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 6047(e), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN AND TRUST OF R.W. BECK, INC.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1974

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
R. W. BECK, INC. CARE OF SAIC. INC.

10260 CAMPUS PT. DR.
MLS A-3
SAN DIEGO, CA 92121

2b Employer Identification Number (EIN)
91-0883905

2c Sponsor's telephone number
206-695-4484

2d Business code (see instructions)
541990

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.	10/14/2010	LUCY K. MOFFITT
	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 (if same as plan sponsor, enter "Same")
R. W. BECK, INC. CARE OF SAIC. INC.

10260 CAMPUS PT. DR.
MLS A-3
SAN DIEGO, CA 92121

3b Administrator's EIN
91-0883905

3c Administrator's telephone number
206-695-4484

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	929
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	483
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	483
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	484
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	484
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 2R 2F

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RETIREMENT PLAN AND TRUST OF R.W. BECK, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
R. W. BECK, INC. CARE OF SAIC. INC.

D Employer Identification Number (EIN)
91-0883905

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ALLIANZ FUNDS

33-0457728

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

AMERICAN FUNDS

95-1411037

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

DODGE & COX

94-1441976

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

DREYFUS

13-5673135

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

LEGG MASON/WESTERN

52-1200960

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

NEUBERGER BERMAN

13-5521910

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

RIVERSOURCE

13-3180631

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

T. ROWE PRICE

52-2264646

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

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

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

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

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

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

WACHOVIA BANK, N.A.

22-1147033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 49 50 52 60 62 63 64	NONE	9515	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WURTS & ASSOCIATES

91-1320111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	34581	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MOSS ADAMS LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	13052	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

a Name: MOSS ADAMS	**b** EIN: 91-0189318	
c Position: AUDITOR		
d Address: 999 THIRD AVE., SUITE 1800 SEATTLE, WA 98104	**e** Telephone: 206-302-6457	

Explanation: SAIC USES ONE AUDIT FIRM FOR ALL BENEFIT PLAN AUDITS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RETIREMENT PLAN AND TRUST OF R.W. BECK, INC.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
R. W. BECK, INC. CARE OF SAIC. INC.

D Employer Identification Number (EIN)
91-0883905

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: RVST EQUITY INDEX FUND II

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

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)
41-0007957-011	C	5875400

a Name of MTIA, CCT, PSA, or 103-12 IE: RVST INCOME FUND II

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

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)
41-0007957-018	C	8954383

a Name of MTIA, CCT, PSA, or 103-12 IE: RVST BOND INDEX II

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

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)
41-0007957-003	C	3397667

a Name of MTIA, CCT, PSA, or 103-12 IE: RVST CORE BALANCED II

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

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)
41-0007957-041	C	1624333

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RETIREMENT PLAN AND TRUST OF R.W. BECK, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
R. W. BECK, INC. CARE OF SAIC. INC.

D Employer Identification Number (EIN)
91-0883905

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	-15	14
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3102321	
(2) Participant contributions	1b(2)	149519	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	720105	533906
(2) U.S. Government securities	1c(2)		129152
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	125623	110169
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	705276	426795
(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)	30811327	19851783
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	36980591	26936234
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	72594747	47988053
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		2019
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	2019
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	72594747	47986034

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)	2204658	
	(B) Participants	2a(1)(B)	2967893	
	(C) Others (including rollovers)	2a(1)(C)	224571	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5397122
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14182	
	(B) U.S. Government securities	2b(1)(B)	-38	
	(C) Corporate debt instruments	2b(1)(C)	4328	
	(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)		18472
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	11479	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	654391	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		665870
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6203371	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6132897	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		70474

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	113917	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		113917
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3176909
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10404995
c Other income	2c		2012
d Total income. Add all **income** amounts in column (b) and enter total	2d		19849771
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	44236333	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	6600	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		44242933
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2019	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	213532	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		215551
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		44458484
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-24608713
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) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: MAYOR HOFFMAN MCCANN (2) EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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? If yes, enter the amount of any plan assets that reverted to the employer this year ... [X] **Yes** [ ] **No** **Amount:** 0

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

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

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 section 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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RETIREMENT PLAN AND TRUST OF R.W. BECK, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
R. W. BECK, INC. CARE OF SAIC. INC.

