Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
L3HARRIS COMBAT PROPULSION SYSTEMS PENSION PLAN

1b Three-digit plan number (PN) ▶ 022

1c Effective date of plan 02/25/2005

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
L3HARRIS TECHNOLOGIES, INC.

1025 WEST NASA BOULEVARD
MELBOURNE, FL 32919-0001

1025 WEST NASA BOULEVARD
MELBOURNE, FL 32919-0001

2b Employer Identification Number (EIN) 34-0276860

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

2d Business code (see instructions) 333200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2022	ANDREA HARTMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2022	ANDREA HARTMAN
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

EMPL. BEN. COM. L3HARRIS TECH. INC.

1025 WEST NASA BOULEVARD
MELBOURNE, FL 32919-0001

3b Administrator's EIN: 34-0276860

3c Administrator's telephone number: 321-724-3554

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**	501
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)**	169
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	54
c Other retired or separated participants entitled to future benefits	**6c**	210
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	264
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f Total. Add lines **6d** and **6e**	**6f**	270
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**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 1C 3F 3H

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

9a Plan funding arrangement (check all that apply)

(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)	☐	**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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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
L3HARRIS COMBAT PROPULSION SYSTEMS PENSION PLAN

B Three-digit plan number (PN) ▶ 022

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
L3HARRIS TECHNOLOGIES, INC.

D Employer Identification Number (EIN)
34-0276860

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021

2 Assets:

a Market value	**2a**	94913694
b Actuarial value	**2b**	85912056

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	232	48974434	48974434
b For terminated vested participants	100	6152803	6152803
c For active participants	169	19130258	20391747
d Total	501	74257495	75518984

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**	4.97 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	577780
b Expected plan-related expenses	**6b**	280000
c Total (line 6a + line 6b)	**6c**	857780

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

Signature of actuary

08/24/2022
Date

MENACHEM BRAUN, FSA, MAAA
Type or print name of actuary

20-07683
Most recent enrollment number

SEGAL
Firm name

212-251-5000
Telephone number (including area code)

333 W. 34TH STREET
NEW YORK, NY 10001-2402
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	11638576
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1376079
9	Amount remaining (line 7 minus line 8)		10262497
10	Interest on line 9 using prior year's actual return of 15.75 %		1616343
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 5.40 %		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	11878840

Part III Funding Percentages

14	Funding target attainment percentage	14	98.03 %
15	Adjusted funding target attainment percentage	15	113.76 %
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	97.65 %
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
	0	0			
	0	0			
	0	0			
	0	0			
		Totals ► 18(b)			18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.32 %	4.79 %	5.47 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 63

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years — **28**:

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) — **29**:

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) — **30**: 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c) — **31a**: 857780

b Excess assets, if applicable, but not greater than line 31a — **31b**: 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1485768	133152
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) — **34**: 990932

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		990932	990932

36 Additional cash requirement (line 34 minus line 35) — **36**:

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) — **37**:

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

a Total (excess, if any, of line 37 over line 36) — **38a**:

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances — **38b**:

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**:

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
L3HARRIS COMBAT PROPULSION SYSTEMS PENSION PLAN	022
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
L3HARRIS TECHNOLOGIES, INC.	34-0276860

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: MICHAEL ACCARDO
b EIN: 06-0839113
c Position: VP & CONSULTING ACTUARY
d Address: SEGAL, 333 W 34TH STREET
NEW YORK, NY 10001
e Telephone: 212-251-5000

Explanation: THE ENROLLED ACTUARY WAS CHANGED DUE TO A REASSIGNMENT OF RESPONSIBILITIES WITHIN THE SAME FIRM

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
L3HARRIS COMBAT PROPULSION SYSTEMS PENSION PLAN

B Three-digit plan number (PN) ▶ 022

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
L3HARRIS TECHNOLOGIES, INC.

D Employer Identification Number (EIN)
34-0276860

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: L3HARRIS PENSION MASTER TRUST

b Name of sponsor of entity listed in (a): L3HARRIS TECHNOLOGIES, INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6668234-300	M	41397248

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
L3HARRIS COMBAT PROPULSION SYSTEMS PENSION PLAN

B Three-digit plan number (PN) ▶ 022

C Plan sponsor's name as shown on line 2a of Form 5500
L3HARRIS TECHNOLOGIES, INC.

D Employer Identification Number (EIN)
34-0276860

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)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	95078594	41397248
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	95078594	41397248
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	49922	44554
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	49922	44554
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	95028672	41352694

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		7965772
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7965772
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3087163	
(2) To insurance carriers for the provision of benefits	2e(2)	58554587	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		61641750
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		61641750
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-53675978
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) [X] 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)** [X] 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: BUCHBINDER TUNICK & COMPANY LLP **(2)** EIN: 13-1578842

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	X		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c 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 437045.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
L3HARRIS COMBAT PROPULSION SYSTEMS PENSION PLAN

B Three-digit plan number (PN) ▶ 022

C Plan sponsor's name as shown on line 2a of Form 5500
L3HARRIS TECHNOLOGIES, INC.

D Employer Identification Number (EIN)
34-0276860

Part I Distributions

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

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

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): 95-3769814 36-3046063

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** 12

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of 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)	**14a**	
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)	**14b**	
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)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

L3HARRIS COMBAT PROPULSION SYSTEMS PENSION PLAN

Financial Statements

For the Years Ended December 31, 2021 and 2020

BUCHBINDER

L3HARRIS COMBAT PROPULSION SYSTEMS PENSION PLAN
Financial Statements
For the Years Ended December 31, 2021 and 2020

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BUCHBINDER

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants
L3Harris Combat Propulsion Systems Pension Plan

Opinion

We have audited the accompanying financial statements of L3Harris Combat Propulsion Systems Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for pension benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for pension benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for pension benefits of L3Harris Combat Propulsion Systems Pension Plan as of December 31, 2021 and 2020, and the changes in its net assets available for pension benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of L3Harris Combat Propulsion Systems Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about L3Harris Combat Propulsion Systems Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of L3Harris Combat Propulsion Systems Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about L3Harris Combat Propulsion Systems Pension Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



BUCHBINDER TUNICK & COMPANY LLP

Bethesda, MD
October 6, 2022

L3HARRIS COMBAT PROPULSION SYSTEMS PENSION PLAN
Statements of Net Assets Available for Pension Benefits
December 31, 2021 and 2020
(In Thousands)

	2021	2020
Assets:		
Investments, at fair value - Plan's interest in the Master Trust	$ 41,397	$ 95,079
Total assets	41,397	95,079
Liabilities:		
Accrued expenses	44	50
Net assets available for pension benefits	$ 41,353	$ 95,029

See notes to financial statements.

