

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), 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 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>10/01/2011</u> and ending <u>09/30/2012</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>SCITOR CORPORATION SALARY SAVINGS AND PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ►	<u>002</u>	
	1c Effective date of plan	<u>01/01/1985</u>	
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>SCITOR CORPORATION</u> <u>12010 SUNSET HILLS RD.</u> <u>RESTON, VA 20190</u>	2b Employer Identification Number (EIN) <u>94-2622443</u>	2c Sponsor's telephone number <u>703-961-4700</u>	2d Business code (see instructions) <u>541330</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>06/25/2013</u>	<u>HOLLY M. SNODGRASS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>06/25/2013</u>	<u>AMY J. HEFFERNAN</u>
	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 and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SCITOR CORPORATION 12010 SUNSET HILLS RD. RESTON, VA 20190	3b Administrator's EIN 94-2622443 3c Administrator's telephone number 703-961-4700
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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
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5 Total number of participants at the beginning of the plan year	5	1710
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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	1338
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	349
d Subtotal. Add lines 6a , 6b , and 6c	6d	1687
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	4
f Total. Add lines 6d and 6e	6f	1691
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1679
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2R

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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

A Name of plan <u>SCITOR CORPORATION SALARY SAVINGS AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCITOR CORPORATION</u>	D Employer Identification Number (EIN) <u>94-2622443</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

LCG ASSOCIATES

400 GALLERIA PLACE
SUITE 1800
ATLANTA, GA 30339

(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?
29 50	NONE	130000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRICEWATERHOUSECOOPERS LLC.

P.O. BOX 7247-8001
PHILADELPHIA, PA 19170

(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 50	NONE	32857	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T. ROWE PRICE RPS, INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

(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 25 28 33 37 38 49 50 52 55 57 59 62 64 65	NONE	9144	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
71 99			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

MORNINGSTAR

22 WT WASHINGTON ST
CHICAGO, IL 60602

(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?
26 27 50	NONE	7470	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EATON VANCE

TWO INTERNATIONAL PLACE
BOSTON, MA 02110

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

HARBOR CAPITAL

111 SOUTH WACKER DRIVE
34TH FLOOR
CHICAGO, IL 60606

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

WADDELL AND REED

6300 LAMAR AVE
SHAWNEE MISSION, KS 66201

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

LORD ABBETT

90 HUDSON STREET
JERSEY CITY, NJ 07302

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

MORGAN STANLEY

100 FRONT STREET
SUITE 1100
WEST CONSHOHOCKEN, PA 19428

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AMERICAN CENTURY

P.O. BOX 419200
KANSAS CITY, MO 64141

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

PIMCO FUNDS

840 NEWPORT CENTER DRIVE
SUITE 300
NEWPORT BEACH, CA 92660

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

VANGUARD GROUP

INSTITUTIONAL-INTERMEDIARIES GROUP
POST OFFICE BOX 1110
VALLEY FORGE, PA 19482

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

ARTISAN

875 EAST WISCONSIN AVENUE
SUITE 800
MILWAUKEE, WI 53202

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

ASTON FUNDS

P.O. BOX 9765
PROVIDENCE, RI 02940

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

DODGE & COX

555 CALIFORNIA STREET
40TH FLOOR
SAN FRANCISCO, CA 94104

(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?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
AMERICAN CENTURY	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY MID CAP VALUE - IN P.O. BOX 419200 KANSAS CITY, MO 64141	INVESTMENT MANAGEMENT FEE BASED ON 0.81%	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE RPS, INC.	15 21 25 28 33 37 38 49 50 52 55 59 62 63 64 65 71	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY MID CAP VALUE - IN P.O. BOX 419200 KANSAS CITY, MO 64141	SHAREHOLDER SERVICING FEE BASED ON 0.15%	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ARTISAN	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN INTERNATIONAL VALUE - INVES 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	INVESTMENT MANAGEMENT FEE BASED ON 1.23%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE RPS, INC.	15 21 25 28 33 37 38 49 50 52 55 59 62 63 64 65 71	0
(d) Enter name and EIN (address) of source of indirect compensation		
ARTISAN INTERNATIONAL VALUE - INVES 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	SHAREHOLDER SERVICING FEE BASED ON 0.35%	
(a) Enter service provider name as it appears on line 2		
ASTON FUNDS	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		
ASTON MONTAG & CALDWELL GROWTH I P.O. BOX 9765 PROVIDENCE, RI 02940	INVESTMENT MANAGEMENT FEE BASED ON 0.84%	
(a) Enter service provider name as it appears on line 2		
DODGE & COX	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		
DODGE & COX INTERNATIONAL STOCK 555 CALIFORNIA STREET 40TH FLOOR SAN FRANCISCO, CA 94104	INVESTMENT MANAGEMENT FEE BASED ON 0.65%	