D Employer Identification Number (EIN)
91-0883905

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 56-1354495

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**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

a	The current year	**14a**	
b	The plan year immediately preceding the current plan year	**14b**	
c	The second preceding plan year	**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 item 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 items (a) through (c)

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

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

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

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Independent Auditors' Report

To the SAIC Retirement Programs Committee
San Diego, CA

We were engaged to audit the financial statements and supplemental schedule of the **Retirement Plan and Trust of R.W. Beck, Inc.** ("Plan") as of December 31, 2009 and for the period then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. The statement of net assets available for benefits and statement of changes in net assets available for benefits as of and for the year ended December 31, 2008 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the other auditors not to perform and they did not perform any auditing procedures with respect to the information certified by Wachovia Bank, N.A., the Trustee of the Plan. Their report dated July 22, 2009, indicated that because of the significance of information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and the form and content of the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wachovia Bank, N.A., the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the Trustee as of December 31, 2009 and for the year then ended, that the information provided to the Plan administrator by the Trustee is complete and accurate.

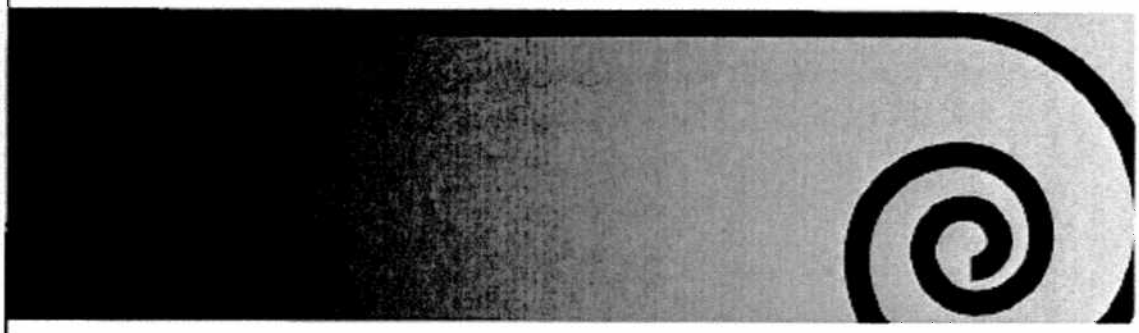
As described in Note 1 to the financial statements, the Plan administrator adopted a resolution to terminate the Plan effective July 31, 2009, and the Plan commenced liquidation shortly thereafter. As a result, the Plan has changed its basis of accounting for periods subsequent to July 31, 2009, from the ongoing plan basis to a liquidation basis.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Mayer Hoffman McCann, P.C.

October 13, 2010

Retirement Plan and Trust of R.W. Beck, Inc.



Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

MHM
Mayer
Hoffman
McCann P.C.
An Independent CPA Firm

Retirement Plan and Trust of R.W. Beck, Inc.

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income and Security Act ("ERISA") of 1974 have been omitted because they are not applicable.

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Independent Auditors' Report

To the SAIC Retirement Programs Committee
San Diego, CA

We were engaged to audit the financial statements and supplemental schedule of the **Retirement Plan and Trust of R.W. Beck, Inc.** ("Plan") as of December 31, 2009 and for the period then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. The statement of net assets available for benefits and statement of changes in net assets available for benefits as of and for the year ended December 31, 2008 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the other auditors not to perform and they did not perform any auditing procedures with respect to the information certified by Wachovia Bank, N.A., the Trustee of the Plan. Their report dated July 22, 2009, indicated that because of the significance of information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and the form and content of the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wachovia Bank, N.A., the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the Trustee as of December 31, 2009 and for the year then ended, that the information provided to the Plan administrator by the Trustee is complete and accurate.

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Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Mayer Hoffman McCann, P.C.

October 13, 2010

Retirement Plan and Trust of R.W. Beck, Inc.

Statement of Net Assets in Liquidation Available for Benefits

December 31, 2009

Assets	
Investments	$ 47,988,053
Total assets	47,988,053
Liabilities	
Fees payable	2,019
Total liabilities	2,019
Net Assets in Liquidation Available for Benefits	$ 47,986,034

The accompanying notes are an integral part of this financial statement.

