

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE NIGHT VISION BARGAINING UNIT</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1964</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>30-0403919</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>817-234-6600</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>333200</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1964</u>		2b Employer Identification Number (EIN) <u>30-0403919</u>		2c Plan Sponsor's telephone number <u>817-234-6600</u>		2d Business code (see instructions) <u>333200</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>01/01/1964</u>											
2b Employer Identification Number (EIN) <u>30-0403919</u>											
2c Plan Sponsor's telephone number <u>817-234-6600</u>											
2d Business code (see instructions) <u>333200</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ELBIT SYSTEMS OF AMERICA, LLC</u> <div style="display: flex; justify-content: space-between;"> <div><u>4700 MARINE CREEK PARKWAY</u> <u>FORT WORTH, TX 76179</u></div> <div><u>4700 MARINE CREEK PARKWAY</u> <u>FORT WORTH, TX 76179</u></div> </div>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	SUSAN E. COLLINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1332
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	304
a(2) Total number of active participants at the end of the plan year		6a(2)	267
b Retired or separated participants receiving benefits.....		6b	564
c Other retired or separated participants entitled to future benefits		6c	426
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1257
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	53
f Total. Add lines 6d and 6e		6f	1310
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
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) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning	01/01/2020	and ending	12/31/2020
▶ Round off amounts to nearest dollar.			
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			

A Name of plan ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE NIGHT VISION BARGAINING UNIT	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ELBIT SYSTEMS OF AMERICA, LLC		
D Employer Identification Number (EIN) 30-0403919		

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>			
2 Assets:			
a Market value		2a	95082259
b Actuarial value		2b	90775038
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	571	49251527	49251527
b For terminated vested participants.....	457	13367033	13367033
c For active participants	304	24319714	25029178
d Total.....	1332	86938274	87647738
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate	5	5.38 %	
6 Target normal cost.....	6	1867369	

Statement by Enrolled Actuary

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

SIGN HERE		09/12/2021
Signature of actuary		Date
JEFFREY C. LITER, E.A.		20-06544
Type or print name of actuary		Most recent enrollment number
THE ANGELL PENSION GROUP, INC.		401-438-9250
Firm name		Telephone number (including area code)
88 BOYD AVENUE EAST PROVIDENCE, RI 02914		
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15121885
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5024843
9 Amount remaining (line 7 minus line 8)	0	10097042
10 Interest on line 9 using prior year's actual return of <u>21.96</u> %	0	2217310
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	12314352

Part III Funding Percentages

14 Funding target attainment percentage	14	89.51 %
15 Adjusted funding target attainment percentage	15	103.56 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.14 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 1867369**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 9187052 Installment 2418185**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 4285554

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4285554	4285554

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE NIGHT VISION BARGAINING UNIT	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ELBIT SYSTEMS OF AMERICA, LLC	D Employer Identification Number (EIN) 30-0403919	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST COMPANY
36-1561860

(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)

BUCK GLOBAL LLC

500 PLAZA DRIVE
SEACAUCUS, NJ 07096-1533

83-1116912

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	46521	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE ANGELL PENSION GROUP, INC.

88 BOYD AVENUE
EAST PROVIDENCE, RI 02914

04-2530412

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	37225	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY INVESTMENT ADVISOR

20-4751585

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	24917	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BUCKBINDER TUNICK & CO.

150 CLOVE ROAD
5TH FLOOR
LITTLE FALLS, NJ 07424

13-1578842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	19250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONDUENT HUMAN RESOURCE SERVICES

500 PLAZA DRIVE
SEACAUCUS, NJ 07094

81-2983623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 99	NONE	18819	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 60 64 99	NONE	1181	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	SCOTT BERGER	b EIN:	83-1116912
c Position:	ENROLLED ACTUARY		
d Address:	BUCK GLOBAL, LLC 500 PLAZA DRIVE SEACAUCUS, NJ 07096-1533	e Telephone:	201-902-2300

Explanation: THE TRANSFER OF ACTUARIAL RESPONSIBILITIES BETWEEN BUCK GLOBAL LLC AND THE ANGELL PENSION GROUP, INC.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
A Name of plan ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE NIGHT VISION BARGAINING UNIT				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ELBIT SYSTEMS OF AMERICA, LLC				D Employer Identification Number (EIN) 30-0403919	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: COLTV SHORT TERM INVT FD					
b Name of sponsor of entity listed in (a): NORTHERN TRUST COMPANY					
c EIN-PN 36-1561860-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1330871	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE NIGHT VISION BARGAINING UNIT</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ELBIT SYSTEMS OF AMERICA, LLC</u>	D Employer Identification Number (EIN) <u>30-0403919</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	572	31926
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1237760	1330871
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	93843927	104040067
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	95082259	105402864

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	95082259	105402864
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1658624	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1658624
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		4849
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		13734973
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		15398446

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4649145	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4649145
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	123879	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	24917	
(4) Other.....	2i(4)	279900	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		428696
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5077841

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10320605
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **WHITLEY PENN, LLP**

(2) EIN: **75-2393478**

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 407256 _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE NIGHT VISION BARGAINING UNIT</div>	<div>B Three-digit plan number (PN) ▶ 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 ELBIT SYSTEMS OF AMERICA, LLC</div>	<div>D Employer Identification Number (EIN) 30-0403919</div>

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-1561860		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)..... b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) through (c)	
a Enter the percentage of plan assets held as: Stock: <u>70.4</u> % Investment-Grade Debt: <u>28.3</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>1.3</u> %	
b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation _____	

**ELBIT SYSTEMS OF AMERICA PENSION PLAN
FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2020 and 2019
with Report of Independent Auditors**

**ELBIT SYSTEMS OF AMERICA PENSION PLAN
FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

Years Ended December 31, 2020 and 2019

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REPORT OF INDEPENDENT AUDITORS

To the Investment Committee and Plan Administrator of the
Elbit Systems of America Pension Plan for Employees in the Night Vision Bargaining Unit

We have audited the accompanying financial statements of the Elbit Systems of America Pension Plan for Employees in the Night Vision Bargaining Unit (the “Plan”), which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits the year then ended, and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements

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

Auditor’s Responsibility

Our responsibility is to express an opinion on these 2020 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters 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 on the 2020 financial statements.

