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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SCITOR CORPORATION SALARY SAVINGS AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1981

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

SCITOR CORPORATION

12010 SUNSET HILLS RD.
RESTON, VA 20190

2b Employer Identification Number (EIN)
94-2622443

2c Sponsor's telephone number
703-961-4700

2d Business code (see instructions)
541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/26/2014	HOLLY M. SNODGRASS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/26/2014	KATHLEEN T DICKMAN
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)
RONALD ARCULEO

DELOITTE TAX LLP

1700 MARKET STREET
PHILADELPHIA, PA 19103

Preparer's telephone number (optional)
215-246-2300

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1708
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**	1310
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	379
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1689
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	4
f	Total. Add lines **6d** and **6e**	**6f**	1693
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1670
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ARTISAN
875 EAST WISCONSIN AVE
SUITE 800
MILWAUKEE, WI 53202

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

ASTON FUNDS
P.O. BOX 9765
PROVIDENCE, RI 02940

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

WADDELL AND REED
P.O. BOX 29217
SHAWNEE, KS 66201

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

PIMCO FUNDS DIST. INST
P.O. BOX 55060
BOSTON, MA 02205

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

VANGUARD MARKETING CORP

100 VANGUARD BLVD
MALVERN, PA 19355

(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 ASSSOCIATES

400 GALLERIA PARKWAY
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?
16 50	NONE	130000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRICEWATERHOUSECOOPERS LLP

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	30464	Yes [ ] No [X]	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	8242	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

BAILEY & LUMB, P.C.

110 NORTH WASHINGTON STREET
EASTON, MD 21601

(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	8162	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 50	NONE	6680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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 [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

DODGE AND COX

C/O BOSTON FINANCIAL DATA SERVICES
P.O. BOX 8422
BOSTON, MA 02266

(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 [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

EATON VANCE

P.O. BOX 9653
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 [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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

P.O. BOX 804660
CHICAGO, IL 60680

(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 [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

LORD,ABBETT AND COMPANY

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 [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
T. ROWE PRICE RPS INC.	15 21 25 28 33 37 38 49 50 52 55 57 59 62 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.
EATON VANCE STR EMERGING MKTS P.O. BOX 9653 PROVIDENCE, RI 02940	FEE FOR SHAREHOLDER SERVICECS BASED UPON .15%

(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 57 59 62 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.
HARBOR CAPITAL APPRECIATION FD P.O. BOX 804660 CHICAGO, IL 60680	FEE FOR SHAREHOLDER SERVICECS BASED UPON .10%

(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 57 59 62 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.
LORD ABBETT DEVELOPING GROWTH 90 HUDSON STREET JERSEY CITY, NJ 07302	FEE FOR SHAREHOLDER SERVICECS BASED UPON .10%

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 57 59 62 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 INST P.O. BOX 419200 KANSAS CITY, MO 64141	FEE FOR SHAREHOLDER SERVICES BASED UPON .15%

(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 57 59 62 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.
DODGE & COX INTL STOCK FUND C/O BOSTON FINANCIAL DATA SERVICES P.O. BOX 8422 BOSTON, MA 02266	FEE FOR SHAREHOLDER SERVICES BASED UPON .10%

(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

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

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

(complete as many entries as needed)

a	Name:	**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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan
SCITOR CORPORATION SALARY SAVINGS AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SCITOR CORPORATION

D Employer Identification Number (EIN)
94-2622443

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP STABLE VALUE COMMON TRUST FUND

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-1309931-001	C	41847525

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2005 ACTIVE TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
61-6434302-001	C	1143876

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2010 ACTIVE TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6199795-001	C	4713079

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2015 ACTIVE TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-6941654-001	C	15084161

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2020 ACTIVE TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-7594871-001	C	26158527

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2025 ACTIVE TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6495447-001	C	17034486

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIREMENT 2030 ACTIVE TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-7010946-001	C	19883374

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) 8458185

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) 8732142

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) 3852889

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) 1152179

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) 984391

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) 1241656

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP U.S.SMALL-CAP VAL. EQUITY TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 37-6495449-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23966714