L3HARRIS COMBAT PROPULSION SYSTEMS PENSION PLAN
Statements of Changes in Net Assets Available for Pension Benefits
For the Years Ended December 31, 2021 and 2020
(In Thousands)

	2021	2020
Additions to net assets attributed to:		
Plan's interest in the Master Trust investment income	$ 8,315	$ 13,330
Total additions	8,315	13,330
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries	3,087	4,052
Purchases of annuity contract	58,555	-
Administrative expenses	349	229
Total deductions	61,991	4,281
Net (decrease) increase	(53,676)	9,049
Net assets available for pension benefits:		
Beginning of year	95,029	85,980
End of year	$ 41,353	$ 95,029

See notes to financial statements.

L3HARRIS COMBAT PROPULSION SYSTEMS PENSION PLAN
Notes to the Financial Statements
December 31, 2021 and 2020
(In Thousands)

Note 1 - Description of Plan

The following description of the L3Harris Combat Propulsion Systems Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a non-contributory defined benefit plan. It was established effective February 25, 2005 in connection with the acquisition of the Propulsion Systems business unit of General Dynamics by L3 Harris Technologies, Inc. Effective February 25, 2005, certain salaried participants in the General Dynamics Corporation Retirement Plan (Government) (the "Prior Plan") became participants in the Plan. The provisions of the Plan apply only to employees who terminate active employment on or after February 25, 2005. On June 29, 2019, L3 Technologies, Inc. ("L3") completed its merger with Harris Corporation ("Harris") to create L3Harris Technologies, Inc. (the "Company") (the "Plan Sponsor"). The Plan funds are held in the L3Harris Pension Master Trust. See note 3 for further information regarding the Master Trust. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

During 2021, the Company sold its combat vehicle propulsion systems business to RENK AG. Accordingly, the Plan has been amended to include additional provisions affecting plan participants who became employees of RENK AG. Consequently, these employees will cease to be eligible under the Plan, effective on the closing date of the sale.

Master Trust

The Northern Trust Company (the "Trustee" or "Northern Trust") serves as Trustee of the Plan and administers the Plan's investment assets. The Plan's assets consist of an undivided interest in an investment account of the L3Harris Pension Master Trust, EIN 36-6668234, a master trust established by the Company and administered by the Trustee. The Master Trust includes the combined assets of the Plan, as well as several other employee benefit plans of the Company. Although assets of the Plan are 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 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. A schedule of the Master Trust assets has been filed with the U.S. Department of Labor and includes the Plan's proportionate share of such assets at December 31, 2021 and 2020.

Note 1 - Description of Plan (Continued)

Eligibility

Participation in the Plan commences on the first day of the month following the completion of one year of continuous service. The Plan is frozen with respect to new participants hired on or after January 1, 2007. As such, any employees hired on or after January 1, 2007, are not eligible to participate in the Plan.

Pension Benefits

Participants are entitled to receive monthly pension benefits beginning at the normal retirement age of 65. A participant is considered fully vested after completing 5 years of service. For participants belonging to the salaried segment, the monthly normal retirement benefit (benefit is not in thousands) is the of the sum of $18 multiplied by the number of years of credited service prior to January 1, 1964, plus a percentage of the final average pay during different periods multiplied by the number of years of credited service, or membership, as applicable. The normal retirement benefit for the former participants of the L3 Combat Propulsion Systems U.A.W. Retirement Plan (hourly segment) is determined by multiplying the number of years of service by a fixed rate that varies depending on the retirement date.

In the fourth quarter of 2017, the Benefit Plan Committee approved the freezing of the participants' plan membership time as of December 31, 2018, affecting those under the salaried segment. Thus, these participants will not accrue any additional plan membership time under the Plan after December 31, 2018. In addition, effective January 1, 2020, benefit accruals under the prior formula have been frozen for participants in the salaried segment. As a result, certain participants in this group will accrue benefits under a cash balance formula.

The Plan permits participants to retire at an early retirement date, which is the first day of any month specified by the participant following the attainment of age 55 and completion of ten or more years of continuous service before reaching age 65. The benefit may be subject to an early retirement reduction which will vary depending on the length of the time period between the actual retirement date and normal retirement date and whether the participant belongs to the hourly or retirement segment.

Death and Disability Benefits

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. The surviving spouse would start to receive their benefit following the later of the date the participant would have attained age 65 or the date of death of the participant. The benefit would be equal to 50% of the benefit the deceased participant would have received, assuming the employee terminated on the date of death, computed under the normal form of payment, and subject to certain limitations.

Note 1 - Description of Plan (Continued)

Death and Disability Benefits (Continued)

The Plan offers disability benefits to former participants of the L3 Combat Propulsion Systems U.A.W. Retirement Plan who have completed at least 10 years of service and incurred a disability while employed before their normal retirement date. The amount of the benefit is computed as it would be for normal retirement based on the employee's years of service as of the date of disability, plus a temporary monthly pension payable to the earlier of age 62 or the commencement of social security disability benefits.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results may differ from those estimates.

Risks and Uncertainties

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

The Plan, through the Master Trust, utilizes various investment instruments, including common and preferred stocks, U.S. government securities, corporate debt instruments, partnerships/joint ventures, common collective trusts, hedge funds, cash and cash equivalents, registered investment companies, and other investments. 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 financial statements.