Basis for Disclaimer of Opinion on the 2020 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by Northern Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan’s investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2020 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2020 Financial Statements paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the accompanying 2020 financial statements. Accordingly, we do not express an opinion on these 2020 financial statements.

Other Matters – Report on Supplementary Information and Report on 2019 Financial Statements

The supplemental schedules of Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2020 Financial Statements paragraph, it is inappropriate to, and we do not, express an opinion on the supplemental schedules referred to above.

We have audited the accompanying financial statements of Elbit Systems of America Pension Plan for Employees in the Night Vision Bargaining Unit, which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and in our report dated October 13, 2020, we expressed our opinion that such financial statements present fairly, in all material respects, the net assets available for benefits of Elbit Systems of America Pension Plan for Employees in the Night Vision Bargaining Unit as of December 31, 2019, and the changes in net assets available for benefits for the year ended December 31, 2019, in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations for 2020 Financial Statements

The form and content of the information included in the 2020 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Whitley Penn LLP". The signature is written in a cursive, flowing style.

Fort Worth, Texas
October 12, 2021

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2020	2019
Assets		
Investments, at fair value	\$ 105,370,938	\$ 95,016,304
Accrued income	31,926	65,955
Total assets	105,402,864	95,082,259
Net assets available for benefits	\$ 105,402,864	\$ 95,082,259

See accompanying notes to financial statements.

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2020	2019
Additions to Net Assets		
Net realized and unrealized gains on investments	\$ 13,734,973	\$ 4,116,490
Interest and dividends	1,663,473	1,139,362
Plan's interest in the Master Trust investment income	-	12,780,918
Total additions to net assets	<u>15,398,446</u>	<u>18,036,770</u>
Deductions from Net Assets		
Benefits paid to participants	4,649,145	4,381,053
Administrative expenses	428,696	1,087,883
Total deductions from net assets	<u>5,077,841</u>	<u>5,468,936</u>
Net increase in net assets available for benefits	10,320,605	12,567,834
Net assets available for benefits at beginning of year	<u>95,082,259</u>	<u>82,514,425</u>
Net assets available for benefits at end of year	<u><u>\$ 105,402,864</u></u>	<u><u>\$ 95,082,259</u></u>

See accompanying notes to financial statements.

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

A. Description of the Plan

General

The following brief description of the Elbit Systems of America Pension Plan for Employees in the Night Vision Bargaining Unit (the “Plan”), formerly the Harris Corporation Pension Plan for Employees in the Night Vision Bargaining Unit (the “Harris Plan”), is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

Effective April 4, 2019, Elbit Systems of America, LLC (the “Company”) entered into an Asset Purchase Agreement (the “Agreement”) with Harris Corporation (“Harris”) and pursuant to the Agreement, the Company was required to assume sponsorship of the Harris Plan. The Company established the Elbit Systems of America Pension Plan for Employees in the Night Vision Bargaining Unit Trust (the “Elbit Trust”) to receive the transfer of assets attributable to the Harris Plan. As of the closing date of the Agreement, the Company accepted the transfer of sponsorship of the Plan from Harris, the Company became the plan sponsor, and the Plan was amended to be renamed. The Company and Harris are collectively referred to herein as the “Plan Sponsor.”

The Plan is a defined benefit plan covering substantially all hourly employees of Harris Communications Systems, Night Vision, at Roanoke, Virginia. In 2019, the Plan was amended to provide that Elbit Systems of America – Night Vision LLC as a Participating Unit, as defined in the Plan document. Employees are eligible to participate upon the attainment of the earlier of (i) three years of continuous service, or (ii) the date the employee completes one year of continuous service or reaches age 21, whichever is later. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

During 2020, the Board of Directors of the Company authorized a provision and executed an amendment to the Plan to enact a “soft freeze” effective July 26, 2020. The “soft freeze” of the Plan prohibits employees that are hired on or after the freeze date from being added to the Plan. Existing participants will continue to accrue benefits as defined under the Plan’s provisions based on years of service and Plan provisions in effect.

Effective July 26, 2020, there will be no new entrants into the Plan. Those who are participants in the Plan on July 26, 2020, will continue to accrue benefits of fifty-eight dollars (\$58.00) per month for each year of credited service for all service after December 1, 1958. Employees hired on or after July 26, 2020, will be automatically enrolled in the Company’s 401(k) plan.

In November 2020, the Board of Directors of the Company authorized a provision and executed an amendment to the Plan to enact a “hard freeze” effective December 31, 2020. Under the “hard freeze,” existing Plan participants will no longer continue to accrue benefits after December 31, 2020, as defined under the Plan’s provisions.

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

NOTES TO FINANCIAL STATEMENTS *(continued)*

A. Description of the Plan – continued

Master Trust

The Northern Trust Company (the “Trustee” or “Northern Trust”) serves as trustee of the Plan and administers the Plan’s investment assets. Prior to transferring the Harris Plan’s assets to the Elbit Trust, the Harris Plan’s assets consist of an undivided interest in an investment account of the Master Trust, EIN 36-6668234, a master trust established by Harris and administered by the Trustee. The Master Trust includes the combined assets of the Harris Plan, as well as several other employee benefit plans of Harris. Although assets of the Harris Plan were commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain of the investment account to the participating plans. The net investment income (loss) of the investment assets is allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans.

The Plan assets were transferred out of the Master Trust to the Elbit Trust in September 2019 and Northern Trust remained the Trustee.

Contributions

The Plan’s funding policy is for the Plan Sponsor to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement as calculated by an independent actuary. Additionally, the Plan Sponsor makes annual contributions to the Plan based upon the maximum deductibility under the Internal Revenue Code (the “Code”). At December 31, 2020 and 2019, the Plan was fully funded as defined by ERISA funding requirements. After consideration of the funded status, the Plan Sponsor elected to make no contribution attributable to 2020 or 2019.

Plan Expenses

The Plan is charged with investment manager and actuary fees, as well as Pension Benefit Guarantee Corporation (“PBGC”) premiums. Certain other administrative and trustee costs are paid by the Plan Sponsor. Employees of the Plan Sponsor perform certain administrative functions of the Plan with no compensation from the Plan.