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
T. ROWE PRICE RPS, INC.	15 21 25 28 37 38 49 50 52 59 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX INTERNATIONAL STOCK	555 CALIFORNIA STREET 40TH FLOOR SAN FRANCISCO, CA 94104	SHAREHOLDER SERVICING FEE BASED ON 0.1%
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EATON VANCE	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EATON VANCE STRUCTURED EMERGING MAR	TWO INTERNATIONAL PLACE BOSTON, MA 02110	INVESTMENT MANAGEMENT FEE BASED ON 1.26%
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE RPS, INC.	15 21 25 28 37 38 49 50 52 59 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EATON VANCE STRUCTURED EMERGING MAR	TWO INTERNATIONAL PLACE BOSTON, MA 02110	SHAREHOLDER SERVICING FEE BASED ON 0.15%

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
HARBOR CAPITAL	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR CAPITAL APPRECIATION 111 SOUTH WACKER DRIVE 34TH FLOOR CHICAGO, IL 60606	INVESTMENT MANAGEMENT FEE BASED ON 0.67%	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE RPS, INC.	15 28 38 49 50 52 59 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR CAPITAL APPRECIATION 111 SOUTH WACKER DRIVE 34TH FLOOR CHICAGO, IL 60606	SHAREHOLDER SERVICING FEE BASED ON 0.1%	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WADDELL AND REED	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IVY SCIENCE AND TECH - Y 6300 LAMAR AVE SHAWNEE MISSION, KS 66201	INVESTMENT MANAGEMENT FEE BASED ON 1.31%	

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
T. ROWE PRICE RPS, INC.	15 21 25 26 28 37 38 49 50 52 59 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
IVY SCIENCE AND TECH - Y 6300 LAMAR AVE SHAWNEE MISSION, KS 66201	SHAREHOLDER SERVICING FEE BASED ON 0.4%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LORD ABBETT	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT DEVELOPING GROWTH - SCI 90 HUDSON STREET JERSEY CITY, NJ 07302	INVESTMENT MANAGEMENT FEE BASED ON 0.74%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE RPS, INC.	15 21 25 28 38 49 52 59 62 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT DEVELOPING GROWTH - SCI 90 HUDSON STREET JERSEY CITY, NJ 07302	SHAREHOLDER SERVICING FEE BASED ON 0.1%	

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
MORGAN STANLEY	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MSIF INST CORE PLUS FI 100 FRONT STREET SUITE 1100 WEST CONSHOHOCKEN, PA 19428	INVESTMENT MANAGEMENT FEE BASED ON 0.51%	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE RPS, INC.	15 21 25 28 37 38 49 50 52 59 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MSIF INST CORE PLUS FI 100 FRONT STREET SUITE 1100 WEST CONSHOHOCKEN, PA 19428	SHAREHOLDER SERVICING FEE BASED ON 0.05%	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO FUNDS	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOTAL RETURN, INSTL 840 NEWPORT CENTER DRIVE SUITE 300 NEWPORT BEACH, CA 92660	INVESTMENT MANAGEMENT FEE BASED ON 0.46%	

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
VANGUARD GROUP	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INDEX, INSTL INSTITUTIONAL-INTERMEDIARIES GROUP POST OFFICE BOX 1110 VALLEY FORGE, PA 19482	INVESTMENT MANAGEMENT FEE BASED ON 0.04%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

A Name of plan <u>SCITOR CORPORATION SALARY SAVINGS AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCITOR CORPORATION</u>	D Employer Identification Number (EIN) <u>94-2622443</u>

