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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

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 INTEGRATED SYSTEMS PENSION PLAN FOR GREENVILLE HOURLY EMPLOYEES

1b Three-digit plan number (PN) ▶ 038

1c Effective date of plan 03/09/2002

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.	10/05/2026	ANDREA HARTMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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**	1392
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)**	494
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	456
b	Retired or separated participants receiving benefits	**6b**	511
c	Other retired or separated participants entitled to future benefits	**6c**	321
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1288
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	86
f	Total. Add lines **6d** and **6e**.	**6f**	1374
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
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 Characteristic Codes in the instructions:

1B 1E 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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 INTEGRATED SYSTEMS PENSION PLAN FOR GREENVILLE HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 038

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 2025

2 Assets:

a Market value	**2a**	188981138
b Actuarial value	**2b**	181702054

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	558	77563674	77563674
b For terminated vested participants	340	13106397	13106397
c For active participants	494	70218103	73531691
d Total	1392	160888174	164201762

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2289684
b Expected plan-related expenses	**6b**	247339
c Target normal cost	**6c**	2537023

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

09/18/2026
Date

SCOTT BERGER
Type or print name of actuary

26-06644
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

201-902-2300
Telephone number (including area code)

200 JEFFERSON PARK, 2ND FLOOR
WHIPPANY, NJ 07981

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	34021314
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3734691
9	Amount remaining (line 7 minus line 8)	0	30286623
10	Interest on line 9 using prior year's actual return of 7.48 %	0	2265439
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 5.21 %		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	32552062

Part III Funding Percentages

14	Funding target attainment percentage	14	90.83 %
15	Adjusted funding target attainment percentage	15	110.65 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.60 %
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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? 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**	2537023
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	15051770	1950674
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	4487697

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4487697	4487697

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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
L3HARRIS INTEGRATED SYSTEMS PENSION PLAN FOR GREENVILLE HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 038

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	200896167

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):

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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, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

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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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
L3HARRIS INTEGRATED SYSTEMS PENSION PLAN FOR GREENVILLE HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 038

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)	188879186	200896167
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	188879186	200896167
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	87883	116313
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	87883	116313
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	188791303	200779854

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)		19280750
(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		19280750
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7292199	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7292199
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7292199
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11988551
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: WEAVER AND TIDWELL, LLP **(2)** EIN: 75-0786316

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
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 [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587344.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
L3HARRIS INTEGRATED SYSTEMS PENSION PLAN FOR GREENVILLE HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 038

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): 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** | 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 40.3 % Private Equity: 16.5 % Investment-Grade Debt and Interest Rate Hedging Assets: 27.0 %
High-Yield Debt: 3.9 % Real Assets: 3.0 % Cash or Cash Equivalents: 2.6 % Other: 6.7 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

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._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

Financial Report
December 31, 2025

weaver
Assurance • Tax • Advisory

C O N T E N T S

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Financial Statements

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6720-A Rockledge Drive, Suite 510
Bethesda, Maryland 20817
240-200-1400

Independent Auditor's Report

To the Participants and Employee Benefit Committee
L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees
Melbourne, Florida

Opinion

We have audited the financial statements of L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees (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 benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years ended December 31, 2025 and 2024, in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US 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 the 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 US GAAP, 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued or 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 US 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 are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with US 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 the 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 the 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.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Bethesda, Maryland
October 9, 2026

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024
(In Thousands)

	2025	2024
ASSETS		
Investments, at fair value		
Plan interest in the Master Trust	$ 200,896	$ 188,879
Total assets	200,896	188,879
LIABILITIES		
Accrued expenses	116	88
Total liabilities	116	88
NET ASSETS AVAILABLE FOR BENEFITS	$ 200,780	$ 188,791

The Notes to Financial Statements are
an integral part of these statements.

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024
(In Thousands)

	2025	2024
ADDITIONS		
Plan's interest in the Master Trust net investment income	$ 19,516	$ 15,238
Total additions	19,516	15,238
DEDUCTIONS		
Benefits paid directly to participants and beneficiaries	7,292	6,952
Administrative expenses	235	234
Total deductions	7,527	7,186
Net increase	11,989	8,052
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	188,791	180,739
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 200,780	$ 188,791

The Notes to Financial Statements are an integral part of these statements.