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

NOTES TO FINANCIAL STATEMENTS (continued)

A. Description of the Plan – continued

Plan Benefits

As of January 1, 2012, the Plan was amended so that the benefit rate and formula to determine a participant's pension benefit shall be the rate in effect on the day the participant ceases to be an eligible employee, even if the participant continues in service as an employee with a participating unit, the Plan Sponsor, or an associated company after such date. The following table details the monthly pension benefit per year of credited service due to this amendment and the amendments during 2020 discussed in Note A.

<u>Monthly Pension Benefit Per Year of Credited Service</u>	<u>Date on Which Participant Ceased to be an Eligible Employee</u>	
	<u>On and After</u>	<u>But Before</u>
\$22.00	January 1, 2000	January 1, 2002
24.00	January 1, 2002	January 1, 2004
26.00	January 1, 2004	January 1, 2005
29.00	January 1, 2005	January 1, 2006
31.00	January 1, 2006	January 1, 2007
34.00	January 1, 2007	January 1, 2008
37.00	January 1, 2008	January 1, 2009
39.00	January 1, 2009	January 1, 2010
41.00	January 1, 2010	January 1, 2011
43.00	January 1, 2011	January 1, 2012
45.00	January 1, 2012	January 1, 2013
47.00	January 1, 2013	January 1, 2014
49.00	January 1, 2014	January 1, 2017
53.00	January 1, 2017	July 26, 2020
58.00	July 26, 2020	December 31, 2020

A married employee who is a vested participant is automatically covered by the preretirement death benefit option, which will provide a benefit for the surviving spouse upon death prior to retirement, unless coverage is waived. The benefit would be equal to the benefit the spouse would have received had the employee retired on the date of death, computed under the normal form of payment and subject to certain limitations. An employee, who has attained age 50, has completed 15 years of continuous service, and who becomes totally and permanently disabled is eligible to receive a disability retirement benefit. The amount of the benefit is computed as it would be for normal retirement based on the employee's years of credited service as of the date of disability.

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

NOTES TO FINANCIAL STATEMENTS *(continued)*

A. Description of the Plan – continued

Vesting

Participants are eligible for monthly benefit payments upon reaching age 65. The normal monthly benefit payments are determined by multiplication of a benefit rate, which depends upon the period of credited service, by the total number of years of credited service, not to exceed 45 years. A participant is 100% vested after five years of service. Prior to that time, the participant is not vested. Employees are eligible to receive early retirement benefits between the ages of 55 and 65 upon completion of 15 years of continuous service. Early retirement benefits are computed in a manner similar to normal retirement at age 65, except that they are reduced by certain factors, as outlined in the Plan document, for each month that the early retirement date precedes the normal retirement date.

B. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates. Refer to Note C for significant assumptions used in determining the Plan’s present value of accumulated plan benefits.

Risks and Uncertainties

Prior to September 2019, the Plan utilized various investment instruments, including common stock, U.S. government securities, corporate debt instruments, limited partnerships, collective trust funds, registered investment companies, and other investments through its participation in the Master Trust. Effective in September 2019, the Plan directly invests in mutual funds and a common collective trust, which is considered a cash equivalent. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements.

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

NOTES TO FINANCIAL STATEMENTS *(continued)*

B. Summary of Significant Accounting Policies – continued

Investments

The investments of the Plan are stated at fair value as of the end of the year and are generally subject to market or credit risks customarily associated with equity and fixed income investments. Fair values are determined in accordance with U.S. GAAP, which defines fair value, establishes a framework for measuring fair value, and requires certain disclosures about assets and liabilities measured at fair value. See Note E for information related to the Plan's valuation methodologies.

Purchases and sales of securities are recorded on a trade-date basis. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year-end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are estimated future periodic payments, including lump-sum distributions attributable under the Plan's provisions to services rendered by employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries and present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

Reclassifications

Certain prior year amounts have been reclassified to conform to the current year presentation.

C. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by Plan participants to reflect the time value of money and the probability of payment (such as for death, disability, or retirement) between the valuation date and the expected date of payment.

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

NOTES TO FINANCIAL STATEMENTS (continued)

C. Actuarial Present Value of Accumulated Plan Benefits – continued

The actuarial present value of the accumulated plan benefits information based on a beginning of the year valuation is as follows:

	January 1,	
	2020	2019
Vested benefits:		
Participants currently receiving payments	\$ 39,128,283	\$ 38,152,146
Other vested participants	27,377,319	28,764,724
Total vested benefits	66,505,602	66,916,870
Non-vested benefits	462,536	345,364
 Total actuarial present value of accumulated plan benefits	 <u>\$ 66,968,138</u>	 <u>\$ 67,262,234</u>

The following is a summary of the changes in the actuarial present value of accumulated plan benefits between the applicable benefit information dates:

	Year Ended January 1,	
	2020	2019
Actuarial present value of accumulated plan benefits at beginning of the year	\$ 67,262,234	\$ 65,827,663
Changes during the year:		
Benefits accumulated and actuarial gains	979,503	738,070
Changes in actuarial assumptions	(1,921,456)	(130,091)
Increase for interest due to decrease in the discount period	5,028,910	4,945,032
Benefits paid	(4,381,053)	(4,118,440)
 Actuarial present value of accumulated plan benefits at end of the year	 <u>\$ 66,968,138</u>	 <u>\$ 67,262,234</u>

The actuarial cost method used was the accrued benefit method. The more significant assumptions underlying the actuarial computations as of January 1, 2020 and 2019, for the respective actuarial valuations are as follows:

	2020	2019
Effective interest rate	5.38%	5.54%
Retirement age	From age 55 to 70	From age 55 to 70

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

NOTES TO FINANCIAL STATEMENTS *(continued)*

C. Actuarial Present Value of Accumulated Plan Benefits – continued

For 2020, the mortality assumption used is RP-2014 Mortality Table adjusted for immortality improvement using Projection Scale MP-2018. For 2019, the mortality assumption used is RP-2014 Mortality Table with the Buck Modified MP 2018 projection scale. The Buck Modified Projection Scale is a modified version of MP 2018 improvement scale using a long-term improvement rate of 0.75%.