Retirement Plan and Trust of R.W. Beck, Inc.

Statement of Net Assets Available for Benefits

December 31, 2008

Assets	
Investments	$ 68,149,926
Receivables:	
Employer contributions	3,102,322
Employee contributions	149,520
Total receivables	3,251,842
Cash	1,729
Total assets	71,403,497
Liabilities	
Due to broker for securities purchased	1,730
Net Assets Available for Benefits at Fair Value	71,401,767
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	1,192,980
Net Assets Available for Benefits	$ 72,594,747

The accompanying notes are an integral part of this financial statement

Retirement Plan and Trust of R.W. Beck, Inc.

Statement of Changes in Net Assets in Liquidation Available for Benefits

For the Period from August 1 to December 31, 2009

Investment Income	
Net change in fair value of investments:	
Mutual funds	$ 7,412,807
Common collective trusts	2,041,610
Self-directed accounts	149,949
Interest	7,697
Dividends	452,309
Total investment income	10,064,372
Contributions	
Employer	2,204,658
Employee voluntary	190,607
Total contributions	2,395,265
Deductions from Net Assets	
Benefits paid to participants	41,819,049
Expenses	104,822
Total deductions	41,923,871
Net Decrease in Net Assets in Liquidation Available for Benefits	(29,464,234)
Net Assets Available for Benefits, Beginning of Period	77,450,268
Net Assets in Liquidation Available for Benefits, End of Period	$ 47,986,034

The accompanying notes are an integral part of this financial statement.

Retirement Plan and Trust of R.W. Beck, Inc.

Statement of Changes in Net Assets Available for Benefits

For the Period from January 1 to July 31, 2009

Investment Income	
Net change in fair value of investments:	
Mutual funds	$ 2,994,201
Common collective trusts	1,052,330
Self-directed accounts	34,440
Interest	10,776
Dividends	296,530
Total investment income	4,388,277
Contributions	
Employee voluntary	2,777,286
Employee rollovers	224,571
Total contributions	3,001,857
Deductions from Net Assets	
Benefits paid to participants	2,417,284
Expenses	117,329
Total deductions	2,534,613
Net Increase in Net Assets Available for Benefits	4,855,521
Net Assets Available for Benefits, Beginning of Period	72,594,747
Net Assets Available for Benefits, End of Period	$ 77,450,268

The accompanying notes are an integral part of this financial statement.

1. Description of the Plan

The following description of the **Retirement Plan and Trust of R.W. Beck, Inc.** ("Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established on April 13, 1962, as amended and restated May 1, 1990, December 31, 1995, January 1, 2001, January 1, 2003, January 1, 2006, January 1, 2009, and July 29, 2009, to provide retirement benefits to eligible employees. The Plan is subject to ERISA. On July 31, 2009 ("acquisition date"), R.W. Beck, Inc. ("the Company") was acquired by Science Applications International Corporation ("SAIC", "Plan administrator"). As a prerequisite of this acquisition, the Plan was terminated on July 31, 2009. The Plan's Trustee and record keeper is Wachovia Bank, N.A.

Plan termination

The Plan document provides that the participants' accounts become fully vested and nonforfeitable upon termination.

Contributions

The Plan includes a 401(k) and a Roth 401(k) option that allows each eligible employee to make contributions to the Plan of up to 50% of their compensation. In 2009 the Company elected to make matching contributions of 50% of each eligible participant's contribution, up to a maximum of 2% of each employee's compensation. The Company also contributed 6% of each eligible participant's base compensation as a discretionary contribution. The Company's contributions are discretionary and are based on the Company generating sufficient net income to cover the expense. The Plan allows employees to rollover funds from other qualified plans.

Eligibility

All employees are eligible to participate in the 401(k), Roth 401(k) and employer matching contributions on the first day of the month following employment. All employees with two years of service are eligible to participate in the employer discretionary contribution provisions of the Plan. Only participants in the Plan who have 1,000 hours of service and are employed on the last day of the Plan year receive contributions from the Company. Amounts credited to a participant's account are fully vested.