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP STABLE VALUE COMMON TRUST FUND</u>			
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>			
c EIN-PN <u>52-1309931-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41646902</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIREMENT 2005 ACTIVE TRUST</u>			
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>			
c EIN-PN <u>61-6434302-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>974070</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIREMENT 2010 ACTIVE TRUST</u>			
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>			
c EIN-PN <u>32-6199795-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6508502</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIREMENT 2015 ACTIVE TRUST</u>			
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>			
c EIN-PN <u>35-6941654-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12497027</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIREMENT 2020 ACTIVE TRUST</u>			
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>			
c EIN-PN <u>36-7594871-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22543212</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIREMENT 2025 ACTIVE TRUST</u>			
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>			
c EIN-PN <u>37-6495447-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12742869</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIREMENT 2030 ACTIVE TRUST</u>			
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>			
c EIN-PN <u>38-7010946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16629763</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2035 ACTIVE TRUST**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 36-7595012-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7779670
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2040 ACTIVE TRUST**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941729-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7395760
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2045 ACTIVE TRUST**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 32-6199848-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3012078
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2050 ACTIVE TRUST**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 30-6303214-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 571932
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2055 ACTIVE TRUST**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941728-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 698684
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT INCOME ACTIVE TRUST**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 38-7011316-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 427987
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012		
A Name of plan SCITOR CORPORATION SALARY SAVINGS AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SCITOR CORPORATION	D Employer Identification Number (EIN) 94-2622443	

Part I	Asset and Liability Statement
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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)	5435579	2383006
(2) Participant contributions	1b(2)	1006	1610
(3) Other.....	1b(3)	108449	43990
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	151695	480809
(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)	3584365	3291695
(9) Value of interest in common/collective trusts.....	1c(9)	35896120	133428456
(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)	284698699	253029683
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	3265189	4568939

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	333141102	397228188

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	1766	35212
i Acquisition indebtedness	1i		
j Other liabilities	1j	14760	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	16526	35212

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	333124576	397192976
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	11445889	
(B) Participants	2a(1)(B)	16499085	
(C) Others (including rollovers)	2a(1)(C)	1463381	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		29408355
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	39	
(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)	192933	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		192972
(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)	11520475	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11520475
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	7781109	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7432795	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		348314

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	456081	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		456081
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5320508
(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)		51463546
c Other income.....	2c		401798
d Total income. Add all income amounts in column (b) and enter total.....	2d		99112049

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34855900	
(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)		34855900
f Corrective distributions (see instructions)	2f		735
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	170400	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	7470	
(4) Other	2i(4)	9144	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		187014
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		35043649

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		64068400
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: PRICEWATERHOUSECOOPERS

(2) EIN: 13-4008324

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

A Name of plan <u>SCITOR CORPORATION SALARY SAVINGS AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCITOR CORPORATION</u>	D Employer Identification Number (EIN) <u>94-2622443</u>

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	<u>0</u>
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): <u>52-1481931</u>		
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 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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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): _____

- 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): _____

Scitor Corporation Salary Savings and Profit Sharing Plan

**Financial Statements for the Fiscal Years Ended September
30, 2012 and September 30, 2011, Supplemental Schedules as
of September 30, 2012, and Report of Independent Auditors**

Scitor Corporation Salary Savings and Profit Sharing Plan

Table of Contents

September 30, 2012 and September 30, 2011

	Page(s)
Report of Independent Auditors	1
Financial Statements	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits.....	3
Notes to Financial Statements.....	4-12
Supplemental Schedules*	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4j - Schedule of Reportable Transactions.....	15
 * All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.	



Report of Independent Auditors

To the Trustee, Participants and Administrator of
Scitor Corporation Salary Savings and Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedules of Scitor Corporation Salary Savings and Profit Sharing Plan (the "Plan") at September 30, 2012 and September 30, 2011 and for the years then ended, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by T. Rowe Price Trust Company the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of September 30, 2012 and September 30, 2011 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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 financial statements and schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

June 21, 2013

Scitor Corporation Salary Savings and Profit Sharing Plan
Statements of Net Assets Available for Benefits
September 30, 2012 and September 30, 2011

	<u>2012</u>	<u>2011</u>
Assets		
Investments, at fair value (See Note 5)	\$ 391,507,887	\$ 324,011,703
Receivables		
Employer contributions receivable	2,383,006	5,435,579
Employee contributions receivable	1,610	1,006
Receivable from T. Rowe Price	43,990	108,449
Notes receivable from participants	3,291,695	3,584,365
Total receivables	<u>5,720,301</u>	<u>9,129,399</u>
Total assets	<u>397,228,188</u>	<u>333,141,102</u>
Liabilities		
Excess contributions due to participants	-	14,760
Accrued expenses	35,212	1,766
Total liabilities	<u>35,212</u>	<u>16,526</u>
Net assets reflecting investments at fair value	397,192,976	333,124,576
Adjustment from fair value to contract value for interest in common trust fund relating to fully benefit-responsive investment contracts	(1,843,362)	(1,290,292)
Net assets available for benefits	<u><u>\$ 395,349,614</u></u>	<u><u>\$ 331,834,284</u></u>

The accompanying notes are an integral part of the financial statements.

