

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>10/01/2013</u> and ending <u>09/30/2014</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input checked="" type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                    | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>ALION SCIENCE AND TECHNOLOGY CORP EMPLOYEE OWNERSHIP SAVINGS AND INVESTMENT PLAN</u>                                                                                                                                 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>12/19/2001</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan<br><u>12/19/2001</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                          | <u>001</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>12/19/2001</u>                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>ALION SCIENCE AND TECHNOLOGY CORPORATION</u><br><br><u>1750 TYSONS BLVD STE 1300</u><br><u>MC LEAN, VA 22102-4220</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>54-2061691</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>703-269-3487</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>541700</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>54-2061691</u> | <b>2c</b> Sponsor's telephone number<br><u>703-269-3487</u> | <b>2d</b> Business code (see instructions)<br><u>541700</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>54-2061691</u>                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>703-269-3487</u>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>541700</u>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |

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

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

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 07/28/2015 | KERRY WILSON                                                 |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 07/28/2015 | KERRY WILSON                                                 |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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) |                                                   |            | Preparer's telephone number (optional)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                        |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                          |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7176 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2824 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 761  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3941 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                   |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7526 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 77   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7603 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7491 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 303  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2H 2I 2J 2K 2O 2S 2T 3H 3I                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |      |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>2013</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>This Form is Open to Public Inspection</b> |

For calendar plan year 2013 or fiscal plan year beginning **10/01/2013** and ending **09/30/2014**

|                                                                                                           |                                                             |     |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>ALION SCIENCE AND TECHNOLOGY CORP EMPLOYEE OWNERSHIP SAVINGS AND INVESTMENT PLAN | <b>B</b> Three-digit plan number (PN) ►                     | 001 |
|                                                                                                           |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ALION SCIENCE AND TECHNOLOGY CORPORATION | <b>D</b> Employer Identification Number (EIN)<br>54-2061691 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 803922                                | 5004                                                                        | 10/01/2013              | 09/30/2014 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |           |
|--------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 143454474 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|                                                                                                         |              |   |
|---------------------------------------------------------------------------------------------------------|--------------|---|
| <b>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    |   |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |   |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |   |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> |   |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> |   |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |   |
| ▶                                                                                                       |              |   |
| (6) Total additions .....                                                                               | <b>7c(6)</b> |   |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    |   |
| <b>e</b> Deductions:                                                                                    |              |   |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> |   |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> |   |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> |   |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |   |
| ▶                                                                                                       |              |   |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> |   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 0 |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2013</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

|                                                                                                           |                                                             |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>ALION SCIENCE AND TECHNOLOGY CORP EMPLOYEE OWNERSHIP SAVINGS AND INVESTMENT PLAN | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ALION SCIENCE AND TECHNOLOGY CORPORATION | <b>D</b> Employer Identification Number (EIN)<br>54-2061691 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

|                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br>PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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**(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 37 50 64            | CONTRACT ADMINISTRATOR                                                                            | 50964                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

STATE STREET GLOBAL ADV

04-1867445

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | TRUSTEE                                                                                           | 66999                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

UBS FINANCIAL SERVICES

22-3233985

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | TRUSTEE                                                                                           | 56231                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                              |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                              |
|                                                                     |                                                                                                                                                                    |                                              |

  

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

  

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect<br>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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
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|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

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

|                                                                              |                                  |
|------------------------------------------------------------------------------|----------------------------------|
| <b>a</b> Name: GRANT THORNTON LLP                                            | <b>b</b> EIN: 36-6055558         |
| <b>c</b> Position: ACCOUNTANT                                                |                                  |
| <b>d</b> Address: 1375 E. 9TH STREET, SUITE 1500<br>CLEVELAND, OH 44114-1739 | <b>e</b> Telephone: 216-771-1400 |
|                                                                              |                                  |

Explanation: THE INDEPENDENT PUBLIC ACCOUNTING FIRM DECLINED TO PERFORM THE 2013 PLAN YEAR AUDIT

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
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|                                                                                                                  |                                                                 |     |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| For calendar plan year 2013 or fiscal plan year beginning <u>10/01/2013</u> and ending <u>09/30/2014</u>         |                                                                 |     |
| <b>A</b> Name of plan<br>ALION SCIENCE AND TECHNOLOGY CORP EMPLOYEE OWNERSHIP SAVINGS AND INVESTMENT PLAN        | <b>B</b> Three-digit plan number (PN)                           | 001 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>ALION SCIENCE AND TECHNOLOGY CORPORATION | <b>D</b> Employer Identification Number (EIN)<br><br>54-2061691 |     |