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

Notes to Financial Statements
(In Thousands)

Note 1. Description of the Plan

The following description of the L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees (the Plan) provides only general information. Participants should refer to the *Plan document* for a more complete description of the Plan's provisions, which is available from Plan management.

General

The Plan was established effective March 8, 2002, in connection with the acquisition of the Aircraft Integration Systems (AIS) business of Raytheon Company (Raytheon) by L3 Technologies, Inc. Effective March 8, 2002, former participants in the Retirement Plan for the Hourly Employees of the Greenville Division (the Prior Plan) of Raytheon became participants in the Plan. Following the acquisition, AIS was renamed L-3 Communications Integrated Systems, L.P. The Plan is a non-contributory defined benefit plan covering employees who are members of Local 967, UAW, of L-3 Communications Integrated Systems L.P., a subsidiary of the Company. 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.

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, 2025 and 2024.

Eligibility

Participation in the Plan commences on the date of hire. The Plan is frozen with respect to new participants hired after December 31, 2007. As such, any employees hired on or after January 1, 2008, are not eligible to participate in the Plan.

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, 2025 and 2024.

Pension Benefits

The Plan provides a monthly benefit calculated by multiplying a pension multiplier rate determined at the participant's termination or retirement date by years of benefit service, which is reduced by the amount of the benefit that will be paid to the participant under the prior plan.

The Plan permits early retirement for participants at age 55 with at least ten years of service. The benefit may begin at the date of early retirement, with the benefit reduced by a percentage of up to 25% if the commencement of benefits precedes the participant's 60th birthday. Retirees may elect to receive their pension benefits in the form of a joint and survivor annuity or a life annuity payable monthly from the date of retirement. Under the joint and survivor annuity, the surviving spouse would receive benefits equal to a percentage of the amount of the deceased participant's benefit in accordance with their joint and survivor annuity option. Under the life annuity, there are no continuing payments after the death of the retiree. If participants are terminated before completing five years of service, they forfeit the right to receive their accumulated benefits.

Death and Disability Benefits

Upon the death of an active employee or an employee on disability retirement, prior to normal retirement date, a surviving spouse is eligible for a death benefit. The monthly benefit (benefit not in thousands) commencing immediately is $100 per month for 24 months or until the death of all eligible survivors, if earlier. Upon the death of an active employee with 5 years of service, a benefit is payable for life to the surviving spouse. The amount is calculated as if the participant had retired on the date of death and commenced payments at earliest retirement age and then died under 55% joint and survivor form (50% if less than 10 years of service). Upon the death of a participant, bridge survivor income is payable to the spouse if the following conditions were met: (a) the spouse was between age 45 and 60 at the date of the employee’s death, (b) the spouse has received 24 transition survivor income benefit payments, and (c) the spouse continues to qualify as an eligible spouse. The monthly benefit (benefit not in thousands) of $300, is payable until the remarriage or death of the spouse, or until age 62 or commencement of full widow(er)’s social security benefits, whichever is earliest.

The Plan offers a disability retirement benefit. To qualify for this benefit, a participant must terminate employment due to total disability that occurred while employed and prior to normal retirement age. In addition, the participant must have at least 10 years of vesting service and must not be receiving any other retirement benefit under the Plan.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

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 6 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits 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. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Administrative expenses generally consist of consulting fees, auditing fees, recordkeeping fees, and insurance expense. In addition, certain investment related expenses are included in Plan's interest in the Master Trust investment income presented in the accompanying statement of changes in net assets available for benefits.

Plan Management's Review of Subsequent Events

The Plan has evaluated subsequent events through October 9, 2026, the date the financial statements were available to be issued.