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

The Plan's interest in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses of the Plan are paid by the Master Trust on behalf of the Plan, as provided in the Plan document and the Master Trust agreement. Administrative expenses generally consist of consulting fees, auditing fees, recordkeeping fees, and investment management fees.

Subsequent Events

The Plan evaluated its December 31, 2021 financial statements for subsequent events for recognition or disclosure through October 6, 2022, the date the financial statements were available to be issued.

Note 3 - Interest in Master Trust

The fair value of the assets and liabilities of the Master Trust at December 31, 2021 and 2020 is presented in the table below. The Plan's percentage interest in the Master Trust was approximately 0.44% and 1.05% at December 31, 2021 and 2020, respectively.

	Master Trust		Plan's Interest in Master Trust	
	2021	**2020**	**2021**	**2020**
Investments:				
Common collective trusts	$ 2,917,459	$ 3,310,147	$ 12,906	$ 34,610
Common and preferred stocks	2,381,021	2,145,787	10,533	22,435
Corporate debt	1,450,536	1,492,458	6,417	15,604
U.S. government securities	414,200	687,253	1,832	7,186
Partnerships/joint ventures	712,494	483,251	3,152	5,053
Hedge funds	435,885	193,553	1,928	2,024
Registered investment companies	58,581	63,119	259	660
Other	599,165	566,758	2,651	5,926
Short-term investments	389,832	178,480	1,725	1,866
Total investments	9,359,173	9,120,806	41,403	95,364
Accrued income, cash and net unsettled trades:				
Cash	-	62	-	1
Accrued income	24,821	23,366	110	244
Receivable for unsettled trades	13,658	10,334	60	108
Other receivables (payables)	687	(5,019)	3	(52)
Payable for unsettled trades	(40,539)	(56,019)	(179)	(586)
Accrued income, cash and net unsettled trades	(1,373)	(27,276)	(6)	(285)
Total fair value of Master Trust assets	$ 9,357,800	$ 9,093,530	$ 41,397	$ 95,079

Note 3 - Interest in Master Trust (Continued)

The net investment income of the Master Trust for the years ended December 31, 2021 and 2020 is presented in the table below.

	2021	2020
Net appreciation in fair value of investments	$ 1,061,723	$ 1,160,497
Interest income	63,536	71,502
Dividend income	41,550	42,960
Other income	24,129	19,459
Net investment income	$ 1,190,938	$ 1,294,418

Note 4 - Fair Value Measurements

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

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

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

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

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

Note 4 - Fair Value Measurements (Continued)

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

Asset Valuation Techniques

The lowest level of input that is a significant component of the fair value measurements determines the placement of the entire fair value measurement in the hierarchy. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Domestic and international equity:

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

REITs:

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

Fixed income investments:

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

The fair value of the Level 3 investments is determined using the discounted cash flow method. The unobservable inputs used in this valuation to determine the pricing yield for each security include the 30-year treasury base yield, ranging between 0.39% and 1.82% as of December 31, 2021, and 0.11% and 1.53% as of December 31, 2020. Additional unobservable inputs used include a broker spread, ranging between 0.71% and 3.25% as of December 31, 2021, and 1.55% and 5.00% as of December 31, 2020.

Note 4 - Fair Value Measurements (Continued)

Short-term investments:

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

Limited partnerships:

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

Hedge funds:

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

Common collective trusts:

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

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

Note 4 - Fair Value Measurements (Continued)

The following table sets forth by level within the fair value hierarchy a summary of the Master Trust's investments measured at fair value on a recurring basis at December 31, 2021:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total
Asset category:				
Domestic equity	$ 1,519,931	$ -	$ -	$ 1,519,931
International equity	1,197,125	-	-	1,197,125
REITs	258,011	-	-	258,011
Fixed income investments	-	1,825,201	103,235	1,928,436
Short-term investments	18,158	371,674	-	389,832
Limited partnerships at NAV*				712,494
Hedge funds at NAV*				435,885
Common collective trusts at NAV*				2,917,459
Total	$ 2,993,225	$ 2,196,875	$ 103,235	9,359,173
Accrued income, cash and net unsettled trades				(1,373)
Total fair value of Master Trust assets				$ 9,357,800

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

Note 4 - Fair Value Measurements (Continued)

The following table sets forth by level within the fair value hierarchy a summary of the Master Trust's investments measured at fair value on a recurring basis at December 31, 2020:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total
Asset category:				
Domestic equity	$ 1,380,135	$ -	$ -	$ 1,380,135
International equity	1,132,665	-	-	1,132,665
REITs	196,291	-	-	196,291
Fixed income investments	-	2,213,713	25,026	2,238,739
Short-term investments	2,348	183,677	-	186,025
Limited partnerships at NAV*				483,251
Hedge funds at NAV*				193,553
Common collective trusts at NAV*				3,310,147
Total	$ 2,711,439	$ 2,397,390	$ 25,026	9,120,806
Accrued income, cash and net unsettled trades				(27,276)
Total fair value of Master Trust assets				$ 9,093,530

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

Changes in Fair Value of Level 3 Assets

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

Note 4 - Fair Value Measurements (Continued)

The following table sets forth a summary of the changes in the fair value of the Master Trust's Level 3 investments for the years ended December 31, 2021 and 2020:

	Fixed Income Investments	
	2021	2020
Purchases	$ 20,031	$ 7,000
Issuances	(303)	(695)

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2021 and 2020:

December 31, 2021	Fair Value	Unfunded Commitments	Frequency (If Eligible)	Redemption Notice Period
Limited partnerships (a):				
Buyout funds	$ 451,329	$ 430,116	N/A	N/A
International equity	155,735	-	Monthly	30 days
Commodities	23,642	4,932	N/A	N/A
Other	81,788	69,362	N/A	N/A
	$ 712,494	$ 504,410		
Hedge funds (c):				
Fund of funds	$ 144,972	$ -	Quarterly	See (b)
Real estate	110,192	175,000	Quarterly	See (b)
Other	180,721	-	Quarterly	See (b)
	$ 435,885	$ 175,000		
Common collective trusts	$ 2,917,459	$ -	Daily	See (b)