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INCOME TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 52-6559833-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22732287

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

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

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)	2383006	3663985
(2) Participant contributions	1b(2)	1610	687648
(3) Other	1b(3)	43990	97398
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	480809	474850
(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)	3291695	3346381
(9) Value of interest in common/collective trusts	1c(9)	133428456	196985471
(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)	253029683	247421235
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4568939	4702910

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	397228188	457379878
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	35212	38700
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	35212	38700
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	397192976	457341178

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)	12272212	
(B) Participants	2a(1)(B)	16559169	
(C) Others (including rollovers)	2a(1)(C)	1407011	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		30238392
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	138	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	425	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	177452	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		178015
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	431	
(B) Common stock	2b(2)(B)	85762	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	9234621	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		9320814
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2461111	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2556691	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-95580
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-64150	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-64150

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		17176696
(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)		39806005
c Other income	2c		212877
d Total income. Add all **income** amounts in column (b) and enter total	2d		96773069
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36436405	
(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)		36436405
f Corrective distributions (see instructions)	2f		2872
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	170668	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	6680	
(4) Other	2i(4)	8242	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		185590
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		36624867
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		60148202
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

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 Distributions

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

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

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

EIN(s): 52-1481931

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

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

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

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

Scitor Corporation Salary Savings and Profit Sharing Plan

Financial Statements for the Fiscal Years Ended September 30, 2013 and September 30, 2012, Supplemental Schedules as of September 30, 2013, and Independent Auditor's Report

Scitor Corporation Salary Savings and Profit Sharing Plan
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* 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.

pwc

Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Scitor Corporation Salary Savings and Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2013 and September 30, 2012, and the related statements of changes in net assets available for benefits for the fiscal years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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. 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, 2013 and September 30, 2012 and for the fiscal year ended September 30, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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Other Matter

The supplemental schedules of assets (held at end of year) and reportable transactions for the fiscal year ended September 30, 2013 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

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

PricewaterhouseCoopers LLP

June 23, 2014

Scitor Corporation Salary Savings and Profit Sharing Plan
Statements of Net Assets Available for Benefits
September 30, 2013 and September 30, 2012

	2013	2012
Assets		
Investments, at fair value (See Note 5)	$ 449,584,466	$ 391,507,887
Receivables		
Employer contributions receivable	3,663,985	2,383,006
Employee contributions receivable	687,648	1,610
Receivable from T. Rowe Price	97,398	43,990
Notes receivable from participants	3,346,381	3,291,695
Total receivables	7,795,412	5,720,301
Total assets	457,379,878	397,228,188
Liabilities		
Accrued expenses	38,700	35,212
Total liabilities	38,700	35,212
Net assets reflecting investments at fair value	457,341,178	397,192,976
Adjustment from fair value to contract value for interest in common trust fund relating to fully benefit-responsive investment contracts	(788,364)	(1,843,362)
Net assets available for benefits	$ 456,552,814	$ 395,349,614

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, 2013 and September 30, 2012

	2013	2012
Additions		
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value		
Mutual funds	$ 39,767,365	$ 51,518,579
Common trust funds	17,310,787	3,803,419
Common stocks	(120,098)	670,955
Corporate bonds	(816)	(77)
Preferred stocks	(89)	-
Money market funds	(86)	-
Total net appreciation from investments	56,957,063	55,992,876
Interest and dividends	10,242,283	12,563,017
Total investment income	67,199,346	68,555,893
Contributions:		
Participants	16,559,169	16,499,085
Employer	12,272,212	11,445,889
Rollovers from other plans	1,407,011	1,463,381
Total contributions	30,238,392	29,408,355
Interest and other income:		
Interest on notes receivable earned from participants	177,452	192,933
Other income	212,877	401,798
Total interest and other income	390,329	594,731
Total additions	97,828,067	98,558,979
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants	36,436,405	34,855,900
Return of excess contributions	2,872	735
Administrative expenses	185,590	187,014
Total deductions	36,624,867	35,043,649
Net increase	61,203,200	63,515,330
Net assets available for benefits:		
Beginning of year	395,349,614	331,834,284
End of year	$ 456,552,814	$ 395,349,614

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

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 fiscal 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 the fiscal years ended September 30, 2013 and September 30, 2012, the discretionary contribution was 6.95% and 6.39%, respectively, of eligible compensation paid during the fiscal 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, 2013 and September 30, 2012.