The change in the actuarial assumptions was primarily due to the following: (1) the interest rate basis was updated to the current rates as specified by the Internal Revenue Service (“IRS”) regulations; and (2) the mortality assumption was updated according to the projection in the IRS regulations.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan Sponsor terminates the Plan at some future date, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

D. Interest in Master Trust

Prior to the Plan’s assets being transferred out of the Master Trust in September 2019, the Plan’s interest in the Master Trust’s investment income totaled \$12,780,918 for the period from January 1, 2019 through the transfer date. As of December 31, 2019, the Plan was no longer invested in the Master Trust.

Net investment income and gains and losses on investments are generally allocated to each of the plans in the Master Trust in the ratio of beginning of the year net assets of each plan, less average benefit payments, to the total beginning of the year net assets of the Master Trust, less average benefit payments. Contributions and benefit payments are allocated to each plan based on specific identification.

E. Fair Value Measurements

U.S. GAAP defines fair value as 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 and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined are as follows:

Level 1 — Inputs are unadjusted, quoted prices in active markets for identical assets or liabilities at the measurement date.

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

NOTES TO FINANCIAL STATEMENTS (continued)

E. Fair Value Measurements – continued

Level 2 — Inputs (other than quoted prices included in Level 1) are either directly or indirectly observable for assets or liabilities through correlation with market data at the measurement date and for the duration of the instruments' anticipated lives.

Level 3 — Inputs reflect the best estimate of what market participants would use in pricing assets or liabilities at the measurement date. Consideration is given to the risk inherent in the valuation technique and the risk inherent in the inputs to the model.

For the years ended December 31, 2020 and 2019, there were no significant transfers between levels. The Plan held no Level 2 or 3 investments as of December 31, 2020 or 2019.

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: The fair values of the mutual funds are considered Level 1, as the investments have readily available quoted prices in active markets.

Cash and cash equivalents: The fair value of the cash and cash equivalents are considered Level 1, as the investments are primarily comprised of short-term money market funds valued at cost, which approximate fair value, or valued at quoted market prices of identical instruments.

Investments measured at fair value on a recurring basis at December 31,:

	December 31, 2020	
	Level 1	Total
Mutual funds	\$104,040,067	\$104,040,067
Cash and cash equivalents	1,330,871	1,330,871
Total	<u>\$105,370,938</u>	<u>\$105,370,938</u>
	December 31, 2019	
	Level 1	Total
Mutual funds	\$ 93,778,544	\$ 93,778,544
Cash and cash equivalents	1,237,760	1,237,760
Total	<u>\$ 95,016,304</u>	<u>\$ 95,016,304</u>

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

NOTES TO FINANCIAL STATEMENTS *(continued)*

F. Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invests in shares of a common collective trust managed by the Northern Trust. Northern Trust acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party in interest transactions, which are exempt from the prohibited transaction rules. The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA which are exempt from the prohibited transaction rules.

G. Plan Termination

While the Plan Sponsor has not expressed any intent to permanently discontinue its contributions, it is free to do so under the provisions of the Plan at any time, subject to the provisions of ERISA. Should the Plan Sponsor terminate the Plan at some future time, its net assets will generally not be available on a pro-rata basis to provide participant benefits.

Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at such time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC's guarantee, while other benefits may not be provided for at all.

H. Information Certified by the Trustees

The plan administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator limited auditing procedures with respect to the investment information certified by the trustee, which included total investments as of December 31, 2020, net realized and unrealized gains on investments, and interest and dividends for the year then ended, and all information included in the supplemental schedules.

I. Income Tax Status

The IRS has determined and informed the Plan Sponsor by a letter dated March 6, 2018, that the Plan and related trust are designed in accordance with the applicable sections of the Code. The plan administrator believes that the Plan is currently designed and is currently being operated in compliance with the applicable requirements of the Code and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

NOTES TO FINANCIAL STATEMENTS *(continued)*

I. Income Tax Status – continued

U.S. GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

J. Subsequent Events

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through October 12, 2021, the date the financial statements were available for issuance.

SUPPLEMENTAL SCHEDULES

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

December 31, 2020

EIN: 30-0403919

Plan #: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Vanguard Institutional Index Fund Institutional Shares	Equity mutual fund	\$ 30,778,411	\$ 37,542,757
	Loomis Sayles Investment Grade Fixed Income Fund	Fixed-income mutual fund	13,940,000	14,018,694
	Metropolitan West Total Return Bond Fund Plan Class	Fixed-income mutual fund	13,980,947	13,990,750
	Vanguard Total International Stock Index Fund Institutional Shares	Equity mutual fund	8,862,530	10,382,460
	Neuberger Berman Genesis Fund Institutional Class	Equity mutual fund	7,864,636	9,375,790
	Vanguard Emerging Markets Stock Index Fund Admiral Shares	Equity mutual fund	4,305,610	5,204,652
	Lazard International Equity Portfolio Institutional Shares	Equity mutual fund	4,543,837	5,192,974
	BrandywineGLOBAL - Global Opportunities Bond Fund Class IS	Fixed-income mutual fund	4,130,000	4,186,095
	BlackRock Strategic Income Opportunities Portfolio Class K	Fixed-income mutual fund	4,141,894	4,145,895
*	The Northern Trust Company COLTV Short-Term Investment Fund	Common collective trust	1,330,871	1,330,871
	Total investments		<u>\$ 93,878,736</u>	<u>\$ 105,370,938</u>

* Represents a party in interest to the Plan as defined by ERISA.