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

Notes to Financial Statements
(In Thousands)

Note 3. Interest in Master Trust

The fair value of the assets and liabilities of the Master Trust at December 31, 2025 and 2024 is presented in the table below. The Plan's percentage interest in the Master Trust was approximately 2.80% and 2.33% at December 31, 2025 and 2024, respectively:

	Master Trust		Plan's Interest in Master Trust	
	2025	2024	2025	2024
Investments				
Common collective trusts	$ 1,322,022	$ 1,750,656	$ 37,067	$ 40,742
Common and preferred stocks	1,487,975	1,583,924	41,720	36,861
Corporate debt	1,533,524	1,704,792	42,997	39,674
U.S. Government securities	801,944	648,463	22,485	15,091
Partnerships/joint ventures	1,251,464	1,496,909	35,089	34,836
Hedge funds	268,047	321,490	7,516	7,482
Registered investment companies	17,808	26,274	499	611
Other	417,587	436,812	11,708	10,166
Total investments	7,100,371	7,969,320	199,081	185,463
Accrued income, cash and net unsettled trades				
Cash	4,817	35,521	135	827
Accrued income	35,635	38,277	999	891
Receivable for unsettled trades	52,846	89,313	1,482	2,079
Other payables	(412)	(1,324)	(11)	(31)
Payable for unsettled trades	(28,175)	(15,040)	(790)	(350)
Accrued income, cash and net unsettled trades	64,711	146,747	1,815	3,416
Total fair value of Master Trust assets	$ 7,165,082	$ 8,116,067	$ 200,896	$ 188,879

The net investment income of the Master Trust for the years ended December 31, 2025 and 2024 is presented in the table below.

	2025	2024
Net appreciation in fair value of investments	$ 573,339	$ 526,726
Interest income	101,341	102,870
Dividend income	28,238	36,044
Other income	48,339	46,512
Net investment income	$ 751,257	$ 712,152

Note 4. 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 services 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. Benefits under the Plan are accumulated based on employees' years of credited service and expected termination date. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered prior to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of the accumulated plan benefits is determined by the Plan's independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits 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 accumulated plan benefits information at January 1, 2025 was as follows:

Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	$	64,138
Other participants		59,122
Non-vested benefits		2,390
Total actuarial present value of accumulated plan benefits	$	125,650

The change in the actuarial present value of the Plan's accumulated plan benefits from January 1, 2024 to January 1, 2025 is attributable to the following:

Actuarial present value of accumulated plan benefits at January 1, 2024	$	124,464
Increase (decrease) during the year attributable to		
Benefit payments		(6,952)
Interest accumulation		9,079
Benefits accumulated and other plan experience		(941)
Actuarial present value of accumulated plan benefits at January 1, 2025	$	125,650

The significant actuarial assumptions used in the Plan valuations as of January 1, 2025 were as follows:

Discount rate:	7.50%
Investment return:	7.50%
Retirement:	Rates vary by participant population. Retirement rates range from 2.5% at age 55 and increase to 100% at age 70.
Mortality basis:	The mortality assumption used is based on the Pri-2012 tables projected with the Buck Modified 2021 Improvement Scale. The Buck Modified Projection Scale is a modified version of MP-2021 Improvement Scale using a long-term improvement rate of 0.75%.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, there would be no material differences.

Note 5. 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 prescribed by ERISA and its related regulations, 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.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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 plan sponsor and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation, up to specified limits.

Note 6. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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, 2025 and 2024.

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.

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.

Partnerships/joint ventures: 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 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, 2025 and 2024:

	2025	2024
Level 1:		
Domestic equity	$ 746,802	$ 891,532
International equity	923,003	887,789
REITs	166,523	185,005
	1,836,328	1,964,326
Level 2:		
Fixed income investments	2,378,600	2,393,539
	2,378,600	2,393,539
Level 3:		
Fixed income investments	43,910	42,400
	43,910	42,400
Total assets in the fair value hierarchy	4,258,838	4,400,265
Investments measured at net asset value:		
Partnerships/joint ventures	1,251,464	1,496,909
Hedge funds	268,047	321,490
Common collective trusts	1,322,022	1,750,656
	7,100,371	7,969,320
Accrued income, cash and net unsettled trades	64,711	146,747
Investments at fair value	$ 7,165,082	$ 8,116,067

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.