December 31, 2020	Fair Value	Unfunded Commitments	Frequency (If Eligible)	Redemption Notice Period
Limited partnerships (a):				
Buyout funds	$ 268,637	$ 457,430	N/A	N/A
International equity	155,158	-	Monthly	30 days
Commodities	23,243	-	N/A	N/A
Other	36,213	61,813	N/A	N/A
	$ 483,251	$ 519,243		
Hedge funds (c):				
Fund of funds	$ 139,664	$ -	Quarterly	See (b)
Other	53,889	-	Quarterly	See (b)
	$ 193,553	$ -		
Common collective trusts	$ 3,310,147	$ -	Daily	See (b)

Note 4 - Fair Value Measurements (Continued)

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

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

(c) Fund of funds hedges invest in a variety of investments, mainly other hedge funds, of different styles with the goal of generating diversified returns in all types of market environments. Real estate hedge funds commonly invest on real estate investment trusts. However, as the name states, they may also invest on real estate properties such as residential and commercial properties and land. Other hedge funds include multi-strategy and event driven funds. Multi-strategy funds have an objective to add value from mispriced securities. These funds have entered into full redemption requests and are expected to be liquidated over the next year. Event driven funds are single direct funds attempting to generate returns in all types of market environments with appropriate amounts of risk.

Note 5 - Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2021 and 2020.

Note 6 - Accumulated Plan Benefits

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

Note 6 - Accumulated Plan Benefits (Continued)

The actuarial present value of the accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2021 and 2020, respectively, were:

Mortality Basis: Pri-2012 mortality tables adjusted to reflect socioeconomic status as of December 22, 2017. Mortality rates are increased by 10% for hourly plans and decreased by 10% for salaried plans, with this adjustment tapering linearly to 0% starting at age 85 and ending at age 95. These assumed rates are projected generationally with the 2020 Buck projection scale.

Retirement: Retirement starting at 55 through 70, at varying rates, with 100% by age 70. The retirement assumption at age 65 was 25%.

Discount Rate: The assumed interest rate is 7.5% (previously, 7.75% in 2020).

Plan amendments: effective January 1, 2021, the benefit multiplier for one of the components of the hourly segment increased from $45 to $46.

The actuarial present value of accumulated plan benefits as of January 1, 2021 is as follows:

Vested accumulated plan benefits:		
Retired participants and/or beneficiaries currently receiving benefits	$	39,290
Other participants		17,695
Total vested accumulated plan benefits		56,985
Nonvested accumulated plan benefits		869
Total actuarial present value of accumulated plan benefits	$	57,854

Note 6 - Accumulated Plan Benefits (Continued)

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended January 1, 2021 are as follows:

Actuarial present value of accumulated plan benefits at January 1, 2020	$	55,726
Increase (decrease) during the year attributable to:		
Benefits accumulated and other		390
Actuarial experience		(8)
Benefits paid		(4,052)
Assumption changes		1,350
Interest		4,319
Plan amendment		129
Actuarial present value of accumulated plan benefits at January 1, 2021	$	57,854

Note 7 - Exempt Party-in-Interest Transactions

Certain Master Trust investments are shares of common collective trusts managed by the Trustee. These assets and related transactions qualify as exempt party-in-interest transactions.

Certain accounting and other administrative functions are performed by officers and employees of the Company (who may also be participants in the Plan) at no cost to the Plan or Master Trust. These transactions are not deemed prohibited party-in-interest transactions because they are covered by the statutory administrative exemptions from the IRC and ERISA's rules on prohibited transactions.

Note 8 - Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated August 25, 2021, that the Plan is designed in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. The plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable regulations of the IRC; therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 8 - Tax Status (Continued)

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

Note 9 - Plan Termination

While the Company has not expressed any intent to do so, it is free to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth in ERISA.

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

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

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

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

d. All vested and non-vested benefits.

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

Note 10 - Purchase of Annuity Contract

In 2021, the Plan purchased a group annuity contract from the Pacific Life Insurance Company ("Pacific Life") for $58,555. Under the terms of the contract, starting on August 1, 2021, Pacific Life is responsible for the annuity payments of those annuitants identified in the contract. Consequently, benefits paid by Pacific Life are excluded from the financial statements.

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3Harris Combat Propulsion Systems Pension Plan
EIN 34-0276860 PN 022

Summary of Plan Provisions – Combat Propulsion Systems Hourly Segment

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

Plan Status	Plan is closed to new participants effective January 1, 2007.
Normal Retirement	• *Age Requirement:* 65 • *Service Requirement:* None • *Amount:* A) Members of the Union Local 1279: 1. A monthly pension of $44.00 per year of Credited Service effective for participants retiring on or after January 1, 2017 B) Members of Union Local 113: 1. A monthly pension of $45.00 per year of Credited Service for the Members of Union Local 113 Effective for participants retiring on or after January 1, 2017 and prior to January 1, 2021 and 2. A monthly pension of $46.00 per year of Credited Service for the Members of Union Local 113 Effective for participants retiring on or after January 1, 2021 and prior to January 1, 2022 (future increases to $47 & $48 not reflected in 2021 Actuarial Valuation)
Early Retirement	• *Age Requirement:* Age 55 with 10 years of service, or before age 55 with 30 years of service • *Amount:* A member retiring early on or after age 62 will be entitled to the full accrued benefit without reduction. A member retiring early on or after age 58 with 30 years of service will have his accrued benefit reduced 2-1/2% for each year prior to age 62. Otherwise, a member retiring early on or after age 55 with ten years of service will have his accrued benefit reduced 6% for each year prior to age 62. • If the member retires (i) after age 60 or (ii) before age 60 with 30 years of service or 85 points, a monthly supplement is payable to age 62, which when added to the basic benefit, equals $1,600 per month. This supplement is reduced for retirement prior to age 58 with 30 years of service or age 60 with less than 30 years of service.
Disability	• *Age Requirement:* None • *Service Requirement:* 10 years of service *Amount:* Accrued normal retirement benefit plus a temporary monthly pension, payable to the earlier of age 62 or commencement of Social Security disability benefits equal to $20.00 for each year of credited service up to 25 years.
Special Medicare Benefit	*Amount*: If terminating employment after becoming eligible for an Early Retirement Benefit, Normal Retirement Benefit, or Disability Benefit, the member shall receive a monthly Special Medicare Benefit beginning at age 65 equal to $6.00 per year of Credited Service.

