified interest and dividend income totaling \$2,871,771 and \$3,932,804 and net appreciation (depreciation) in fair value of investments of \$13,168,886 and (\$8,612,958) for the years ended December 31, 2019 and 2018, respectively.

### **4. Fair Value Measurements**

ASC 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides 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 below:

- **Level 1** – Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date.
- **Level 2** – Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. This level also includes inputs other than quoted prices that are observable, either directly or indirectly, for substantially the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security.
- **Level 3** – Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity’s own assumptions about the assumptions that market participants would use in pricing the asset or liability. There were no assets of the Plan that were valued using Level 3 inputs at December 31, 2019 and 2018.

# Cobham Mission Systems Davenport LSS, Inc. 401(k) Plan

## *Notes to Financial Statements (continued)*

### 4. Fair Value Measurements (continued)

The asset 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.

The following is a description of the valuation methodologies used for assets measured at fair value, which remain unchanged from the prior year.

*Money Market Fund:* Shares of the money market fund are valued at amortized cost, which approximates fair value. The amortized cost of an instrument is determined by valuing it at its original cost and thereafter amortizing any discount or premium from its face value at a constant rate until maturity.

*Self-Directed Brokerage Account:* Account primarily consists of cash and common stocks that are valued on the basis of readily determined market prices.

*Mutual Funds:* Shares of mutual funds are valued at quoted market prices which represent the net asset value ("NAV") of shares held by the Plan at year end.

*Common and Collective Trusts ("CCTs"):* CCTs were reclassified as a Level 2 investment as of December 31, 2018, due to the implementation of ASU 2018-09. This investment was previously classified within the fair-value hierarchy using net asset value per share to serve as a practical expedient to estimate fair value under ASU 2015-10, Technical Correction. CCTs are valued daily based on the market value of the underlying assets. Fair value is determined by dividing the fair value of the CCT's net assets by the total number of units owned.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

|                              | 2019                 | 2018                 |
|------------------------------|----------------------|----------------------|
| Level 1                      |                      |                      |
| Money market fund            | \$ 246,563           | \$ 172,258           |
| Mutual funds                 | 66,685,484           | 52,978,305           |
| Self-directed brokerage      | 1,153,421            | 546,042              |
| Level 2                      |                      |                      |
| Common and collective trusts | 26,987,043           | 22,310,246           |
|                              | <u>\$ 95,072,511</u> | <u>\$ 76,006,851</u> |

## **Supplemental Schedule**

# Cobham Mission Systems Davenport LSS Inc. 401k Plan

Form 5500 - Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2019

EIN: #57-1169120

Plan: #001

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------|
|     | <b>American Century</b>                                         |                                                                                             |                         |
|     | American Century Retirement Date 2020 Trust I                   | Common Collective Trust                                                                     | \$ 4,058,049            |
|     | American Century Retirement Date 2025 Trust I                   | Common Collective Trust                                                                     | 4,202,156               |
|     | American Century Retirement Date 2030 Trust I                   | Common Collective Trust                                                                     | 2,481,553               |
|     | American Century Retirement Date 2035 Trust I                   | Common Collective Trust                                                                     | 1,382,202               |
|     | American Century Retirement Date 2040 Trust I                   | Common Collective Trust                                                                     | 1,144,845               |
|     | American Century Retirement Date 2045 Trust I                   | Common Collective Trust                                                                     | 1,086,683               |
|     | American Century Retirement Date 2050 Trust I                   | Common Collective Trust                                                                     | 1,245,873               |
|     | American Century Retirement Date 2055 Trust I                   | Common Collective Trust                                                                     | 1,335,246               |
|     | American Century Retirement Date 2060 Trust I                   | Common Collective Trust                                                                     | 700,135                 |
|     | American Century In Retirement Trust I                          | Common Collective Trust                                                                     | 961,497                 |
|     | <b>American Funds</b>                                           |                                                                                             |                         |
|     | American Funds EuroPacific Growth Fund R6                       | Mutual Fund                                                                                 | 8,774,086               |
|     | American Funds AMCAP Fund Class R6                              | Mutual Fund                                                                                 | 8,634,840               |
|     | <b>Columbia Trust Balanced Fund I</b>                           | Common Collective Trust                                                                     | 1,235,277               |
| *   | <b>Fidelity</b>                                                 |                                                                                             |                         |
|     | Fidelity Contrafund                                             | Mutual Fund                                                                                 | 8,693,717               |
|     | Fidelity Low-Priced Stock Fund                                  | Mutual Fund                                                                                 | 5,330,509               |
|     | Fidelity 500 Index Institutional Class                          | Mutual Fund                                                                                 | 4,573,925               |
|     | Fidelity Extended Market Index Fund                             | Mutual Fund                                                                                 | 2,876,634               |
|     | Fidelity Brokerage Link                                         | Self-Directed Brokerage                                                                     | 1,153,421               |
|     | Fidelity US Bond Index Fund                                     | Mutual Fund                                                                                 | 1,250,416               |
|     | Fidelity Growth Company Fund                                    | Mutual Fund                                                                                 | 1,793,864               |
|     | Fidelity Government Money Market Portfolio                      | Money Market Fund                                                                           | 246,563                 |
|     | Fidelity International Index Fund                               | Mutual Fund                                                                                 | 341,337                 |
|     | Fidelity Government Income Fund                                 | Mutual Fund                                                                                 | 146,161                 |
|     | <b>Franklin Small Cap Growth Fund Class R6</b>                  | Mutual Fund                                                                                 | 1,017,180               |
|     | <b>Hartford International Opportunities Class R5</b>            | Mutual Fund                                                                                 | 146,552                 |
|     | <b>Invesco Diversified Dividend Fund R5 Class</b>               | Mutual Fund                                                                                 | 6,289,921               |
|     | <b>PIMCO Stable Income Fund Class IV</b>                        | Common Collective Trust                                                                     | 7,153,527               |
|     | <b>Pioneer Bond Fund Class Y</b>                                | Mutual Fund                                                                                 | 11,327,327              |
|     | <b>Undiscovered Managers Behavioral Value Fund Class L</b>      | Mutual Fund                                                                                 | 5,489,015               |
|     |                                                                 |                                                                                             | 95,072,511              |
|     | <b>Participant Loans</b>                                        | 3.25 - 6.50%                                                                                | 1,447,771               |
|     |                                                                 |                                                                                             | <u>\$ 96,520,282</u>    |

\* Party-in-interest

See report of independent auditors.