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

During 2024, several commercial mortgage loans were transferred from Level 3 to Level 2. This reclassification was based on an evaluation of the pricing inputs, which concluded that the effect of unobservable inputs on the pricing determination was not significant.

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, 2025 and 2024:

	2025	2024
Fixed income investments		
Purchases	$ 13,895	$ 6,190
Sales	(6,783)	(2,076)
Transfers out	(976)	(80,551)

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

	2025	2024
Fixed income investments		
Fair value	$ 43,910	$ 42,400
Principal valuation technique	Discounted cash flow	Discounted cash flow
Significant unobservable inputs	Average Life	Interpolated US Treasury Yield
Range of significant input values	1.27 years and 11.45 years	4.22% and 4.69%
Significant unobservable inputs	All-in-Yield	Broker spread
Range of significant input values	4.96% and 7.38%	1.15% and 3.15%

In estimating fair value of the investments in level 3, the Investment Committee may use third-party pricing sources or appraisers.

Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024, respectively:

	2025	2024
Partnerships/joint ventures (a)		
Fair value	$ 1,251,464	$ 1,496,909
Unfunded commitment	370,521	538,805
Redemption frequency	See (a)	See (a)
Other redemption restrictions	None	None
Redemption notice period	None	None
Hedge funds (b)		
Fair value	$ 268,047	$ 321,490
Unfunded commitment	None	None
Redemption frequency	Quarterly	Quarterly
Other redemption restrictions	None	None
Redemption notice period	See (c)	See (c)
Common collective trusts		
Fair value	$ 1,322,022	$ 1,750,656
Unfunded commitment	None	None
Redemption frequency	Immediate	Immediate
Other redemption restrictions	None	None
Redemption notice period	See (c)	See (c)

(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, 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. Redemption frequency for international equity is monthly and redemption notice period is 30 days. There is no redemption frequency or redemption notice period for all other partnerships and joint ventures.

(b) 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 in real estate investment trusts. However, as the name states, they may also invest in 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.

(c) 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 lockups, if any. In certain cases, full redemption may be extended over a period of time.

Note 7. Risks and Uncertainties

The Plan, through the Master Trust, invests in various investment securities that are exposed to various risks such as interest rates, market and credit risks. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that some changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Note 8. Tax Status

The Plan obtained its latest determination letter on and dated October 18, 2017, in which the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

US 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.

Note 9. Related Party and Party-in-Interest Transactions

Certain Master Trust investments are shares of common collective trusts managed by Northern Trust Company, the Trustee for the Plan. Gallagher Benefit Services, Inc., provides actuarial and related services for the Plan. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various services providers. These transactions are party-in-interest transactions under ERISA.

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

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Schedule SB, Part V – Summary of Plan Provisions

Plan Status

Plan is closed to new hires effective January 1, 2008.

Credited Service

Full year's credit based on completion of 1,800 hours. Partial credit applies if employee performs 1,000 hours of service.

Vesting Service

One year's credit for each year in which an employee performs 1,000 or more hours of service.

Groups Covered

All bargaining employees of L3Harris Integrated Systems in UAW Local No. 967.

Normal Retirement Pension

Eligibility

Age 65 and 5 years of service

Benefit

The monthly pension amount is equal to the years of benefit service multiplied by the pension multiplier determined at the time of termination or retirement. The pension multiplier is determined as follows:

Termination of Employment On or After	Termination of Employment Before	Pension Multiplier
January 1, 2006	January 1, 2007	$41
January 1, 2007	January 1, 2008	$42
January 1, 2008	January 1, 2009	$46
January 1, 2009	January 1, 2010	$49
January 1, 2010	January 1, 2011	$51
January 1, 2011	January 1, 2012	$54
January 1, 2012	January 1, 2013	$57
January 1, 2013	January 1, 2014	$60
January 1, 2014	January 1, 2015	$63
January 1, 2015	January 1, 2016	$66
January 1, 2016	January 1, 2017	$69
January 1, 2017	January 1, 2018	$73
January 1, 2018	January 1, 2019	$76
January 1, 2019	January 1, 2020	$78
January 1, 2020	January 1, 2023	$84
January 1, 2023	January 1, 2024	$86
January 1, 2024	January 1, 2025	$89
January 1, 2025	N/A	$93

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Prior Raytheon Service

Benefits are based on total service, including service under the prior plan. However, benefits will be offset by the accrued benefit under the prior plan at the date of acquisition.