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 will 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.

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 $167,181 and $136,954 were paid out of the unallocated account for the fiscal years ended September 30, 2013 and September 30, 2012, respectively. The amount funded by T. Rowe Price for the fiscal years ending September 30, 2013 and September 30, 2012 was $161,170 and $466,028, respectively. As of September 30, 2013, the receivable owed to the Plan by T. Rowe Price was $97,398, and the balance in the unallocated account was $474,850. 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. 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 fiscal years ended September 30, 2013 and September 30, 2012, these fees totaled $14,922 and $16,613, 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

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 fiscal years 2013 and 2012.

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, 2013 and September 30, 2012, 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, 2009 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 for fiscal years beginning after December 15, 2011 (fiscal year 2013). The adoption of this amendment did not have a material impact on the Plan's financial statements.

Other recent accounting pronouncements issued by the FASB during fiscal year 2013 and through the report release date did not have, and are 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 fair 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, 2013 and September 30, 2012 and for the fiscal years then ended, and were certified by the Plan's Trustee as complete and accurate. The fair 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, 2013 and September 30, 2012 are as follows:

	2013	2012
T. Rowe Price Mid-Cap Growth Fund	$ 50,592,929	$ 41,372,789
T. Rowe Price Stable Value Common Trust Fund	41,847,525	41,646,902
T. Rowe Price Retirement 2020 Active Trust	26,158,527	22,543,212
Ivy Science & Technology Fund	25,788,135	- *
T. Rowe Price U.S. Small-Cap Value Equity Trust	23,966,714	- *
T. Rowe Price Personal Strategy Growth Fund	23,536,774	20,273,748
Vanguard Institutional Index	23,463,702	- *
PIMCO Total Return Fund Institutional Class	22,969,309	26,944,854
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;

- 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 must maximize the use of observable inputs and minimize the use of unobservable inputs.

Transfers between levels of the fair value hierarchy are deemed to have occurred as of the date of the event or change in circumstances that caused the transfer. There were no transfers between Level 1 and Level 2 during the fiscal years ended September 30, 2013 and September 30, 2012.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2013 and September 30, 2012.

Common Stock and Preferred Stock: Valued at the closing price reported on the exchanges on which the securities are traded.

Corporate Bonds: Valued based on yields currently available.

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

T. Rowe Price Equity Income Trust ("Equity Income Trust"): The Equity Income Trust invests in the common stocks of established companies, with the objective of providing substantial dividend income and long-term growth of capital. The Equity Income Trust is not publicly traded and is valued at NAV per unit based on the fair value of the underlying investments.

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

T. Rowe Price U.S. Small-Cap Value Equity Trust ("Small-Cap Value Equity Trust"): The Small-Cap Value Equity Trust invests in the common stocks of small companies whose stocks appear undervalued, with the objective of providing long-term capital growth. The Small-Cap Value Equity Trust is not publicly traded and is valued at NAV per unit based on the fair value of the underlying investments.

T. Rowe Price Stable Value Common Trust Fund ("Stable Value Fund" or "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 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 fiscal 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 fiscal 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, 2013 and September 30, 2012:

Assets at Fair Value as of September 30, 2013

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth funds	$ 180,564,471	$ -	$ -	$ 180,564,471
Blended funds	41,030,550	-	-	41,030,550
Fixed income funds	24,064,975	-	-	24,064,975
Value funds	2,425,208	-	-	2,425,208
Total mutual funds	248,085,204	-	-	248,085,204
Common trust funds:				
Equity income trust	-	22,732,287	-	22,732,287
Retirement trusts	-	108,438,946	-	108,438,946
Small-cap value equity trust	-	23,966,714	-	23,966,714
Stable value fund	-	41,847,525	-	41,847,525
Total common trust funds	-	196,985,472	-	196,985,472
Common stocks:				
Basic materials	444,775	-	-	444,775
Consumer goods	181,613	-	-	181,613
Energy	254,270	-	-	254,270
Exchange traded funds	565,264	-	-	565,264
Financial	528,797	-	-	528,797
Healthcare	148,390	-	-	148,390
Services	125,519	-	-	125,519
Technology	952,853	-	-	952,853
Other	314,754	-	-	314,754
Total common stocks	3,516,235	-	-	3,516,235
Money market funds	963,096	-	-	963,096
Corporate bonds	17,525	-	-	17,525
Preferred stocks	16,934	-	-	16,934
Total investments at fair value	$ 252,598,994	$ 196,985,472	$ -	$ 449,584,466

	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:				
Retirement trusts	-	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	128,080	-	-	128,080
Consumer goods	230,244	-	-	230,244
Energy	136,003	-	-	136,003
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	$ 258,079,431	$ 133,428,456	$ -	$ 391,507,887

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, 2013 and September 30, 2012:

	2013	2012	Redemption Frequency	Redemption Notice Period	Trade to Settlement Terms (if currently eligible)
Common trust funds:					
Equity income trust	$ 22,732,287	$ -	daily, pending market conditions	daily for participant withdrawals, 90 days for Plan withdrawals	1 to 3 days
Retirement trusts	108,438,946	91,781,554	daily, pending market conditions	daily for participant withdrawals, 90 days for Plan withdrawals	1 to 3 days
Small-cap value equity trust	23,966,714	-	daily, pending market conditions	daily for participant withdrawals, 90 days for Plan withdrawals	1 to 3 days
Stable value fund	41,847,525	41,646,902	daily, pending market conditions	daily for participant withdrawals, 12-30 months for Plan withdrawals	1 to 3 days
Total	$ 196,985,472	$ 133,428,456			

Equity Income Trust: The Equity Income Trust's investment objective is to provide substantial dividend income and long-term growth of capital. The Equity Income Trust 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 trust is requested, which requires a 90-day advance written notice. This notice 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.

Retirement Trusts: Each Retirement Trust'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 Retirement Trusts have daily liquidity and are not subject to any redemption restrictions at the measurement date unless a total withdrawal of the Plan's assets in a trust is requested, which requires a 90-day advance written notice. This notice 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.

T. Rowe Price U.S. Small-Cap Value Equity Trust ("Small-Cap Value Equity Trust"): The Small-Cap Value Equity Trust's investment objective is providing long-term capital growth. The Small-Cap Value Equity Trust 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 trust

is requested, which requires a 90-day advance written notice. This notice 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: 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. This notice 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, 2013 and September 30, 2012, net assets available for benefits per the accompanying financial statements reconcile to Form 5500 as follows:

	2013	2012
Net assets available for benefits, per financial statements	$ 456,552,814	$ 395,349,614
Adjustment from contract value to fair value for interest in common trust fund relating to fully benefit-responsive investment contracts	788,364	1,843,362
Net assets available for benefits, at fair value, per Form 5500	$ 457,341,178	$ 397,192,976

For the fiscal year ended September 30, 2013, 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	$ 61,203,200
Adjustment from contract value to fair value for interest in common trust fund relating to fully benefit-responsive investment contracts	(1,054,998)
Change in net assets available for benefits, per Form 5500	$ 60,148,202

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, 2013 and September 30, 2012 was $97,398 and $43,990, respectively.

8. Subsequent Events

In preparing these financial statements, management performed an evaluation of subsequent events through June 23, 2014, 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, 2013. No material recognized or unrecognized subsequent events were identified.