Scitor Corporation Salary Savings and Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
Fiscal years ended September 30, 2012 and September 30, 2011

	<u>2012</u>	<u>2011</u>
Additions		
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value		
Mutual funds	\$ 51,518,579	\$ (11,246,613)
Common trust funds	3,803,419	-
Common stock	670,955	(376,228)
Corporate bonds	(77)	(24)
Total net appreciation (depreciation) from investments	<u>55,992,876</u>	<u>(11,622,865)</u>
Interest and dividends	<u>12,563,017</u>	<u>8,050,345</u>
Total investment income (loss)	<u>68,555,893</u>	<u>(3,572,520)</u>
Contributions:		
Participants	16,499,085	18,248,674
Employer	11,445,889	21,736,252
Rollovers from other plans	1,463,381	3,458,164
Total contributions	<u>29,408,355</u>	<u>43,443,090</u>
Other net interest and income:		
Interest on notes receivable earned from participants	192,933	204,478
Other income	401,798	340,022
Total other net interest and income	<u>594,731</u>	<u>544,500</u>
Total additions	<u>98,558,979</u>	<u>40,415,070</u>
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants	34,855,900	31,950,627
Return of excess contributions	735	14,760
Administrative expenses	187,014	160,416
Total deductions	<u>35,043,649</u>	<u>32,125,803</u>
Net increase	63,515,330	8,289,267
Net assets available for benefits:		
Beginning of year	331,834,284	323,545,017
End of year	<u>\$ 395,349,614</u>	<u>\$ 331,834,284</u>

The accompanying notes are an integral part of the financial statements.

Scitor Corporation Salary Savings and Profit Sharing Plan

Notes to Financial Statements

Fiscal years ended September 30, 2012 and September 30, 2011

1. Description of the Plan

The following brief description of the Scitor Corporation (the "Company") Salary Savings and Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established to provide employees of the Company with retirement benefits within the meaning of section 401(a) of the Internal Revenue Code (the "IRC"), as amended. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Eligibility

Employees are eligible to participate in the Plan immediately upon the first day of employment. Temporary employees, interns, and contractors are not eligible to participate in the Plan.

Contributions

Eligible employees may make bi-weekly contributions through salary reductions of up to 50% of their eligible compensation, subject to the limitations of the IRC. Eligible employees who have attained the age of 50 before the end of the Plan year may elect to contribute additional catch-up contributions to the Plan. The Plan also allows participants to make rollover contributions from other qualified plans.

The Company may make annual discretionary contributions to the Plan in an amount determined by the Company. For Plan years 2012 and 2011, the discretionary contribution was 6.39% and 11.09%, respectively, of eligible compensation paid during the Plan year.

Vesting

Participants are immediately vested in both their voluntary contributions and the Company's contributions plus actual earnings thereon.

Participant Accounts

Participants may elect to have their individual account invested in any combination of various mutual funds and common trust funds managed by T. Rowe Price Trust Company ("T. Rowe Price" or "Trustee"). In addition, participants may select a self-directed option whereby they may select any investment available through T. Rowe Price. Each participant's account is credited with the participant's contributions, an allocation of the Company's contributions, and an allocation of Plan earnings (losses) thereon based on participant earnings or account balances, respectively, as defined in the Plan agreement.

Notes Receivable from Participants

Eligible employees participating in the Plan may borrow 50% of their vested account balance limited to a maximum loan of \$50,000. Loans are subject to approval and bear interest at prevailing market rates at the date of the loan, as determined by the Trustee, which is currently set at the prime rate plus 2%. The interest rates on existing loans ranged from 5.25% to 10.25% at September 30, 2012 and September 30, 2011.

Loans are to be repaid within four and one half years of the date of the loan, unless the loan is used by a participant to acquire a principal residence, in which case the term of the loan shall not exceed ten years. Loans are secured by the balance in the participant's account, and principal and interest are paid through payroll deductions. Participants must pay any outstanding loan balances in full upon termination of service with the Company.

Scitor Corporation Salary Savings and Profit Sharing Plan

Notes to Financial Statements

Fiscal years ended September 30, 2012 and September 30, 2011

Payment of Benefits

Upon termination of employment or separation of service due to retirement, death, or disability, the balances in the participants' accounts may be distributed to the participants or their beneficiaries in a lump sum. Employees who are age 59-1/2 or older may request to withdraw an amount up to their total account balance accumulated through September 30, 2007. Any contributions made to the Plan after October 1, 2007 are not eligible. The Plan also allows for certain hardship withdrawals.