Low Level Income Supplemental Allowance (LISA)

Eligibility

If an employee terminates with 20 years of benefit service at or after age 60 but prior to age 62, he is eligible for LISA in addition to his early pension.

Benefit

The supplemental benefit, payable to age 62, is $300 per month.

Early Retirement Pension

Eligibility

Age 55 and 10 years of service

Benefit

Accrued benefit determined as for Normal Retirement reduced as follows:

Age	Percent of Benefit Payable
55	75%
56	84%
57	91%
58	96%
59	99%
60	100%

Deferred Vested Pension

Eligibility

5 years of service.

Benefit

Accrued pension payable at age 65. An actuarially reduced benefit is also payable as early as age 55 for participants with at least 10 years of vesting service.

Disability

Eligibility

10 years of service.

Benefit

Accrued normal retirement benefit, considering service to disablement.

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Pre-Retirement Death Benefit – Transition Survivor Income

Eligibility

Payable upon the death of an active employee or an employee on disability retirement prior to normal retirement date. Eligible survivors are the spouse, dependent children, and dependent parents.

Benefit

The monthly benefit commencing immediately is $100 payable for 24 months or until the death of all eligible survivors, if earlier. The monthly benefit increases to $300 for each month in which the survivor is ineligible for unreduced monthly Social Security benefits.

Pre-Retirement Death Benefit – Automatic Survivor Income

Eligibility

Upon the death of an active employee with 5 years of service, a benefit is payable for life to the surviving spouse.

Benefit

The amount is computed as if the participant had retired on the date of death and commenced payments at earliest retirement age and then died under 55% joint and survivor form (50% if less than 10 years of service).

Pre-Retirement Death Benefit – Bridge Survivor Income

Eligibility

Upon the death of a participant, bridge survivor income is payable to the spouse if:

a) The spouse was between age 45 and age 60 at the date of the employee's death
b) The spouse has received 24 transition survivor income benefit payments, and
c) The spouse continues to qualify as an eligible spouse.

Benefit

The monthly benefit of $300, commencing the month following the 24th transition benefit, is payable until the remarriage or death of the spouse, or until age 62 or commencement of full widow(er)'s Social Security benefits, whichever is earliest.

Normal form of benefit

Single

Life annuity

Married

Reduced joint and 55% survivor annuity

Optional forms of benefit

(1) Life annuity
(2) Joint and 66 2/3% survivor annuity
(3) Joint and 75% survivor annuity
(4) Life annuity with certain period of 10 years
(5) Lump sum

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Actuarial Equivalence

Reduced joint and 55% survivor annuity: benefit is reduced by the factor equal to 95% adjusted for difference between age and 65 and spouse older or younger than participant.

Other optional forms: actuarial equivalence is based on 1983 Group Annuity Mortality Table for males, no setback for participants, six year setback for joint annuitants, 6% interest.

Lump sum: actuarial equivalence is based on 417(e) assumptions.

Summary of Changes from the January 1, 2024 Valuation

The plan multiplier went from $89 to $93 effective January 1, 2025 according to the plan multiplier schedule already in place. This change in provisions increased the Funding Target by $3.33 million.

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Schedule SB, Line 26a – Schedule of Active Participant Data

Distribution of Active Participants as of January 1, 2025 – Age by Benefit Service [1]

Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	5	5	4	12	1	0	0	0	0	27
40-44	1	20	14	13	41	17	0	0	0	0	106
45-49	2	14	16	4	19	6	8	0	0	0	69
50-54	0	7	9	5	14	4	6	3	2	0	50
55-59	1	11	7	6	32	13	16	5	9	0	100
60-64	3	5	8	3	29	9	14	3	11	4	89
65-69	1	2	4	0	9	12	10	4	6	3	51
70+	0	0	0	0	1	1	0	0	0	0	2
TOTAL	8	64	63	35	157	63	54	15	28	7	494

[1] Includes transferred participants.