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2020

EIN: 30-0403919
Plan: 002

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	Number of Purchase Transactions	(c) Purchase Price	Number of Sell Transactions	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) - Single transaction in excess of 5% of Plan assets</u>								
Northern Trust Company COLTV Short-Term Investment Fund	Common collective trust	14,271,332	\$ 1	-	\$ -	\$ 14,271,332	\$ 14,271,332	\$ -
Northern Trust Company COLTV Short-Term Investment Fund	Common collective trust	-	-	13,940,000	1	(13,940,000)	(13,940,000)	-
Loomis Sayles Investment Grade Fixed Income Fund	Fixed-income mutual fund	1,124,194	12	-	-	13,940,000	13,940,000	-
Vanguard Long-Term Investment-Grade Fund Admiral Shares	Fixed-income mutual fund	-	-	1,436,502	12	(15,848,917)	(17,396,041)	1,547,124
(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	Number of Purchase Transactions	(c) Purchase Price	Number of Sell Transactions	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (iii) - Series of securities transactions in excess of 5% of Plan assets</u>								
Northern Trust Company COLTV Short-Term Investment Fund	Common collective trust	32	\$ 18,863,012	-	\$ -	\$ 18,863,012	\$ 18,863,012	\$ -
Northern Trust Company COLTV Short-Term Investment Fund	Common collective trust	-	-	48	18,769,901	18,769,901	18,769,901	-
Metropolitan West Total Return Bond Fund Plan Class	Fixed-income mutual fund	17	7,639,525	-	-	7,639,525	7,639,525	-
Metropolitan West Total Return Bond Fund Plan Class	Fixed-income mutual fund	-	-	1	940,000	935,643	940,000	4,357
Vanguard Long-Term Investment-Grade Fund Admiral Shares	Fixed-income mutual fund	13	604,978	-	-	604,978	604,978	-
Vanguard Long-Term Investment-Grade Fund Admiral Shares	Fixed-income mutual fund	-	-	3	18,436,041	16,895,625	18,436,041	1,540,416
Vanguard Institutional Index Fund Institutional Shares	Equity mutual fund	9	1,584,517	-	-	1,584,517	1,584,517	-
Vanguard Institutional Index Fund Institutional Shares	Equity mutual fund	-	-	3	6,975,000	6,034,449	6,975,000	940,551

Represents a transaction or a series of transactions in securities of the same issue in excess of 5% of the net assets available as of January 1, 2020.

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2020.

Columns (e) and (f) are not applicable.

Plan Name: Elbit Systems of America Pension Plan for
Employees in the Night Vision Bargaining Unit
EIN: 30-0403919
Plan Number: 002

Schedule SB, Line 26--Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
Attained Age	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.
Under 25	0		6		0		0		0		0		0		0		0		0	
25 to 29	0		11		0		0		0		0		0		0		0		0	
30 to 34	0		11		0		0		0		0		0		0		0		0	
35 to 39	0		3		0		3		0		0		0		0		0		0	
40 to 44	0		6		0		2		1		6		0		0		0		0	
45 to 49	0		10		0		8		6		20		0		0		0		0	
50 to 54	0		3		0		8		7		22		0		8		0		0	
55 to 59	0		6		0		10		7		16		0		15		4		1	
60 to 64	0		2		0		6		4		14		0		12		4		7	
65 to 69	0		0		0		1		1		13		0		0		3		2	
70 & up	0		0		0		0		0		2		0		3		1		2	

SECTION XII

ACTUARIAL COST METHODS

Traditional Unit Credit

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

SECTION XIII

ACTUARIAL METHODS AND ASSUMPTIONS

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets - The Actuarial Value of Assets is the market value as of the valuation date, including discounted receivable contributions, reduced by, 2/3 and 1/3 of the gain/(loss) in the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

Mandated Discount Rates – September 2019 HATFA segment rates (4 month look back):

1. Minimum Contribution - segment 1	3.640%
2. Minimum Contribution - segment 2	5.210%
3. Minimum Contribution - segment 3	5.940%

Plan's Effective Interest Rate: 5.380%

Discount Rates for Maximum Deductive Contribution – September 2019 PPA segment rates (4 month look back):

1. Maximum Contribution - segment 1	2.790%
2. Maximum Contribution - segment 2	3.920%
3. Maximum Contribution - segment 3	4.380%

Plan's Effective Interest Rate: 4.060%

Financial Accounting Standards Board ASC 960 Rates: 7.750%

Salary Scale - Salary increases were not assumed in the valuation.

Taxable Wage Base Increase Assumption - Increases to the taxable wage base were not assumed.

SECTION XIII (Cont.)

Retirement Rates - Employees were assumed to retire in accordance with the rates shown below:

<u>Age</u>	<u>Males</u>	<u>Females</u>
55	0.0500	0.0500
56	0.0500	0.0500
57	0.0500	0.0500
58	0.0500	0.0500
59	0.0600	0.0600
60	0.0700	0.0700
61	0.1000	0.1000
62	0.2000	0.2000
63	0.1000	0.1000
64	0.1500	0.1500
65	0.7000	0.7000
66	0.3000	0.3000
67	0.3000	0.3000
68	0.3000	0.3000
69	0.3000	0.3000
70	1.0000	1.0000

Termination - Termination rates were assumed in the valuation. Employees were assumed to terminate in accordance with the ultimate rates shown below:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.1101	0.1101
25	0.0836	0.0836
30	0.0630	0.0630
35	0.0477	0.0477
40	0.0376	0.0376
45	0.0300	0.0300
50	0.0235	0.0235
55	0.0203	0.0203
60	0.0230	0.0230

Pre-retirement Mortality – IRS 2020 Male Non-Annuitant per Notice 2019-26 and IRS 2020 Female Non-Annuitant per Notice 2019-26 - Pre-retirement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.0002	0.0001
25	0.0003	0.0001
30	0.0003	0.0002
35	0.0004	0.0002
40	0.0005	0.0003
45	0.0008	0.0005
50	0.0012	0.0008
55	0.0021	0.0013
60	0.0038	0.0021

SECTION XIII (Cont.)

Post-retirement Mortality - IRS 2020 Male Annuitant per Notice 2019-26 and IRS 2020 Female Annuitant per Notice 2019-26 - Post-retirement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
65	0.0097	0.0070
70	0.0151	0.0112
75	0.0248	0.0188
80	0.0431	0.0335
85	0.0763	0.0613
90	0.1371	0.1118
95	0.2183	0.1853
100	0.3164	0.2799
105	0.4167	0.3823

Pre-retirement Mortality for ASC 960 – Pri-2012 Blue Collar Employee with MP-2019 Generational Projection (M/F)

Post-retirement Mortality for ASC 960 – Pri-2012 Blue Collar Retiree, Contingent Survivor, and Disabled Retiree with MP-2019 Generational Projection (M/F)

Rates of Disablement - Rates of disablement were assumed. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.0003	0.0003
25	0.0003	0.0003
30	0.0003	0.0003
35	0.0003	0.0003
40	0.0004	0.0004
45	0.0008	0.0008
50	0.0021	0.0021
55	0.0045	0.0045
60	0.0101	0.0101

Post-Disablement Mortality – IRS 2020 Male Annuitant per Notice 2019-26 and IRS 2020 Female Annuitant per Notice 2019-26 - Post-disablement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
65	0.0097	0.0070
70	0.0151	0.0112
75	0.0248	0.0188
80	0.0431	0.0335
85	0.0763	0.0613
90	0.1371	0.1118
95	0.2183	0.1853
100	0.3164	0.2799
105	0.4167	0.3823

SECTION XIII (Cont.)