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

|                                                                                           |                               |                                                                                                                     |  |  |
|-------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP SEP ACCT-I2</u>             |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-020</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17294359</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MONEY MARKET SA-I3</u>             |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-024</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15780414</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN BOND AND MTGE SA-I5</u>            |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-005</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9302400</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN DIVERSIFIED INTL SA-R6</u>         |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-015</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12465766</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP S&amp;P 500 INDEX SA-I5</u>  |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-016</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24050743</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETM 2010 SEP ACCT-I3</u>        |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-075</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6916743</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETM 2020 SEP ACCT-I3</u>        |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-076</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16705001</u> |  |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2030 SEP ACCT-I3**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-077 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14007495 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2040 SEP ACCT-I3**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-078 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8502734 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2050 SEP ACCT-I3**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-079 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2794001 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM STR INC SA-I3**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-080 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1810793 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN REAL ESTATE SECS SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-095 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3334382 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CAPITAL APPR SA-I3**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-119 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10312942 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2060 SEP ACCT-I3**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-130 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176702 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                  |                                                                        |            |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <u>10/01/2013</u> and ending <u>09/30/2014</u>         |                                                                        |            |
| <b>A</b> Name of plan<br><u>ALION SCIENCE AND TECHNOLOGY CORP EMPLOYEE OWNERSHIP SAVINGS AND INVESTMENT PLAN</u> | <b>B</b> Three-digit plan number (PN) ►                                | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ALION SCIENCE AND TECHNOLOGY CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>54-2061691</u> |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                               |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                             |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                               |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                        | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                         |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions .....                                                            | <b>1b(1)</b>    | 492465                | 631804          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions .....                                                         | <b>1b(2)</b>    | 727985                | 859604          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other .....                                                                             | <b>1b(3)</b>    | 57141                 | 64864           |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                      |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans .....                                                                 | <b>1c(8)</b>    | 3513099               | 3293976         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 130989292             | 143454474       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 108238761             | 120526837       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 61895271              | 32108135        |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 305914014             | 300939694       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 305914014 | 300939694 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 0          |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 19700369   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 1532794    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 14283922   |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 35517085  |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |        |        |
|------------------------------------------------------------------------------------------------------|-----------------|--------|--------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 0      |        |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 0      |        |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 0      |        |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> | 0      |        |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 109769 |        |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 0      |        |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |        | 109769 |

|                                                                                           |                 |         |         |
|-------------------------------------------------------------------------------------------|-----------------|---------|---------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> | 0       |         |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 0       |         |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 1346396 |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |         | 1346396 |

|                 |              |  |   |
|-----------------|--------------|--|---|
| (3) Rents ..... | <b>2b(3)</b> |  | 0 |
|-----------------|--------------|--|---|

|                                                                                           |                 |   |   |
|-------------------------------------------------------------------------------------------|-----------------|---|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 0 |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 0 |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |   | 0 |

|                                                                                                    |                 |           |           |
|----------------------------------------------------------------------------------------------------|-----------------|-----------|-----------|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                 | <b>2b(5)(A)</b> | 0         |           |
| <b>(B)</b> Other .....                                                                             | <b>2b(5)(B)</b> | -42571262 |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |           | -42571262 |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 13709446  |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 12610227  |
| c Other income.....                                                                            | 2c     |            | 1344      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 20723005  |

**Expenses**

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                 |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 25483920 |          |
| (2) To insurance carriers for the provision of benefits.....                        | 2e(2) | 0        |          |
| (3) Other.....                                                                      | 2e(3) | 0        |          |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |          | 25483920 |
| f Corrective distributions (see instructions).....                                  | 2f    |          | 126      |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |          | 39085    |
| h Interest expense.....                                                             | 2h    |          | 0        |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) | 66999    |          |
| (2) Contract administrator fees.....                                                | 2i(2) | 50170    |          |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 56231    |          |
| (4) Other.....                                                                      | 2i(4) | 794      |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |          | 174194   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 25697325 |

**Net Income and Reconciliation**

|                                                         |       |  |          |
|---------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -4974320 |
| l Transfers of assets:                                  |       |  |          |
| (1) To this plan.....                                   | 2l(1) |  | 0        |
| (2) From this plan.....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

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

(1) Name: CHERRY BEKAERT LLP

(2) EIN: 56-0574444

**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:

**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.).....

**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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  | 0      |
| 4b |     | X  | 0      |

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  | 0       |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               |     | X  | 0       |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 3000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |         |
| <b>n</b> 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. ....                                      |     |    |         |