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Funding assumptions and methods selection and rationale

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

The interest rates and mortality assumption used for this measurement are prescribed by law.

The economic assumption that has a significant effect on the measurement and that the actuary has selected is the expected rate of return on plan assets. The expected asset return assumption was based on an analysis of long term expected returns for the asset classes in which the plan's assets were invested as of the measurement date. Demographic and other non-economic assumptions having a significant impact on the measurement of the Funding Target are retirement rates, withdrawal rates, and the frequency of optional forms of payment. These assumptions were originally chosen by the predecessor enrolled actuary and are based on the plan sponsor's anticipated experience. Actual experience is reviewed each year and compared to the assumption. Changes are then made, as appropriate, based on this review.

Use of Models

Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, an assessment of risks for the plan was performed.

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2025 Plan Year	2024 Plan Year
Funding Rates – Constrained*		
First Segment Rate	5.07%	4.75%
Second Segment Rate	5.31%	4.87%
Third Segment Rate	5.50%	5.59%
Effective Interest Rate	5.39%	5.21%
Funding Rates – Unconstrained**		
First Segment Rate	5.07%	3.62%
Second Segment Rate	5.33%	4.46%
Third Segment Rate	5.36%	4.52%
Effective Interest Rate	5.33%	4.46%

* Used for minimum funding and benefit restriction purposes.

** Used for maximum tax-deduction, ERISA 4010 reporting and low-default-risk obligation measure purposes.

The interest rates used for funding purposes are the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan related expenses to be paid from plan assets during the year.

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

EIN/PN: 34-0276860 / 038

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

Expenses

Expected plan related expenses equal to prior year plan related expenses, excluding the prior year PBGC premiums plus current year PBGC premium were added to the Target Normal Cost. This amount is equal to $247,339.

Frequency of optional payment forms

Single participants elect a life annuity, and Married participants elect a 55% joint and survivor annuity.

Marital percentage

70% of male participants and 55% of female participants are assumed to be married. Husbands are assumed to be 3 years older than their wives.

Retirement rates

Age	Rates
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	15.00%
61	15.00%
62	15.00%
63	15.00%
64	15.00%
65	25.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	100.00%

Terminated Vested participants are assumed to retire at age 65.

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

EIN/PN: 34-0276860 / 038

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Age	Rates
20	0.09%
25	0.10%
30	0.11%
35	0.12%
40	0.18%
45	0.28%
50	0.48%
55	0.87%
60	1.38%
65	1.88%

Withdrawal rates for active participants not eligible for retirement

	Rates	
Age	Male	Female
20	19.6%	30.0%
25	18.8%	25.0%
30	16.3%	15.0%
35	11.2%	9.0%
40	5.0%	8.0%
45	2.6%	7.0%
50	1.2%	6.0%
55	0.0%	0.0%

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2025 Expected Return	7.50%	5.50%	5.50%
2024 Expected Return	7.50%	5.59%	5.59%
2023 Expected Return	7.50%	5.74%	5.74%

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

EIN/PN: 34-0276860 / 038

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Summary of Changes from the January 1, 2024 Valuation

The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation. This change in assumptions decreased the Funding Target.

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

EIN/PN: 34-0276860 / 038

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2025
January 1, 2019	Shortfall	9	$ 1,792,869	$ 13,271,919
January 1, 2020	Shortfall	10	692,635	5,562,099
January 1, 2021	Shortfall	11	312,734	2,697,776
January 1, 2022	Shortfall	12	(2,120,363)	(19,491,328)
January 1, 2023	Shortfall	13	543,736	5,290,514
January 1, 2024	Shortfall	14	202,990	2,078,681
January 1, 2025	Shortfall	15	526,073	5,642,109
Total			$ 1,950,674	$ 15,051,770