Administrative Expenses - Expenses of \$ 925,194 per annum were assumed.

Percent Married - 85% of males and 85% of females were assumed to be married.

Age of Spouse - The female spouse is assumed to be 3 years younger than the male spouse.

SECTION XIII (Cont.)

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Segment Interest Rates for Minimum Contribution	Segment 1: 3.64% Segment 2: 5.21% Segment 3: 5.94%	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(2)(C))	The Funding Target Liability for Minimum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year. These segment rates are adjusted by the applicable percentage of the 25-year average segment rates.	The segment 1, segment 2 and segment 3 interest rates changed from 3.74%, 5.35%, and 6.11%, respectively as of the prior measurement date, January 1, 2019, to reflect the current prescribed rates. This change increased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2020, by 1.54%.
Segment Interest Rates for Maximum Contribution	Segment 1: 2.79% Segment 2: 3.92% Segment 3: 4.38%	Prescribed by Internal Revenue Service (IRC Sec. 404(o)(6))	The Funding Target Liability for Maximum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year.	The segment 1, segment 2 and segment 3 interest rates changed from 2.28%, 3.81%, and 4.46%, respectively as of the prior measurement date, January 1, 2019, to reflect the current prescribed rates. This change decreased the Funding Target Liability for Maximum Contribution as of the current measurement date, January 1, 2020, by 0.62%.
ASC 960 Interest Rate	7.75%	Elbit Systems of America, LLC	The ASC 960 interest rate is developed based on the allocation of the Plan's assets by investment class and the capital market outlook for each investment class. This information is provided by the Plan's investment advisor.	None
Inflation Rate	N/A	N/A	Long-term CPI-U experience.	None
Salary Scale	N/A	N/A	Plan benefits do not depend on future salary.	None
Taxable Wage Base Increase	N/A	N/A	Plan benefits do not depend on future taxable wage base.	None
IRC 415 and 401(a)(17) Limit Projection	N/A	N/A	Projected increases to benefit and pay limits are not applicable under the Actuarial Funding Method used for the Funding Target Liability and the ASC 960 Actuarial Present Value of Accrued Benefits.	None
Pre-Retirement Mortality	2020 IRS Non-Annuitant (M/F)	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum)	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the RP-2014 Mortality Tables Report, adjusted for mortality improvement using Projection Scale MP-2018.	The mortality tables changed from the 2019 IRS Non-Annuitant (M/F) tables as of the prior measurement date, January 1, 2019, to reflect the current prescribed tables. This change, together with the change in post-retirement mortality, decreased the Funding Target Liability for Minimum Contribution and Maximum Contribution as of the current measurement date, January 1, 2020, by 0.07% and 0.83%, respectively.

SECTION XIII (Cont.)

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Post-Retirement Mortality	2020 IRS Annuitant (M/F)	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum)	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the RP-2014 Mortality Tables Report, adjusted for mortality improvement using Projection Scale MP-2018.	The mortality tables changed from the 2019 IRS Annuitant (M/F) tables as of the prior measurement date, January 1, 2019, to reflect the current prescribed tables. This change, together with the change in pre-retirement mortality, decreased the Funding Target Liability for Minimum Contribution and Maximum Contribution as of the current measurement date, January 1, 2020, by 0.07% and 0.83%, respectively.
Pre-Retirement Mortality for ASC 960	Pri-2012 Blue Collar Employee (M/F) with MP-2019 Generational Improvement	Elbit Systems of America, LLC	The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include generational projections of mortality improvement.	The mortality tables changed from the RP-2014 Employee with Buck Modified MP-2018 Generational Projection (M/F) tables as of the prior measurement date, January 1, 2019. The change was made to reflect the best estimate of future experience under the plan. This change, together with the change in post-retirement mortality, decreased the Actuarial Present Value of Accrued Benefits as of the current measurement date, January 1, 2020, by 2.79%.
Post-Retirement Mortality for ASC 960	Pri-2012 Blue Collar Retiree and Contingent Annuitant (M/F) with MP-2019 Generational Improvement	Elbit Systems of America, LLC	The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include generational projections of mortality improvement.	The mortality tables changed from the RP-2014 Healthy Annuitant with Buck Modified MP-2018 Generational Projection (M/F) tables as of the prior measurement date, January 1, 2019. The change was made to reflect the best estimate of future experience under the plan. This change, together with the change in pre-retirement mortality, decreased the Actuarial Present Value of Accrued Benefits as of the current measurement date, January 1, 2020, by 2.79%.
Disability Mortality	2020 IRS Annuitant (M/F)	The Angell Pension Group, Inc.	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the RP-2014 Mortality Tables Report, adjusted for mortality improvement using Projection Scale MP-2018.	The mortality tables changed from the 2019 IRS Annuitant (M/F) tables as of the prior measurement date, January 1, 2019, to reflect the current prescribed tables. This change, together with the change in pre-retirement mortality, decreased the Funding Target Liability for Minimum Contribution and Maximum Contribution as of the current measurement date, January 1, 2020, by 0.07% and 0.83%, respectively.

SECTION XIII (Cont.)