Plan Amendment and Termination

Although it has not expressed any intention to do so, the Company has the right to terminate or amend the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, Plan assets would be distributed to participants after satisfying all liabilities.

Administrative Expenses

Administrative expenses are paid by an unallocated account funded by T. Rowe Price, the Company, or the Plan. Administrative expenses of \$136,954 and \$231,981 were paid out of the unallocated account for the years ended September 30, 2012 and 2011, respectively. The amount funded by T. Rowe Price for the years ending September 30, 2012 and 2011 was \$466,028 and \$280,689, respectively. As of September 30, 2012, the receivable owed to the Plan by T. Rowe Price was \$43,990, and the balance in the unallocated account was \$480,809. As of September 30, 2011, the receivable owed to the Plan by T. Rowe Price was \$108,449, and the balance in the unallocated account was \$151,695. The balance in the unallocated account will be used to pay future administrative expenses of the Plan.

Participants with balances in the self-directed option incur a maintenance fee of \$18.75 per quarter, and participants may incur redemption fees for certain investment fund transactions. For the Plan years ended September 30, 2012 and 2011, these fees totaled \$16,613 and \$28,815, respectively.

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 conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

All investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and is measured based on an established hierarchy of inputs. See Note 5 for a discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The T. Rowe Price Stable Value Common Trust Fund ("SVF") is a fully benefit-responsive common trust fund. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. Contract value is cost plus accrued income minus redemptions. The statement of changes in net assets available for benefits is

Scitor Corporation Salary Savings and Profit Sharing Plan

Notes to Financial Statements

Fiscal years ended September 30, 2012 and September 30, 2011

prepared on a contract value basis. The Plan's investment in the SVF is valued based on information reported by the Plan's Trustee.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Risks and Uncertainties

The Plan provides for various investment options. Investment securities, such as mutual funds, common trust funds, and common stocks, are exposed to various risks, such as interest, 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. 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 the participants' account balances and the amounts reported in the statement of net assets available for benefits.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan agreement.

Payment of Benefits

Benefit payments are recorded when paid.

Tax Status

Income taxes are not provided as the Plan is designed to be exempt from taxation under the IRC. The Plan obtained its latest determination letter on September 13, 2009, at which time the Internal Revenue Service (the "IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently operating in compliance with the applicable requirements of the IRC. No contribution overpayments were identified through IRS code section 415(c) compliance testing for Plan year 2012. For Plan year 2011, the Plan initially failed IRS code section 415(c) compliance testing, and corrective distributions were made subsequent to September 30, 2011 in the amount of \$14,760.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2012 and September 30, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for the fiscal year ended September 30, 2008 and prior years.

New Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS*, which amends Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, to provide clarification to existing requirements for fair value measurement disclosure. This amendment is required to be applied prospectively, and it is effective

Scitor Corporation Salary Savings and Profit Sharing Plan

Notes to Financial Statements

Fiscal years ended September 30, 2012 and September 30, 2011

for fiscal years beginning after December 15, 2011. The implementation of the amendment is not expected to have a material impact on the Plan's financial statements.

3. Information Certified by the Trustee

The investment balances included in the statement of net assets available for benefits, the related investment income information, which includes net appreciation (depreciation) in fair value and interest and dividends included in the statement of changes in net assets available for benefits, the related notes to financial statements, and the supplemental schedules, excluding the contract value of the SVF and the difference between fair value and contract value of the SVF as described in Note 2, were derived from the Plan's trust statements as of September 30, 2012 and 2011 and for the years then ended, and were certified by the Plan's Trustee as complete and accurate. The contract value of the Plan's investment in the SVF and the difference between fair value and contract value of the SVF is based on information reported by the Plan's Trustee.

4. Investments

The fair value of the individual investments that represent five percent or more of the Plan's net assets available for benefits at September 30, are as follows:

	2012	2011
T. Rowe Price Stable Value Common Trust Fund	\$ 41,646,902	\$ 35,896,120
T. Rowe Price Mid Cap Growth Fund	41,372,789	34,508,477
PIMCO Total Return Fund Institutional Class	26,944,854	- *
T. Rowe Price Retirement 2020 Active Trust	22,543,212	- *
T. Rowe Price Retirement Fund 2020	- *	21,226,764
T. Rowe Price Personal Strategy - Growth	20,273,748	17,257,769
T. Rowe Price Small Cap Value Fund	19,844,224	- *

* Investment does not represent 5% or more of net assets at September 30.