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

EIN/PN: 34-0276860 / 038

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	204.5656	0.0127	2.6012	143.0686
56	216.7672	0.0250	5.4192	303.4740
57	229.7518	0.0250	5.7438	327.3964
58	243.9664	0.0250	6.0992	353.7512
59	248.3225	0.0250	6.2081	366.2757
60	269.1816	0.1500	40.3772	2,422.6346
61	246.1872	0.1494	36.7781	2,243.4632
62	221.8579	0.1488	33.0069	2,046.4260
63	202.4534	0.1500	30.3680	1,913.1849
64	176.7969	0.1500	26.5195	1,697.2502
65	166.2958	0.2500	41.5739	2,702.3065
66	133.7491	0.2000	26.7498	1,765.4885
67	116.2556	0.2000	23.2511	1,557.8251
68	102.2981	0.2000	20.4596	1,391.2537
69	86.1582	0.2000	17.2316	1,188.9829
70	71.3004	1.0000	71.3004	4,991.0307
71	1.0000	1.0000	1.0000	71.0000
72	0.0000	1.0000	0.0000	0.0000
73	1.0000	1.0000	1.0000	73.0000
Total			**395.6878**	**25,557.8123**
Weighted Average Retirement Age = 25,557.8123 / 395.6878				**64.59**
Rounded Weighted Average Retirement Age				**65**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

L3Harris Integrated Systems Pension Plan for Greenville Hourly Employees

EIN/PN: 34-0276860 / 038

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$ 774,571	$ 152,854	$ 6,891,432	$ 7,818,857
2026	$ 1,460,580	$ 231,514	$ 6,788,800	$ 8,480,894
2027	$ 2,153,172	$ 293,283	$ 6,680,730	$ 9,127,185
2028	$ 2,759,509	$ 335,308	$ 6,564,646	$ 9,659,463
2029	$ 3,294,161	$ 415,185	$ 6,440,898	$ 10,150,244
2030	$ 3,763,623	$ 480,588	$ 6,306,425	$ 10,550,636
2031	$ 4,087,800	$ 531,911	$ 6,157,814	$ 10,777,525
2032	$ 4,423,180	$ 565,216	$ 6,000,770	$ 10,989,166
2033	$ 4,683,644	$ 613,085	$ 5,833,070	$ 11,129,799
2034	$ 4,915,592	$ 654,702	$ 5,652,380	$ 11,222,674
2035	$ 5,105,609	$ 691,507	$ 5,461,627	$ 11,258,743
2036	$ 5,249,403	$ 730,848	$ 5,259,687	$ 11,239,938
2037	$ 5,387,686	$ 795,658	$ 5,046,810	$ 11,230,154
2038	$ 5,500,041	$ 825,091	$ 4,823,494	$ 11,148,626
2039	$ 5,600,443	$ 865,683	$ 4,590,450	$ 11,056,576
2040	$ 5,684,108	$ 918,768	$ 4,348,613	$ 10,951,489
2041	$ 5,760,117	$ 931,445	$ 4,099,159	$ 10,790,721
2042	$ 5,821,406	$ 987,776	$ 3,843,485	$ 10,652,667
2043	$ 5,884,372	$ 1,069,162	$ 3,583,171	$ 10,536,705
2044	$ 5,949,323	$ 1,122,731	$ 3,319,958	$ 10,392,012
2045	$ 5,999,302	$ 1,200,801	$ 3,055,763	$ 10,255,866
2046	$ 6,012,937	$ 1,246,430	$ 2,792,674	$ 10,052,041
2047	$ 6,014,917	$ 1,304,407	$ 2,532,908	$ 9,852,232
2048	$ 6,028,354	$ 1,315,236	$ 2,278,793	$ 9,622,383
2049	$ 6,002,038	$ 1,348,172	$ 2,032,708	$ 9,382,918
2050	$ 5,924,781	$ 1,369,892	$ 1,796,973	$ 9,091,646
2051	$ 5,814,297	$ 1,380,758	$ 1,573,726	$ 8,768,781
2052	$ 5,637,812	$ 1,388,449	$ 1,364,868	$ 8,391,129
2053	$ 5,465,433	$ 1,379,521	$ 1,171,960	$ 8,016,914
2054	$ 5,262,773	$ 1,338,667	$ 996,130	$ 7,597,570
2055	$ 5,021,107	$ 1,292,375	$ 838,059	$ 7,151,541
2056	$ 4,770,130	$ 1,244,771	$ 697,936	$ 6,712,837
2057	$ 4,510,269	$ 1,196,094	$ 575,470	$ 6,281,833
2058	$ 4,252,207	$ 1,146,575	$ 469,937	$ 5,868,719
2059	$ 3,995,048	$ 1,096,430	$ 380,237	$ 5,471,715
2060	$ 3,741,615	$ 1,045,848	$ 305,010	$ 5,092,473
2061	$ 3,494,864	$ 994,990	$ 242,733	$ 4,732,587
2062	$ 3,256,052	$ 943,997	$ 191,800	$ 4,391,849
2063	$ 3,026,086	$ 892,990	$ 150,622	$ 4,069,698
2064	$ 2,805,540	$ 842,074	$ 117,675	$ 3,765,289
2065	$ 2,594,643	$ 791,344	$ 91,557	$ 3,477,544
2066	$ 2,393,344	$ 740,882	$ 71,017	$ 3,205,243
2067	$ 2,201,338	$ 690,768	$ 54,960	$ 2,947,066
2068	$ 2,018,150	$ 641,093	$ 42,462	$ 2,701,705
2069	$ 1,843,221	$ 591,977	$ 32,760	$ 2,467,958
2070	$ 1,676,002	$ 543,568	$ 25,238	$ 2,244,808
2071	$ 1,516,009	$ 496,056	$ 19,409	$ 2,031,474
2072	$ 1,362,887	$ 449,673	$ 14,890	$ 1,827,450
2073	$ 1,216,513	$ 404,662	$ 11,387	$ 1,632,562
2074	$ 1,077,039	$ 361,289	$ 8,671	$ 1,446,999