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Disability Rates	AGE RATES 25 .03% 30 .03% 35 .03% 40 .04% 45 .08% 50 .21% 55 .45% 60 1.01% 65 0.00%	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Withdrawal Rates	AGE RATES 25 8.36% 30 6.30% 35 4.77% 40 3.76% 45 3.00% 50 2.35% 55 2.03% 60 2.30% 65 0.00%	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Retirement Rates	AGE RATES 55 5.00% 56 5.00% 57 5.00% 58 5.00% 59 6.00% 60 7.00% 61 10.00% 62 20.00% 63 10.00% 64 15.00% 65 70.00% 66 30.00% 67 30.00% 68 30.00% 69 30.00% 70 100.00%	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Administrative Expenses	Equals the amount of Plan-related expenses paid from Plan assets in the prior Plan year.	The Angell Pension Group, Inc.	Internal Revenue Service regulations require the Target Normal Cost to be increased by the amount of Plan-related expenses expected to be paid from Plan assets during the Plan year. Our best estimate of these expenses is the actual amount of Plan-related expenses paid from Plan assets in the prior Plan year.	None
Percent Married	85% of males and 85% of females are assumed to be married.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Age of Spouse	The female spouse is assumed to be 3 years younger than the male spouse.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan and general experience from similarly situated plans.	None

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2020

EIN: 30-0403919
Plan: 002

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	Number of Purchase Transactions	(c) Purchase Price	Number of Sell Transactions	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) - Single transaction in excess of 5% of Plan assets</u>								
Northern Trust Company COLTV Short-Term Investment Fund	Common collective trust	14,271,332	\$ 1	-	\$ -	\$ 14,271,332	\$ 14,271,332	\$ -
Northern Trust Company COLTV Short-Term Investment Fund	Common collective trust	-	-	13,940,000	1	(13,940,000)	(13,940,000)	-
Loomis Sayles Investment Grade Fixed Income Fund	Fixed-income mutual fund	1,124,194	12	-	-	13,940,000	13,940,000	-
Vanguard Long-Term Investment-Grade Fund Admiral Shares	Fixed-income mutual fund	-	-	1,436,502	12	(15,848,917)	(17,396,041)	1,547,124

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	Number of Purchase Transactions	(c) Purchase Price	Number of Sell Transactions	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (iii) - Series of securities transactions in excess of 5% of Plan assets</u>								
Northern Trust Company COLTV Short-Term Investment Fund	Common collective trust	32	\$ 18,863,012	-	\$ -	\$ 18,863,012	\$ 18,863,012	\$ -
Northern Trust Company COLTV Short-Term Investment Fund	Common collective trust	-	-	48	18,769,901	18,769,901	18,769,901	-
Metropolitan West Total Return Bond Fund Plan Class	Fixed-income mutual fund	17	7,639,525	-	-	7,639,525	7,639,525	-
Metropolitan West Total Return Bond Fund Plan Class	Fixed-income mutual fund	-	-	1	940,000	935,643	940,000	4,357
Vanguard Long-Term Investment-Grade Fund Admiral Shares	Fixed-income mutual fund	13	604,978	-	-	604,978	604,978	-
Vanguard Long-Term Investment-Grade Fund Admiral Shares	Fixed-income mutual fund	-	-	3	18,436,041	16,895,625	18,436,041	1,540,416
Vanguard Institutional Index Fund Institutional Shares	Equity mutual fund	9	1,584,517	-	-	1,584,517	1,584,517	-
Vanguard Institutional Index Fund Institutional Shares	Equity mutual fund	-	-	3	6,975,000	6,034,449	6,975,000	940,551

Represents a transaction or a series of transactions in securities of the same issue in excess of 5% of the net assets available as of January 1, 2020.

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2020.

Columns (e) and (f) are not applicable.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>			
► Round off amounts to nearest dollar.			
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			
A Name of plan ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE NIGHT VISION BARGAINING UNIT	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">002</td> </tr> </table>	B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ELBIT SYSTEMS OF AMERICA, LLC	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 30-0403919</td> </tr> </table>	D Employer Identification Number (EIN) 30-0403919	
D Employer Identification Number (EIN) 30-0403919			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>		
2	Assets:		
	a Market value	2a	95,082,259
	b Actuarial value	2b	90,775,038
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	571	49,251,527
	b For terminated vested participants	457	13,367,033
	c For active participants.....	304	24,319,714
	d Total.....	1,332	86,938,274
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate.....	5	5.38%
6	Target normal cost.....	6	1,867,369

Statement by Enrolled Actuary	
<small>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.</small>	
SIGN HERE	<div style="display: flex; justify-content: space-between;"> <div style="width:60%;"> Signature of actuary JEFFREY C. LITTER, E.A. Type or print name of actuary THE ANGELL PENSION GROUP, INC. Firm name 88 BOYD AVENUE EAST PROVIDENCE RI 02914 Address of the firm </div> <div style="width:35%; text-align: center;"> Date <u>September 12, 2021</u> 2006544 Most recent enrollment number 401-438-9250 Telephone number (including area code) </div> </div>

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15,121,885
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5,024,843
9 Amount remaining (line 7 minus line 8)	0	10,097,042
10 Interest on line 9 using prior year's actual return of <u>21.96%</u>	0	2,217,310
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	12,314,352

Part III Funding Percentages

14 Funding target attainment percentage	14	89.51%
15 Adjusted funding target attainment percentage	15	103.56%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.14%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	1,867,369	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	9,187,052	2,418,185	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	4,285,554	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4,285,554	4,285,554
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

**Elbit Systems of America Pension Plan for
Employees in the Night Vision Bargaining Unit
EIN: 30-0403919; Plan Number: 002**

2020 Schedule SB, line 22 - Description of Weighted Average Retirement Age

(1)	(2)	(3)	(4)	(5)
Age	Absolute Retirement Rate	Cumulative Probability of Not Having Retired	Probability of Employee Age 55 Retiring at Age(x)	(1) x (4)
55	5.00%	95.00%	5.00%	2.75
56	5.00%	90.25%	4.75%	2.66
57	5.00%	85.74%	4.51%	2.57
58	5.00%	81.45%	4.29%	2.49
59	6.00%	76.56%	4.89%	2.88
60	7.00%	71.20%	5.36%	3.22
61	10.00%	64.08%	7.12%	4.34
62	20.00%	51.27%	12.82%	7.95
63	10.00%	46.14%	5.13%	3.23
64	15.00%	39.22%	6.92%	4.43
65	70.00%	11.77%	27.45%	17.84
66	30.00%	8.24%	3.53%	2.33
67	30.00%	5.77%	2.47%	1.66
68	30.00%	4.04%	1.73%	1.18
69	30.00%	2.82%	1.21%	0.84
70	100.00%	0.00%	2.82%	1.98
TOTALS:			100.00%	62.34

*

* Average Assumed Retirement Age

Appendix A

Summary of Plan Provisions

Plan Effective Date: January 1, 1964

Eligibility Requirements: Age: 21
Service: 1 year
Or
3 years of Continuous Service

Years of Continuous Service: The total number of years and months of uninterrupted employment measured from the date employment commences to the date employment terminates. Notwithstanding this, any plan year in which an Employee is credited with 1,000 or more hours of service, shall count as a full year of continuous service.