5. Fair Value of Investments

The FASB 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the framework 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;

Scitor Corporation Salary Savings and Profit Sharing Plan

Notes to Financial Statements

Fiscal years ended September 30, 2012 and September 30, 2011

- 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 September 30, 2012 and 2011.

Common Stock: Valued at the closing price reported on the exchanges on which the stocks are traded.

Common Trust Funds: Valued at the net asset value ("NAV") per unit held at year end.

T. Rowe Price Retirement Active Trusts ("Target Date Retirement Funds"): Each Target Date Retirement Fund is structured as a trust of trusts, investing exclusively in other trusts offered by the Trustee that invest directly in securities. The Target Date Retirement Funds are not publicly traded and are valued at NAV per unit based on the fair value of the underlying investments.

T. Rowe Price Stable Value Common Trust Fund ("SVF"): The SVF is a common trust fund that primarily invests in guaranteed investment contracts ("GICs"), bank investment contracts ("BICs"), synthetic investment contracts ("SICs"), and separate account contracts ("SACs"). The SVF is a fully benefit-responsive investment contract, and it is valued at NAV per unit based on contract value. The estimated fair value is computed and available monthly, and the Plan's pro-rata share of the SVF's audited year-end net assets is used to determine fair value of the Plan's investment in the SVF.

Money Market Funds: Valued at the NAV of shares held at year end. Money market funds are considered to be cash equivalents.

Mutual Funds: Mutual Funds held by the Plan include funds that are publicly traded. Funds are valued at the NAV of shares held at year end.

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

The following tables represent assets and liabilities measured and recorded at fair value on the Plan's statements of net assets available for benefits on a recurring basis and their level within the fair value hierarchy as of September 30, 2012 and 2011:

Scitor Corporation Salary Savings and Profit Sharing Plan

Notes to Financial Statements

Fiscal years ended September 30, 2012 and September 30, 2011

Assets at Fair Value as of September 30, 2012				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth funds	\$ 139,339,825	\$ -	\$ -	\$ 139,339,825
Blended funds	67,272,115	-	-	67,272,115
Fixed income funds	27,862,300	-	-	27,862,300
Value funds	19,586,745	-	-	19,586,745
Total mutual funds	254,060,985	-	-	254,060,985
Common trust funds:				
Target date retirement funds	-	91,781,554	-	91,781,554
Stable value fund	-	41,646,902	-	41,646,902
Total common trust funds	-	133,428,456	-	133,428,456
Common stocks:				
Basic materials	264,083	-	-	264,083
Consumer goods	230,244	-	-	230,244
Exchange traded funds	620,395	-	-	620,395
Financial	402,117	-	-	402,117
Healthcare	97,664	-	-	97,664
Services	117,496	-	-	117,496
Technology	580,812	-	-	580,812
Other	216,507	-	-	216,507
Total common stocks	2,529,318	-	-	2,529,318
Money market funds	1,489,128	-	-	1,489,128
Total investments at fair value	<u>\$ 258,079,431</u>	<u>\$ 133,428,456</u>	<u>\$ -</u>	<u>\$ 391,507,887</u>

Scitor Corporation Salary Savings and Profit Sharing Plan

Notes to Financial Statements

Fiscal years ended September 30, 2012 and September 30, 2011

Assets at Fair Value as of September 30, 2011				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth funds	\$ 189,870,229	\$ -	\$ -	\$ 189,870,229
Blended funds	60,281,315	-	-	60,281,315
Fixed income funds	20,787,858	-	-	20,787,858
Value funds	14,405,553	-	-	14,405,553
Other funds	10,274	-	-	10,274
Total mutual funds	285,355,229	-	-	285,355,229
Common trust funds:				
Stable value fund	-	35,896,120	-	35,896,120
Total common trust funds	-	35,896,120	-	35,896,120
Common stocks:				
Basic materials	282,985	-	-	282,985
Consumer goods	235,473	-	-	235,473
Exchange traded funds	802,569	-	-	802,569
Financial	368,033	-	-	368,033
Healthcare	47,270	-	-	47,270
Services	92,247	-	-	92,247
Technology	259,079	-	-	259,079
Other	151,268	-	-	151,268
Total common stocks	2,238,924	-	-	2,238,924
Corporate bonds	46,984	-	-	46,984
Money market funds	474,446	-	-	474,446
Total investments at fair value	<u>\$ 288,115,583</u>	<u>\$ 35,896,120</u>	<u>\$ -</u>	<u>\$ 324,011,703</u>