Allocations

Each participant's account is credited with the participant's contributions, allocations of the Company's contributions, investment earnings, and the Plan's administrative expenses. Allocations are based on account balances as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account balance.

Benefit payments

Upon a participant's separation from service, a distribution is made to the participant in a single lump sum payment, and shall begin no later than 60 days after the end of the Plan year, as defined in the Plan document. Participants who terminate employment with an account balance of $1,000 or less receive a mandatory cash-out distribution from the Plan. If the participant's balance is between $1,001 and $5,000 their account balance is rolled over to an Individual Retirement Account in the participant's name.

2. Summary of Significant Accounting Policies

A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements are as follows:

Basis of accounting

Prior to termination on July 31, 2009, the Plan used the accrual basis of accounting in conformity with U.S. generally accepted accounting principles ("GAAP"). Since July 31, 2009, the Plan uses the liquidation basis of accounting in conformity with U.S. GAAP.

Use of estimates

The preparation of financial statements in conformity with the U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of income and expenses during the reporting period. Actual results could differ from estimates.

Administrative expenses

Administrative expenses related to the Plan are paid for by the Plan.

Adoption of new accounting pronouncement

In June 2009, the Financial Accounting Standards Board ("FASB") issued guidance that establishes the FASB Accounting Standards Codification as the source of authoritative accounting principles recognized by the FASB

Adoption of new accounting pronouncement, cont'd

to be applied by nongovernmental entities in the preparation of financial statements in conformity with U.S. GAAP. This guidance was adopted effective for the Plan's financial statements for the year ended December 31, 2009. This guidance does not change U.S. GAAP and its adoption did not impact the Plan's financial position or results of operation.

Reclassifications

Certain 2008 amounts have been reclassified to conform to the 2009 financial statement presentation, with no effect on the net assets available for benefits.

Investments

Investment securities are stated at fair value as certified by the Plan's Trustee. When available, quoted market prices are used to value investments. Shares of mutual funds and money market funds are valued at the net asset value of shares held by the Plan at year end. Common stocks are valued based on the quotable market prices of shares held at year end. The fair value for corporate bonds and U.S. government securities is determined by pricing information received by a third party service provider. Common collective trusts are valued by the Trustee based on the fair value of the underlying assets. Purchases and sales of securities are recorded on a trade-date basis. Net change in fair value of investments includes net realized and unrealized gains and losses. Dividends are recorded on the ex-dividend date. Interest is recorded on the accrual basis.

The RVST Income Fund II ("Fund") is a stable value fund that is a commingled pool of the RiverSource Trust Collective Investment Funds for Employer Benefit Trusts Income Fund I. The Fund may invest in fixed interest insurance investment contracts, money market funds, corporate and government bonds, mortgage-backed securities, bond funds, and other fixed income securities. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals. Contract value approximates fair value at December 31, 2009. The yield on this investment was 1.77% for year ending December 31, 2009 and 4.48% for year ending December 31, 2008.

3. Information Certified by the Plan's Trustee (Unaudited)

The Plan Sponsor has elected the method of compliance as permitted by 29 CFR 2520.103-58, of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

Trustee

All Plan assets are held by the Plan Trustee, who is responsible for the maintenance of all accounting records and the preparation of reports of activity related to those assets. The Trustee has certified to the Company the completeness and accuracy of the financial information and data.

Investments representing 5% or more of the Plan's net assets available for benefits as of December 31, 2009 and 2008, are as follows:

	2009	2008
Investments, at fair value:		
RVST Income Fund II*	**$8,954,383**	$15,301,661
Neuberger Berman Genesis Trust	**$7,286,514**	$ 9,852,428
RVST Equity Index Fund II	**$5,875,400**	$ 6,970,380
Europacific Growth Fund A	**$5,752,902**	$ 6,637,829
RVST Bond Index II	**$3,397,667**	$ 4,664,384
Dodge & Cox Income Fund	**$2,949,800**	$ 3,728,096
Leg Mason Value Trust **	**$2,489,907**	$ -

*The contract values of the RVST Income Fund II are $8,954,383 and $16,494,591 as of December 31, 2009 and 2008, respectively. There was no adjustment from fair value to contract value in 2009 for the collective trust fund.