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3Harris Combat Propulsion Systems Pension Plan
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Vesting	• *Age Requirement:* None • *Service Requirement:* 5 years of service • *Amount:* If terminating employment after completion of five years of service, the accrued normal retirement pension is payable commencing at age 65. The benefit may commence prior to age 65, but after age 55 with ten years of service, with a reduction of 7.2% for each year prior to age 65.
Pre-Retirement Death Benefits	• *Amount:* If a member dies while eligible for early retirement or while eligible for a vested benefit and leaves a surviving spouse, the surviving spouse will be entitled to the benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter as a qualified joint and survivor annuity.
Post-Retirement Death Benefits	• *Joint and Survivor:* If a member dies while receiving benefits, his beneficiary will be entitled to receive a lump sum payment equal to $2,500.
Participation	• *Service Requirement:* All hourly paid employees of GDLS Muskegon Operations represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, U.A.W. Locals 113 and 1279 who have completed 1,000 hours of service or received one year of Credited Service.
Service	*Credited:* One year for each calendar year that member works or receives credit for at least 1,700 hours (fractional credit for less than 1,700 hours worked).
Forms of Benefit	• *Normal Form:* Single Life annuity • *Optional Forms:* Life and 55% popup survivor annuity (60% if member retires at 65 with 30 years credited service, or 30 years of vesting service) – benefit is reduced by a factor equal to 95% and reduced/increased by additional 0.5% for each full year in excess of five years by which the Spouse's age is less than/exceeds the age of the Participant. Life and 75% survivor annuity – actuarial equivalent value is computed based upon an interest rate of 6% and mortality from the table set forth in Revenue Ruling 2001-62, set forward 2 years for annuitant and set back 2 years for contingent annuitant. • *Lump Sum:* Benefits with present values less than $5,000 are automatically cashed out.
Statutory Limits	• *Section 415 limit:* $230,000
Recent Plan Amendments	The Plan has been restated as of August 31, 2020. • *Plan Amendment: None.* • *Effective Date: N/A* • *Reflected in 2021 Actuarial Valuation: Yes* • *Plan Amendment One: Multiplier Increase for Local 113 of UAW Segment* • *Effective Date: January 1, 2021* • *Reflected in 2021 Actuarial Valuation: Yes*

	• *Plan Amendment Two: Divestiture to RENK AG* • *Effective Date: July 2, 2021* • *Reflected in 2021 Actuarial Valuation: No. Divestiture occurred July 2, 2021.*
	• *Plan Amendment Three: Annuity Contracts* • *Effective Date: January 1, 2021* • *Reflected in 2021 Actuarial Valuation: No. Annuities purchased May 25, 2021*
	• *Plan Amendment Four: Eligibility Accruals for Divested Employees of UAW Segment* • *Effective Date: July 2, 2021* • *Reflected in 2021 Actuarial Valuation: No. Amendment effective post valuation date.*

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3Harris Combat Propulsion Systems Pension Plan
EIN 34-0276860 PN 022

Summary of Plan Provisions – Combat Propulsion Systems Salaried Segment

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

Plan Status	Plan is closed to new participants effective January 1, 2007. Effective January 1, 2020, benefit accruals under the prior formula have been frozen. Certain participants will accrue under a cash balance formula.
Normal Retirement	• *Age Requirement:* 65 • *Service Requirement:* None • *Amount for Service prior January 1, 2020:* A monthly pension is the sum of (1) to (4), but not less than the Minimum Benefit: 1. Service Prior to 1/1/1964: $18.00 per year of Credited Service 2. Service 1/1/1964 to 12/31/1980: 1-1/4% of final average pay per year of Credited Service. 3. Service 1/1/1981 to 3/31/1997: 1% of final average pay up to Covered Compensation, plus 1.65% of the excess per year of Credited Service. 4. Service 3/31/1997 to 12/31/2018: 1-1/3% of final average pay per year of plan membership service, reflecting pay up to December 31, 2019. Final average pay equals the average of the highest consecutive 60 monthly salary rate received during last 120 months of plan membership. 1. Covered Compensation equals the average of the Social Security taxable wage bases in effect for each calendar year during the 35 year period ending in the year of termination • ***Cash Balance Benefit:*** *1% of Compensation, effective January 1, 2020, for participants whose 2018 W2 compensation was less than $120,000. Compensation for this purpose generally includes base pay, incentive pay, overtime pay, and commission.*
Minimum Benefit	• Service Prior to 1/1/1964: $18.00 per year of Credited Service. • Service 1/1/1964 to 3/31/1997: $20.00 per year of Credited Service. • Service after 3/31/1997: $26.00 per year of plan membership service including that additional period during which the member would have accrued benefits but for the age and/or service requirements for eligibility to enter the Plan