SUPPLEMENTAL SCHEDULES

Scitor Corporation Salary Savings and Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
September 30, 2013

Identity of Issue	Description of Investment	Cost**	Current Value	
T. Rowe Price Trust Company:				
American Century Mid-Cap Value Fund Institutional Class	Mutual Fund		$ 2,347,530	
Artisan International Fund Institutional Class	Mutual Fund		16,106,768	
Aston-Montag & Caldwell Growth Fund	Mutual Fund		14,258,898	
Dodge & Cox International Stock	Mutual Fund		17,323,699	
Eaton Vance Emerging Markets Fund	Mutual Fund		942,380	
Harbor Capital Appreciation Fund	Mutual Fund		1,641,751	
Ivy Science & Technology Fund	Mutual Fund		25,788,135	
Lord Abbett Developing Growth Fund	Mutual Fund		15,049,300	
PIMCO Total Return Fund Institutional Class	Mutual Fund		22,969,309	
* T. Rowe Price Balanced Fund	Mutual Fund		15,152,224	
* T. Rowe Price Mid-Cap Growth Fund	Mutual Fund		50,592,929	
* T. Rowe Price Personal Strategy Balanced Fund	Mutual Fund		11,965,324	
* T. Rowe Price Personal Strategy Growth Fund	Mutual Fund		23,536,774	
* T. Rowe Price Personal Strategy Income Fund	Mutual Fund		6,282,512	
Vanguard Institutional Index	Mutual Fund		23,463,702	
* T. Rowe Price Equity Income Trust	Common Trust Fund		22,732,287	
* T. Rowe Price Retirement 2005 Active Trust	Common Trust Fund		1,143,876	
* T. Rowe Price Retirement 2010 Active Trust	Common Trust Fund		4,713,079	
* T. Rowe Price Retirement 2015 Active Trust	Common Trust Fund		15,084,161	
* T. Rowe Price Retirement 2020 Active Trust	Common Trust Fund		26,158,527	
* T. Rowe Price Retirement 2025 Active Trust	Common Trust Fund		17,034,486	
* T. Rowe Price Retirement 2030 Active Trust	Common Trust Fund		19,883,374	
* T. Rowe Price Retirement 2035 Active Trust	Common Trust Fund		8,458,185	
* T. Rowe Price Retirement 2040 Active Trust	Common Trust Fund		8,732,142	
* T. Rowe Price Retirement 2045 Active Trust	Common Trust Fund		3,852,889	
* T. Rowe Price Retirement 2050 Active Trust	Common Trust Fund		1,152,179	
* T. Rowe Price Retirement 2055 Active Trust	Common Trust Fund		984,391	
* T. Rowe Price Retirement Income Active Trust	Common Trust Fund		1,241,656	
* T. Rowe Price Stable Value Common Trust Fund	Common Trust Fund		41,847,525	‡
* T. Rowe Price U.S. Small-Cap Value Equity Trust	Common Trust Fund		23,966,714	
U.S. Treasury Money Fund	Money Market Fund		474,850	
Self-Directed Brokerage Option	Various		4,702,910	
* Notes Receivable from Participants	Participant loans, interest rates ranging from 5.25% to 10.25%, maturing October 2013 through August 2023		3,346,381	
			$ 452,930,847	

* Denotes a party-in-interest.

** Cost information omitted for participant-directed investments.

‡ Contract value equals $41,059,161, which was certified accurate and complete by the Trustee. The current value listed above has not been certified by the Trustee, but is based on information reported by the Plan's 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, 2013

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 Equity Income Trust	$ 21,472,995	$ -	$ -	$ -	$ 21,472,995	$ 21,472,995	$ -
T. Rowe Price Equity Income Fund	$ -	$ 21,472,995	$ -	$ -	$ 17,656,001	$ 21,472,995	$ 3,816,994
T. Rowe Price U.S. Small-Cap Value Equity Trust	$ 22,707,954	$ -	$ -	$ -	$ 22,707,954	$ 22,707,954	$ -
T. Rowe Price Small-Cap Value Fund	$ -	$ 22,707,954	$ -	$ -	$ 18,093,918	$ 22,707,954	$ 4,614,036

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	**September 30, 2013**

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**
ERISA Plan #	**002**
Plan Year Ending	**September 30, 2013**

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
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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**
ERISA Plan #	**002**
Plan Year Ending	**September 30, 2013**

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5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	