**Represents 5% of assets in 2009 only.

Interest and dividend income

Interest and dividends totaling $307,306 are included in the statement of changes in net assets available for benefits and $460,006 are included in the statement of changes in net assets in liquidation available for benefits.

Net appreciation of investments

Investment gains totaling $4,080,971 are included in the statement of changes in net assets available for benefits and $9,604,366 are included in the statement of changes in net assets in liquidation available for benefits.

4. Fair Value Measurements

Accounting guidance has been issued that establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described on the following page:

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 FASB issued additional guidance in 2009, requiring that fair values be detailed by major asset category, within the fair value hierarchy, and this should be adopted on a prospective basis. Retrospective adoption is not required and has not been adopted.

The fair value classifications for the Plan are summarized on the following page:

4. Fair Value Measurements, Cont'd

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Total
Mutual Funds:			
Equity Funds	$17,743,993	$ -	$17,743,993
International Equity Funds	5,847,610	-	5,847,610
Fixed Taxable Funds	3,072,104	-	3,072,104
Balanced Funds	179,823	-	179,823
Common Stocks:			
Financial	210,442	-	210,442
Office Equip & Electronics	56,594	-	56,594
Health Care	52,493	-	52,493
Metals	40,028	-	40,028
Energy & Equipment	22,780	-	22,780
Other	18,640	-	18,640
Retail	17,535	-	17,535
Communications	8,283	-	8,283
Common Collective			
Trust Funds:			
Fixed Income	-	8,954,383	8,954,383
Equity Index	-	5,875,400	5,875,400
Bond Index	-	3,397,667	3,397,667
Balanced	-	1,624,333	1,624,333
Corporate Bonds	-	110,169	110,169
U.S. Government Securities	129,152	-	129,152
Money Market Funds	626,624	-	626,624
Total Assets at Fair Value	$28,026,101	$19,961,952	$47,988,053

Assets at Fair Value as of December 31, 2008

	Level 1	Level 2	Total
Mutual Funds	$37,104,870	$ -	$37,104,870
Common Collective			
Trust Funds	-	29,618,347	29,618,347
Corporate Bonds	-	125,623	125,623
Common Stock	705,276	-	705,276
Money Market Funds	595,810	-	595,810
Total Assets at Fair Value	$38,405,956	$29,743,970	$68,149,926

5.	**Party-in-Interest Transactions**	Certain Plan assets are invested in Trustee accounts. Transactions involving the Trustee qualify as party-in-interest transactions.
6.	**Tax Status**	The Plan obtained its latest determination letter on June 18, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. The Plan received an updated letter of determination upon Plan termination on August 31, 2010.
7.	**Pending Distributions**	There were no pending distributions at December 31, 2009 and 2008.
8.	**Risk and Uncertainties**	The Plan invests in investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. 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 such changes could materially affect participants' account balances and the amounts reported in the statement of net assets in liquidation available for benefits.
9.	**Form 5500**	There were no differences between the accompanying financial statements as of and for the year ended December 31, 2009 and the financial information reported on the Form 5500.
10.	**Subsequent Events**	The date through which subsequent events have been considered for these financial statements is October 13, 2010.

Retirement Plan and Trust of R.W.Beck, Inc.

Supplemental Schedule

Retirement Plan and Trust of R.W. Beck, Inc.

Schedule H, Line 4i Schedule of Assets (Held at End of Year)
EIN: 91-0883905 Plan #001