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

☒ a single-employer plan ☐ a DFE (specify) _____

B This return/report is: ☐ the first return/report ☐ the final return/report

☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program

☐ special extension (enter description)

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 INTEGRATED SYSTEMS PENSION PLAN FOR GREENVILLE HOURLY EMPLOYEES

1b Three-digit plan number (PN) ▶ 038

1c Effective date of plan 03/09/2002

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) 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	[signature]	10/05/2026	ANDREA HARTMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025) v. 250312**

518401 12-22-25

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**	1,392
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)**	494
a (2) Total number of active participants at the end of the plan year	**6a(2)**	456
b Retired or separated participants receiving benefits	**6b**	511
c Other retired or separated participants entitled to future benefits	**6c**	321
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	1,288
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	86
f Total. Add lines **6d** and **6e**	**6f**	1,374
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
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 Characteristic Codes in the instructions:
1B 1E 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
- (4) ☐ **DCG** (Individual Plan Information) - Number Attached ____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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 Integrated Systems Pension Plan for Greenville Hourly Employees

B Three-digit plan number (PN) ▶ 038

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 2025

2 Assets:

a Market value	**2a**	188,981,138
b Actuarial value	**2b**	181,702,054

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	558	77,563,674	77,563,674
b For terminated vested participants	340	13,106,397	13,106,397
c For active participants	494	70,218,103	73,531,691
d Total	1,392	160,888,174	164,201,762

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.39%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2,289,684
b Expected plan-related expenses	**6b**	247,339
c Target normal cost	**6c**	2,537,023

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

SCOTT BERGER SB
Signature of actuary

9/18/2026
Date

SCOTT BERGER
Type or print name of actuary

2606644
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

201-902-2300
Telephone number (including area code)

200 JEFFERSON PARK
2ND FLOOR
WHIPPANY NJ 07981
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	34,021,314
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3,734,691
9	Amount remaining (line 7 minus line 8)	0	30,286,623
10	Interest on line 9 using prior year's actual return of 7.48%	0	2,265,439
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 5.21%		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	32,552,062

Part III Funding Percentages

14	Funding target attainment percentage	14	90.83 %
15	Adjusted funding target attainment percentage	15	110.65 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.60 %
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:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? 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**	2,537,023
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	15,051,770	1,950,674
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	4,487,697

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4,487,697	4,487,697

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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021