Fair Value Measurements of the Investments in Certain Entities that Calculate Net Asset Value per Share

Reporting entities are permitted, as a practical expedient, to measure the fair value of an investment on the basis of the NAV per share of the investment if the NAV is calculated in a manner consistent with measurement principles. The following table presents the fair value of investments calculated on the basis of NAV per share as of September 30, 2012 and September 30, 2011:

Scitor Corporation Salary Savings and Profit Sharing Plan

Notes to Financial Statements

Fiscal years ended September 30, 2012 and September 30, 2011

	<u>2012</u>	<u>2011</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>	<u>Trade to Settlement Terms (if currently eligible)</u>
Common trust funds:					
Target date retirement funds	\$ 91,781,554	\$ -	daily, pending market conditions	daily for participant withdrawals, 90 days for Plan withdrawals	1 to 3 days
Stable value fund	41,646,902	35,896,120	daily, pending market conditions	daily for participant withdrawals, 12-30 months for Plan withdrawals	1 to 3 days
Total	<u>\$ 133,428,456</u>	<u>\$ 35,896,120</u>			

Target Date Retirement Funds: Each Target Date Retirement Fund's investment objective is to invest in a diversified portfolio of common trust funds that represent various asset classes and sectors, with the investment allocation driven by a specific retirement target date. The fund has daily liquidity and is not subject to any redemption restrictions at the measurement date, unless a total withdrawal of the Plan's assets in the fund is requested, which requires a 90-day advance written notice, which may be shortened or waived at the Trustee's discretion. The trade-to-settlement terms are one day for participant-driven trades and three days for Plan-driven trades.

Stable Value Fund ("SVF"): The SVF's investment objective is to invest in investment contracts that are designed to provide principal stability and a competitive yield. The SVF has daily liquidity and is not subject to any redemption restrictions, unless a total withdrawal of the Plan's assets in the fund is requested, which requires a 12- to 30- month advance written notice, which may be shortened or waived at the Trustee's discretion. The trade-to-settlement terms are one day for participant-driven trades and three days for Plan-driven trades.

6. Reconciliation to Form 5500

As of September 30, 2012 and 2011, net assets available for benefits per the accompanying financial statements reconcile to Form 5500 as follows:

	<u>2012</u>	<u>2011</u>
Net assets available for benefits, per financial statements	\$ 395,349,614	\$ 331,834,284
Adjustment from contract value to fair value for interest in common trust fund relating to fully benefit-responsive investment contracts	1,843,362	1,290,292
Net assets available for benefits, at fair value, per Form 5500	<u>\$ 397,192,976</u>	<u>\$ 333,124,576</u>

Scitor Corporation Salary Savings and Profit Sharing Plan

Notes to Financial Statements

Fiscal years ended September 30, 2012 and September 30, 2011

For the year ended September 30, 2012, the change in net assets available for the benefits per the accompanying financial statements reconciles to Form 5500 as follows:

Change in net assets available for benefits, per financial statements	\$ 63,515,330
Adjustment from contract value to fair value for interest in common trust fund relating to fully benefit-responsive investment contracts	553,070
Change in net assets available for benefits, per Form 5500	<u>\$ 64,068,400</u>

7. Related-Party Transactions

The Plan invests in mutual funds and common trust funds managed by T. Rowe Price Trust Company. As discussed above, T. Rowe Price Trust Company also serves as Trustee to the Plan. Transactions in such investments qualify as party-in-interest transactions, and are exempt from the prohibited transactions rules. Administrative expenses were paid using an unallocated account established and funded by T. Rowe Price, which qualify as party-in-interest transactions, and are exempt from the prohibited transactions rules. The receivable owed to the Plan from T. Rowe Price as part of this arrangement at September 30, 2012 and 2011 was \$43,990 and \$108,449, respectively.

8. Subsequent Events

In preparing these financial statements, management performed an evaluation of subsequent events through June 21, 2013, the date the financial statements were available for issuance, to determine whether circumstances warranted recognition and disclosure of those events or transactions in the financial statements as of September 30, 2012.