December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost *	(e) Current Value
	RVST Income Fund II	Common Collective Trust	$ -	$ 8,954,383
	Neuberger Berman Genesis Trust	Mutual Fund	$ -	$ 7,286,514
	RVST Equity Index Fund II	Common Collective Trust	$ -	$ 5,875,400
	Europacific Growth Fund A	Mutual Fund	$ -	$ 5,752,902
	RVST Bond Index Fund II	Common Collective Trust	$ -	$ 3,397,667
	Dodge & Cox Income Fund	Mutual Fund	$ -	$ 2,949,800
	Leg Mason Value Trust	Mutual Fund	$ -	$ 2,489,907
	RVST Core Balanced Fund II	Common Collective Trust	$ -	$ 1,624,333
	Allianz NFJ Dividend Value	Mutual Fund	$ -	$ 1,474,822
	Boston Co Small Cap Growth	Mutual Fund	$ -	$ 1,304,917
	T. Rowe Price Retirement 2020	Mutual Fund	$ -	$ 1,045,382
	T. Rowe Price Growth Stock Fund	Mutual Fund	$ -	$ 850,418
	T. Rowe Price Retirement 2025	Mutual Fund	$ -	$ 761,855
	T. Rowe Price Retirement 2030	Mutual Fund	$ -	$ 430,812
	T. Rowe Price Retirement 2035	Mutual Fund	$ -	$ 402,470
	T. Rowe Price Retirement Income	Mutual Fund	$ -	$ 385,601
	T. Rowe Price Retirement 2040	Mutual Fund	$ -	$ 351,080
	T. Rowe Price Retirement 2010	Mutual Fund	$ -	$ 236,473
	T. Rowe Price Retirement 2045	Mutual Fund	$ -	$ 146,320
	Dreyfus Treasury Prime Cash	Mutual Fund	$ -	$ 92,705
	T. Rowe Price Retirement 2005	Mutual Fund	$ -	$ 91,567
	T. Rowe Price Retirement 2015	Mutual Fund	$ -	$ 88,256
	T. Rowe Price Retirement 2050	Mutual Fund	$ -	$ 39,475
	T. Rowe Price Retirement 2055	Mutual Fund	$ -	$ 679
	Self – Directed Accounts	Various investments including mutual funds, money market funds, common stocks, government securities, corporate bonds, and cash	$ -	$ 1,954,315

* Amounts not required, as investments are participant directed.

Retirement Plan and Trust of R.W. Beck, Inc.

Schedule H, Line 4i Schedule of Assets (Held at End of Year)
EIN: 91-0883905 Plan #001

December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost *	(e) Current Value
	RVST Income Fund II	Common Collective Trust	$ -	$ 8,954,383
	Neuberger Berman Genesis Trust	Mutual Fund	$ -	$ 7,286,514
	RVST Equity Index Fund II	Common Collective Trust	$ -	$ 5,875,400
	Europacific Growth Fund A	Mutual Fund	$ -	$ 5,752,902
	RVST Bond Index Fund II	Common Collective Trust	$ -	$ 3,397,667
	Dodge & Cox Income Fund	Mutual Fund	$ -	$ 2,949,800
	Leg Mason Value Trust	Mutual Fund	$ -	$ 2,489,907
	RVST Core Balanced Fund II	Common Collective Trust	$ -	$ 1,624,333
	Allianz NFJ Dividend Value	Mutual Fund	$ -	$ 1,474,822
	Boston Co Small Cap Growth	Mutual Fund	$ -	$ 1,304,917
	T. Rowe Price Retirement 2020	Mutual Fund	$ -	$ 1,045,382
	T. Rowe Price Growth Stock Fund	Mutual Fund	$ -	$ 850,418
	T. Rowe Price Retirement 2025	Mutual Fund	$ -	$ 761,855
	T. Rowe Price Retirement 2030	Mutual Fund	$ -	$ 430,812
	T. Rowe Price Retirement 2035	Mutual Fund	$ -	$ 402,470
	T. Rowe Price Retirement Income	Mutual Fund	$ -	$ 385,601
	T. Rowe Price Retirement 2040	Mutual Fund	$ -	$ 351,080
	T. Rowe Price Retirement 2010	Mutual Fund	$ -	$ 236,473
	T. Rowe Price Retirement 2045	Mutual Fund	$ -	$ 146,320
	Dreyfus Treasury Prime Cash	Mutual Fund	$ -	$ 92,705
	T. Rowe Price Retirement 2005	Mutual Fund	$ -	$ 91,567
	T. Rowe Price Retirement 2015	Mutual Fund	$ -	$ 88,256
	T. Rowe Price Retirement 2050	Mutual Fund	$ -	$ 39,475
	T. Rowe Price Retirement 2055	Mutual Fund	$ -	$ 679
	Self – Directed Accounts	Various investments including mutual funds, money market funds, common stocks, government securities, corporate bonds, and cash	$ -	$ 1,954,315

* Amounts not required, as investments are participant directed.