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3Harris Combat Propulsion Systems Pension Plan
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Pension Enhancement	• *Amount:* Members employed prior to January 1, 1999 and retiring from active service will be entitled to a pension enhancement benefit of $94 per month, prorated for less than ten years of continuous service measured from April 1, 1997 to retirement, commencing at age 65. An additional benefit, in the same amount, will be payable when an eligible spouse attains age 65. If a member was employed prior to January 1, 1999 and terminates with a deferred vested benefit, the pension enhancement benefit will be multiplied by the ratio of the member's years of service measured from April 1, 1997 to termination to the years of service measured from April 1, 1997 he would have had at age 65.
Early Retirement	• *Age Requirement:* Age 55 • Service Requirement: 5 years of continuous benefit service if service accrued prior to April 1, 1997 or 10 years of continuous benefit service if service accrued after March 31, 1997 • *Amount:* The benefit accrued to date of early retirement based on service accrued prior to April 1, 1997, reduced by 3% for each year between age 65 and the date of commencement of benefits. The benefit accrued to date of early retirement based on service accrued after March 31, 1997, either (i) with no reduction, if benefits commence at or after age 62, or (ii) reduced by 2-1/2% for each year between age 62 and the date of commencement of benefits, if benefits commence prior to age 62.
Vesting	• *Age Requirement:* None • *Service Requirement:* 5 years of service • *Amount:* The benefit may commence prior to age 65 with a reduction of 3% for each year prior to age 65 applicable to the benefit based on service accrued prior to April 1, 1997 and on an actuarial equivalent basis applicable to the benefit based on service accrued after March 31, 1997.
Pre-Retirement Death Benefits	• *Amount:* If a member dies while eligible for early retirement or while eligible for a vested benefits and leaves a surviving spouse to whom he/she has been married for at least one year, the surviving spouse will be entitled to the benefit that would have been payable had the member terminated employment on the date of death with payment of benefits to commence on the earliest date permitted thereafter and elected the 50% contingent annuitant option.
Post-Retirement Death Benefits	• *Amount:* Depends on the form of pension elected; in any event, the excess, if any, of the death benefit payable just prior to retirement over actual pension payments is paid to the beneficiary.
Participation	• *Amount:* Salaried employees of L3Harris Combat Propulsion Systems who have completed one year of service. Salaried employees covered by a collective bargaining agreement may only be covered if specifically provided in such agreement. A transferred employee who was an active participant in the prior plan (General Dynamics Corporation Salaried Retirement Plan) on February 24, 2005 should automatically become an active participant.

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
L3Harris Combat Propulsion Systems Pension Plan
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Forms of Benefit	• *Normal Form:* Single Life annuity • *Optional Forms:* a. 50%, 75% and 100% Contingent Annuitant Option b. 50%, 66 2/3%, 75% and 100% Joint and Survivor Option, with and without pop-up c. 50% Joint and Last Survivor d. Level Income Option at Age 62 e. Social Security Leveling Option at Age 62 and 65 f. Five and Ten Years Certain and Life Option The automatic payment option for Married Members or Married Vested Members is the 50% Contingent Annuitant Option with the spouse designated as Contingent Annuitant. • *Lump Sum Benefit:* Benefits with present value less than or equal to $1,000 are automatically cashed out. If the present value of the benefit is over $1,000 but less than or equal to $5,000, a lump sum is offered to the participant. If the present value of the benefit is over$5,000 but less than or equal to $20,000, the participant can elect the lump sum, an immediate annuity, or a deferred annuity. • *Actuarial Equivalence:* Optional forms (other than the lump sum) are of actuarial equivalent value computed based upon an interest rate of 6% and mortality from the table set forth in Revenue Ruling 2001-62, set forward 2 years for annuitant and set back 2 years for contingent annuitant. For the lump sum and level income options, actuarial equivalence is based on 417(e) assumptions.
Statutory Limits	• *Section 415 limit:* $230,000 • *Section 401(a)(17) limit:* $290,000 (previously, $285,000)
Recent Plan Amendments	*The Plan has been restated as of August 31, 2020.* • *Plan Amendment: None.* • *Effective Date: N/A* • *Reflected in 2021 Actuarial Valuation: Yes* • *Plan Amendment One: Multiplier Increase for Local 113 of UAW Segment* • *Effective Date: January 1, 2021* • *Reflected in 2021 Actuarial Valuation: No. Only applies to Hourly segment.* • *Plan Amendment Two: Divestiture to RENK AG* • *Effective Date: July 2, 2021* • *Reflected in 2021 Actuarial Valuation: No. Divestiture occurred July 2, 2021.*

- *Plan Amendment Three: Annuity Contracts*
- *Effective Date: January 1, 2021*
- *Reflected in 2021 Actuarial Valuation: No. Annuities purchased May 25, 2021.*

- *Plan Amendment Four: Eligibility Accruals for Divested Employees of UAW Segment*
- *Effective Date: July 2, 2021*
- *Reflected in 2021 Actuarial Valuation: No. Amendment effective post valuation date.*

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Line 26 – Schedule of Active Participant Data
L3Harris Combat Propulsion Systems Pension Plan
EIN 34-0276860 PN 022

Participants in Active Service by Age and Years of Credited Service as of January 1, 2021

	Years of Service									
Age	Less than 1	1-4	5-9	10-14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Over
Under 25	--	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
25 - 29	--	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
30 - 34	--	--	--	--	--	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
35 - 39	--	--	--	--	1	--	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
40 - 44	--	--	2	2	5	3	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
45 - 49	--	--	2	4	8	10	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
50 - 54	--	3	5	9	9	11	--	1	--	--
	--	--	--	--	--	--	--	--	--	--
55 - 59	--	1	4	6	12	9	1	--	--	--
	--	--	--	--	--	--	--	--	--	--
60 - 64	--	--	5	13	11	3	2	--	1	1
	--	--	--	--	--	--	--	--	--	--
65 - 69	--	--	--	1	--	1	--	1	1	--
	--	--	--	--	--	--	--	--	--	--
70 & Over	--	--	--	--	1	--	--	--	--	2
	--	--	--	--	--	--	--	--	--	--

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methodologies
L3Harris Combat Propulsion Systems Pension Plan
EIN 34-0276860 PN 022

Actuarial Assumptions and Methodologies

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

Interest:

The interest rates used for the 2021 plan year are the 24-month average corporate bond segment rates for September 2020 (a 4-month lookback) subject to funding stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average corporate bond rates) but are then constrained to be within a corridor around a 25-year average of those same bond rates. For 2021, the stabilization corridor is 15%. Under ARPA, the corridor for 2022 will be 5%. It will begin expanding in 2026, at which point the corridor will increase by 5% per year until it widens to 30%. The interest rate description above reflects that the plan sponsor elected to defer the ARPA provisions to the 2022 plan year. The rates are as follows:

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter	Effective Interest Rate
Current Year, reflecting stabilization	3.32%	4.79%	5.47%	4.97%
Current Year, without stabilization	2.22%	3.38%	3.92%	3.57%
Prior Year, reflecting stabilization	3.64%	5.21%	5.94%	5.40%
Prior Year, without stabilization	2.79%	3.92%	4.38%	4.07%

The interest rates used to determine the PBGC variable-rate premium are the same as those used for funding, without reflecting funding stabilization.

These interest rates are based on the plan sponsor's election for the 2020 plan year (an election that can next be changed for the 2025 plan year) and are subject to the constraints established by law.

Mortality Rates

RP-2006 separate employee and annuitant healthy mortality tables, projected through the valuation date plus a number of years that varies by age using scale MP-2019.

This assumption is one of the choices allowed by the regulations. This reflects an update to the mandated mortality projection assumption.

Salary Increases

3.00% per year. (previously 3.25% per year.)

This assumption is based on historical and current data, as well professional judgment, and future expectations of the plan sponsor.

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methodologies
L3Harris Combat Propulsion Systems Pension Plan
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<table>
<tr><td>Interest Credit Rate on Cash Balance Account</td><td>3.50% annually. This assumption is based on historical and current data, as well professional judgment and future expectations of the plan sponsor.</td></tr>
<tr><td>Taxable Wage Base Increase</td><td>2.75% per year. (previously 3.00% per year) This assumption is based on historical and current data, adjusted to reflect the estimated future experience and professional judgment.</td></tr>
<tr><td>Benefit Election</td><td>Combat Propulsion Systems Hourly – 55% joint and survivor annuity if married, life annuity if single.
Combat Propulsion Systems Salaried –
Life annuity for unmarried participants. 50% joint and survivor for married participants.
For cash balance account – Lump sum at retirement
Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.</td></tr>
<tr><td>Disability Rates</td><td>Combat Propulsion Systems Hourly –<table><tr><th>Age</th><th>Rates</th></tr><tr><td>20</td><td>0.03%</td></tr><tr><td>25</td><td>0.03</td></tr><tr><td>30</td><td>0.03</td></tr><tr><td>35</td><td>0.03</td></tr><tr><td>40</td><td>0.04</td></tr><tr><td>45</td><td>0.06</td></tr><tr><td>50</td><td>0.08</td></tr><tr><td>55</td><td>0.14</td></tr><tr><td>60</td><td>0.27</td></tr></table>Combat Propulsion Systems Salaried – None

Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.</td></tr>
</table>

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methodologies
L3Harris Combat Propulsion Systems Pension Plan
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Termination Rates **Combat Propulsion Systems Hourly –**

Age	Rates
22	8.0%
27	6.5
32	5.0
37	3.5
42	2.5
47	1.5
52	0.5
55 & Over	0.0

Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methodologies
L3Harris Combat Propulsion Systems Pension Plan
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Retirement (From Active Status) Rates

Combat Propulsion Systems Hourly –

Age	Rates
55-57	3.0%
58-61	5.0/20.0
62-64	15.0
65	25.0
66-69	20.0
70 & over	100.0

Rates from ages 58-61 are increased for those eligible for supplement.

Combat Propulsion Systems Salaried –

Age	Rates
55	9%
56	6
57-59	7
60	8
61	11
62	25
63	20
64-65	25
66-69	20
70	100

Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

Description of Weighted Average Retirement Age

Combat Propulsion Systems Hourly – Age 63
Combat Propulsion Systems Salaried – Age 62
Determined as follows: The weighted-average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methodologies
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Retirement From Inactive Status	100% at Age 65 Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.
Percent Married	70% for male plan members and 55% for female plan members. Spouses are assumed to be the opposite gender.
Age Difference	For inactive plan members for whom a spouse's date of birth was not provided, and for active plan members, it was assumed that male spouses were 3 years older than their female spouses.
Administrative Expenses	An expense assumption is required under the funding rules. Plan-related expenses of $280,000 are expected to be paid by the plan during the year (previously, $340,000). This assumption is based on recent historical data, adjusted to reflect PBGC premium changes, input from the plan sponsor, and estimated future experience and professional judgment.
Asset Method	As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 7.50% for 2019 and 7.75% for 2020, not to exceed the applicable third segment rate of 6.11% for 2019 and 5.94% for 2020.
Funding Method	Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year. If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within fifteen-years. Once that is achieved, or for overfunded plans, the required contribution will generally equal the target normal cost reduced by any overfunding.

Non-Prescribed Assumption Changes Since Prior Valuation

Assumption Type:	*Current Assumptions:*	*Prior Assumptions:*	*Reason for Change:*
Salary Increase	3.00 per year	3.25% per year	These assumptions are based on recent historical data, adjusted to reflect estimated future experience and professional judgment.
Administrative Expense	$280,000	$340,000	
Net Investment Return	7.50%	7.75%	

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprising both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases
L3Harris Combat Propulsion Systems Pension Plan
EIN 34-0276860 PN 022

Schedule of Shortfall Amortization Bases as of January 1, 2021

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
2021	$1,485,768	$1,485,768	15	$133,152
Total		**$1,485,768**		**$133,152**

Note: The shortfall amortization reflects the plan sponsor's election to apply the 15-year amortization period starting for the plan year 2021 as permitted under the American Rescue Plan Act of 2021 ("ARPA").