Year of Credited Service: One year of credited service, up to a maximum of 48 years (45 years for a Participant who terminates employment on or after January 1, 2009 but prior to January 1, 2012, 40 years for a Participant who terminates employment on or after January 1, 2000 but prior to January 1, 2009, and 35 years for a Participant who terminates employment prior to January 1, 2000), will accrue for each calendar year in which a participant completes at least 1,680 hours; and if a participant completes less than 1,680 hours, he shall receive 1/10th of a year credit for each 168 hours or major portion thereof completed.

Normal Retirement Date: The first day of the month coincident with or next following a participant's 65th birthday.

Normal Retirement Benefit: Based on years of credited service as follows:

<u>Last day of employment</u>	<u>Benefit Unit per year of service</u>
1/1/06 – 12/31/06	\$31
1/1/07 – 12/31/07	\$34
1/1/08 – 12/31/08	\$37
1/1/09 – 12/31/09	\$39
1/1/10 – 12/31/10	\$41
1/1/11 – 12/31/11	\$43
1/1/12 – 12/31/12	\$45
1/1/13 – 12/31/13	\$47
1/1/14 – 12/31/16	\$49
1/1/17 and later	\$53

Normal Form of Benefit: Single: Life Annuity
Married: Reduced Joint and 50% Survivor Annuity

Accrued Benefit: The amount to which a participant would be entitled under the benefit formula based upon the participant's Years of Credited Service and the plan provisions in effect as of the date of determination.

Early Retirement: A participant who has attained age 55 with 15 Years of Continuous Service may retire and receive an early retirement benefit. The amount of the early retirement benefit equals the Accrued Benefit, reduced 1/15th for each month of the first 5 years and 1/30th for each of the next 5 years that retirement precedes the Normal Retirement Date.

Disability Retirement: A participant who has total and permanent disability after age 50 and 15 years of Continuous Service. The amount of the disability benefit is the Accrued Benefit payable immediately.

Deferred Vested Pension: Participants who accumulate 5 years of Continuous Service can receive their Accrued pension deferred to age 65, or reduced pension after age 55. The reduction is the same as for Early Retirement.

Death Benefit: Eligible once a participant has become eligible for the Deferred Vested Pension and deceases. Benefit will commence no earlier than the earliest retirement date of the participant. Spouse will receive Accrued Benefit at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivor option, and then died. Coverage for this charge may be waived with consent of the spouse.

Vesting: Based on Years of Continuous Service, subject to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 5 years	0%
5 years or more	100%

Notwithstanding the above vesting schedule, a participant will become 100% vested upon reaching the Normal Retirement Date.

Optional Forms of Benefit: Life annuity, joint and 50%, 75%, or 100% survivor annuity, Social Security level income annuity.

**ELBIT SYSTEMS OF AMERICA PENSION PLAN FOR EMPLOYEES IN THE
NIGHT VISION BARGAINING UNIT**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

December 31, 2020

EIN: 30-0403919

Plan #: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Vanguard Institutional Index Fund Institutional Shares	Equity mutual fund	\$ 30,778,411	\$ 37,542,757
	Loomis Sayles Investment Grade Fixed Income Fund	Fixed-income mutual fund	13,940,000	14,018,694
	Metropolitan West Total Return Bond Fund Plan Class	Fixed-income mutual fund	13,980,947	13,990,750
	Vanguard Total International Stock Index Fund Institutional Shares	Equity mutual fund	8,862,530	10,382,460
	Neuberger Berman Genesis Fund Institutional Class	Equity mutual fund	7,864,636	9,375,790
	Vanguard Emerging Markets Stock Index Fund Admiral Shares	Equity mutual fund	4,305,610	5,204,652
	Lazard International Equity Portfolio Institutional Shares	Equity mutual fund	4,543,837	5,192,974
	BrandywineGLOBAL - Global Opportunities Bond Fund Class IS	Fixed-income mutual fund	4,130,000	4,186,095
	BlackRock Strategic Income Opportunities Portfolio Class K	Fixed-income mutual fund	4,141,894	4,145,895
*	The Northern Trust Company COLTV Short-Term Investment Fund	Common collective trust	1,330,871	1,330,871
	Total investments		<u>\$ 93,878,736</u>	<u>\$ 105,370,938</u>

* Represents a party in interest to the Plan as defined by ERISA.

SECTION V

AMORTIZATION BASES UNDER SECTION 430 OF THE IRS CODE

<u>Type/ Date Established</u>	<u>Initial Period</u>	<u>Initial Amount</u>	<u>Remaining Period</u>	<u>Remaining Amount</u>	<u>Annual Payment</u>
Shortfall					
01/01/2020	7	\$ -27,298	7	\$ -27,298	\$ -4,421
01/01/2019	7	\$ 3,202,119	6	\$ 2,828,712	\$ 520,305
01/01/2018	7	\$ 3,201,746	5	\$ 2,436,185	\$ 522,685
01/01/2017	7	\$ 4,647,565	4	\$ 2,895,647	\$ 763,185
01/01/2016	7	\$ 1,541,833	3	\$ 737,714	\$ 254,747
01/01/2015	7	\$ -284,132	2	\$ -92,844	\$ -47,252
01/01/2014	7	\$ 2,443,466	1	\$ 408,936	\$ 408,936
				-----	-----
Totals				\$ 9,187,052	\$ 2,418,185

Changes In Actuarial Methods

Automatic approval under IRS Revenue Procedure 2017-56, Section 4.01, due to change in both the enrolled actuary and the business organization providing actuarial services to the plan (“takeover plan”).