SUPPLEMENTAL SCHEDULES

Scitor Corporation Salary Savings and Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
September 30, 2012

Identity of Issue	Description of Investment	Cost**	Current Value
T. Rowe Price Trust Company:			
American Cent Mid Cap Value Fund Institutional Class	Mutual Fund		\$ 816,693
Artisan International Fund Institutional Class	Mutual Fund		15,159,901
Aston-Montag & Caldwell Growth Fund	Mutual Fund		13,374,473
Dodge & Cox International Stock	Mutual Fund		14,103,493
Eaton Vance Emerging Markets Fund	Mutual Fund		565,514
Harbor Capital Appreciation Fund	Mutual Fund		1,500,936
Ivy Science & Technology Fund	Mutual Fund		18,884,946
Lord Abbett Developing Growth Fund	Mutual Fund		11,414,030
PIMCO Total Return Fund Institutional Class	Mutual Fund		26,944,854
* T. Rowe Price Balanced Fund	Mutual Fund		13,360,253
* T. Rowe Price Equity Income Fund	Mutual Fund		18,710,792
* T. Rowe Price Mid Cap Growth Fund	Mutual Fund		41,372,789
* T. Rowe Price Personal Strategy - Balanced	Mutual Fund		10,782,699
* T. Rowe Price Personal Strategy - Growth	Mutual Fund		20,273,748
* T. Rowe Price Personal Strategy - Income	Mutual Fund		6,361,331
* T. Rowe Price Small Cap Value Fund	Mutual Fund		19,844,224
Vanguard Institutional Index	Mutual Fund		19,559,007
* T. Rowe Price Retirement 2005 Active Trust	Common Trust Fund		974,070
* T. Rowe Price Retirement 2010 Active Trust	Common Trust Fund		6,508,502
* T. Rowe Price Retirement 2015 Active Trust	Common Trust Fund		12,497,027
* T. Rowe Price Retirement 2020 Active Trust	Common Trust Fund		22,543,212
* T. Rowe Price Retirement 2025 Active Trust	Common Trust Fund		12,742,869
* T. Rowe Price Retirement 2030 Active Trust	Common Trust Fund		16,629,763
* T. Rowe Price Retirement 2035 Active Trust	Common Trust Fund		7,779,670
* T. Rowe Price Retirement 2040 Active Trust	Common Trust Fund		7,395,760
* T. Rowe Price Retirement 2045 Active Trust	Common Trust Fund		3,012,078
* T. Rowe Price Retirement 2050 Active Trust	Common Trust Fund		571,932
* T. Rowe Price Retirement 2055 Active Trust	Common Trust Fund		698,684
* T. Rowe Price Retirement Income Active Trust	Common Trust Fund		427,987
* T. Rowe Price Stable Value Common Trust Fund	Common Trust Fund		41,646,902 ‡
U.S. Treasury Money Fund	Money Market Fund		480,809
Self-Directed Brokerage Option	Various		4,568,939
	Participant loans, interest rates ranging from 5.25% to 10.25%, maturing October 2012 through May 2022		3,291,695
* Notes Receivable from Participants			
			<u><u>\$ 394,799,582</u></u>

* Denotes a party-in-interest.

** Cost information omitted for participant-directed investments.

‡ Contract value equals \$39,803,540, which was certified accurate and complete by the Trustee.

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

Scitor Corporation Salary Savings and Profit Sharing Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
Fiscal year ended September 30, 2012

Identity of Party Involved / Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
T. Rowe Price Retirement 2020 Active Trust	\$ 21,011,580	\$ -	\$ -	\$ -	\$ 21,011,580	\$ 21,011,580	\$ -
T. Rowe Price Retirement Fund 2020	\$ -	\$ 21,011,580	\$ -	\$ -	\$ 20,043,404	\$ 21,011,580	\$ 968,176
Ivy Science & Technology Fund	\$ 18,294,997	\$ -	\$ -	\$ -	\$ 18,294,997	\$ 18,294,997	\$ -
Ivy Science & Technology Y Fund	\$ -	\$ 18,294,997	\$ -	\$ -	\$ 16,492,264	\$ 18,294,997	\$ 1,802,733

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

Plan Name	Scitor Corporation Salary Savings And Profit Sharing Plan
Plan Sponsor EIN	94-2622443
ERISA Plan #	002
Plan Year Ending	December 31, 2011

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Scitor Corporation Salary Savings And Profit Sharing Plan
Plan Sponsor EIN	94-2622443
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Plan Year Ending	December 31, 2011

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Form / Schedule	Line #	Description	Attachment
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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Scitor Corporation Salary Savings And Profit Sharing Plan
Plan Sponsor EIN	94-2622443
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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	