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions
L3Harris Combat Propulsion Systems Pension Plan
EIN 34-0276860 PN 022

Change in Actuarial Assumptions

	Assumption Type	*Current Assumptions*	*Prior Assumptions*	*Reason for Change*
Non-Prescribed Assumption Changes Since Prior Valuation	Salary Increases	3.00% per year	3.25% per year	This assumption is based on recent historical data, adjusted to reflect estimated future experience and professional judgment.
	Administrative Expenses	$280,000	$340,000	This assumption is based on recent historical data, adjusted to reflect estimated future experience and professional judgment.
	Net Investment Return	7.50%	7.75%	This assumption is based on recent historical data, adjusted to reflect estimated future experience and professional judgment.

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
L3Harris Combat Propulsion Systems Pension Plan
EIN 34-0276860 PN 022

Combat Propulsion Systems Hourly Segment

Not Eligible for Supplement

Age	Rate	Probability of Retiring	Age x Probability
55	3.00%	3.00%	1.65
56	3.00%	2.91%	1.63
57	3.00%	2.82%	1.61
58	5.00%	4.56%	2.65
59	5.00%	4.34%	2.56
60	5.00%	4.12%	2.47
61	5.00%	3.91%	2.39
62	15.00%	11.15%	6.91
63	15.00%	9.48%	5.97
64	15.00%	8.06%	5.16
65	25.00%	11.41%	7.42
66	20.00%	6.85%	4.52
67	20.00%	5.48%	3.67
68	20.00%	4.38%	2.98
69	20.00%	3.51%	2.42
70	100.00%	14.02%	9.82
	Weighted Average:		**63.82**

Eligible for Supplement

Age	Rate	Probability of Retiring	Age x Probability
55	3.00%	3.00%	1.65
56	3.00%	2.91%	1.63
57	3.00%	2.82%	1.61
58	20.00%	18.25%	10.59
59	20.00%	14.60%	8.62
60	20.00%	11.68%	7.01
61	20.00%	9.35%	5.70
62	15.00%	5.61%	3.48
63	15.00%	4.77%	3.00
64	15.00%	4.05%	2.59
65	25.00%	5.74%	3.73
66	20.00%	3.44%	2.27
67	20.00%	2.75%	1.85
68	20.00%	2.20%	1.50
69	20.00%	1.76%	1.22
70	100.00%	7.05%	4.94
			61.38

Headcount

Not Eligible for Supplement	82
Eligible for Supplement	49
	131

Weighted Average

(63.82*82+61.38*49)/131	**62.90**

Attachment to 2021 Schedule SB of Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
L3Harris Combat Propulsion Systems Pension Plan
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Combat Propulsion Systems Salaried Segment

Age	Rate	Probability of Retiring	Age x Probability
55	9.00%	9.00%	4.95
56	6.00%	5.46%	3.06
57	7.00%	5.99%	3.41
58	7.00%	5.57%	3.23
59	7.00%	5.18%	3.06
60	8.00%	5.50%	3.30
61	11.00%	6.96%	4.25
62	25.00%	14.08%	8.73
63	20.00%	8.45%	5.32
64	25.00%	8.45%	5.41
65	25.00%	6.34%	4.12
66	20.00%	3.80%	2.51
67	20.00%	3.04%	2.04
68	20.00%	2.43%	1.65
69	20.00%	1.95%	1.34
70	100.00%	7.79%	5.45
	Weighted Average:		**61.84**

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

☒ 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)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan
L3HARRIS COMBAT PROPULSION SYSTEMS PENSION PLAN

1b Three-digit plan number (PN) ▶ 022

1c Effective date of plan 02/25/2005

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
L3HARRIS TECHNOLOGIES, INC.

1025 WEST NASA BOULEVARD

MELBOURNE FL 32919-0001

2b Employer Identification Number (EIN) 34-0276860

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

2d Business code (see instructions) 334200

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

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

SIGN HERE	[signature]	10/7/22	ANDREA HARTMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/7/22	ANDREA HARTMAN
	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 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor
EMPL. BEN. COM. L3HARRIS TECH. INC.

1025 WEST NASA BOULEVARD
MELBOURNE FL 32919-0001

3b Administrator's EIN
34-0276860

3c Administrator's telephone number
321-724-3554

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**	501
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)**	169
a (2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	54
c	Other retired or separated participants entitled to future benefits	**6c**	210
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	264
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	6
f	Total. Add lines **6d** and **6e**	**6f**	270
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**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)
- **(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)** ☐ **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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
L3Harris Combat Propulsion Systems Pension Plan

B Three-digit plan number (PN) ▶ 022

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
L3Harris Technologies, Inc.

D Employer Identification Number (EIN)
34-0276860

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021

2 Assets:

a Market value	**2a**	94,913,694
b Actuarial value	**2b**	85,912,056

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	232	48,974,434	48,974,434
b For terminated vested participants	100	6,152,803	6,152,803
c For active participants	169	19,130,258	20,391,747
d Total	501	74,257,495	75,518,984

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**	4.97%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	577,780
b Expected plan-related expenses	**6b**	280,000
c Total (line 6a + line 6b)	**6c**	857,780

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

Menachem Braun MB
Signature of actuary

08/24/2022
Date

MENACHEM BRAUN, FSA, MAAA
Type or print name of actuary

2007683
Most recent enrollment number

SEGAL
Firm name

212-251-5000
Telephone number (including area code)

333 W 34TH STREET
NEW YORK NY 10001-2402
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	11,638,576
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,376,079
9	Amount remaining (line 7 minus line 8)	0	10,262,497
10	Interest on line 9 using prior year's actual return of 15.75%	0	1,616,343
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 5.40%		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	11,878,840

Part III Funding Percentages

14	Funding target attainment percentage	14	98.03%
15	Adjusted funding target attainment percentage	15	113.76%
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	97.65%
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? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.32 %	4.79 %	5.47 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	857,780
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,485,768	133,152
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	990,932

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	990,932	990,932

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