**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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|---------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                           |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div> |         |
| For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |         |
| A Name of plan<br>ALION SCIENCE AND TECHNOLOGY CORP EMPLOYEE OWNERSHIP SAVINGS AND INVESTMENT PLAN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶                                                                | 001     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ALION SCIENCE AND TECHNOLOGY CORPORATION                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>54-2061691                                            |         |
| 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                                                                                               | 1439652 |
| 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):<br><br>EIN(s): 42-0127290                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |         |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |         |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  | 3                                                                                               |         |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |         |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |         |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |         |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |         |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |         |
| Schedule R (Form 5500) 2013 v. 130118                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |         |

**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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_



## **Report of Independent Auditor**

### **Financial Statements of Net Assets Available for Benefits as of September 30, 2014 and 2013**

### **Financial Statement of Changes in Net Assets Available for Benefits for the Year Ended September 30, 2014**

### **Supplemental Schedule as of September 30, 2014**

Plan Name: Alion Science and Technology Corporation  
Employee Ownership, Savings and Investment Plan

EIN: 54-2061691

Plan Number: 001

Plan Year: October 1, 2013 to September 30, 2014

# **ALION SCIENCE AND TECHNOLOGY CORPORATION EMPLOYEE OWNERSHIP, SAVINGS AND INVESTMENT PLAN**

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NOTE: All other schedules required under Section 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, have been omitted because they are not applicable

## **Report of Independent Auditor**

The Participants and Plan Administrator of the  
Alion Science and Technology Corporation  
Employee Ownership, Savings and Investment Plan  
McLean, Virginia

### **Report on the Financial Statements**

We have audited the accompanying financial statements of the Alion Science and Technology Corporation Employee Ownership, Savings and Investment Plan (the Plan), which comprise the statement of net assets available for benefits as of September 30, 2014, and the related statement of changes in net assets available for benefits for the year 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 these 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 these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the 2014 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Alion Science and Technology Corporation Employee Ownership, Savings and Investment Plan as of September 30, 2014, and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

**Other Matter**

The financial statements of the Plan as of and for the year ended September 30, 2013 were audited by other auditors. Those auditors expressed an unmodified opinion on those 2013 financial statements in their report dated July 15, 2014.

**Report on Supplemental Information**

Our audit was conducted for the purpose of forming an opinion on the 2014 financial statements as a whole. The supplemental schedule, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of September 30, 2014, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2014 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "CHERRY BEKAERT LLP". The letters are cursive and somewhat stylized, with the "C" being particularly large and looping.

Tysons Corner, Virginia  
July 27, 2015

**ALION SCIENCE AND TECHNOLOGY CORPORATION  
EMPLOYEE OWNERSHIP, SAVINGS AND INVESTMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF SEPTEMBER 30, 2014 AND SEPTEMBER 30, 2013**

|                                    | <u>September 30, 2014</u>    | <u>September 30, 2013</u>    |
|------------------------------------|------------------------------|------------------------------|
| Assets:                            |                              |                              |
| Investments at fair value:         |                              |                              |
| Alion common stock                 | \$ 32,108,135                | \$ 61,895,271                |
| Mutual funds                       | 120,526,837                  | 108,238,761                  |
| Pooled separate accounts           | <u>143,454,474</u>           | <u>130,989,292</u>           |
| Total investments                  | <u>296,089,446</u>           | <u>301,123,324</u>           |
| Receivables:                       |                              |                              |
| Employer contributions             | 631,804                      | 492,465                      |
| Participant contributions          | 859,604                      | 727,985                      |
| Notes receivable from participants | 3,293,976                    | 3,513,099                    |
| Other                              | <u>64,864</u>                | <u>57,141</u>                |
| Total receivables                  | <u>4,850,248</u>             | <u>4,790,690</u>             |
| Net assets available for benefits  | \$ <u><u>300,939,694</u></u> | \$ <u><u>305,914,014</u></u> |

See accompanying notes to financial statements.

**ALION SCIENCE AND TECHNOLOGY CORPORATION  
EMPLOYEE OWNERSHIP, SAVINGS AND INVESTMENT PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

|                                                                  | <u>September 30, 2014</u> |
|------------------------------------------------------------------|---------------------------|
| Additions to net assets:                                         |                           |
| Investment (loss) income:                                        |                           |
| Net (depreciation) appreciation<br>in fair value of investments: |                           |
| Alion common stock                                               | \$ (42,571,262)           |
| Mutual funds                                                     | 13,956,623                |
| Pooled separate accounts                                         | <u>13,709,446</u>         |
| Net investment loss                                              | <u>(14,905,193)</u>       |
| Interest income on notes<br>receivable from participants         | <u>109,769</u>            |
| Contributions:                                                   |                           |
| Employer contributions                                           | 14,283,922                |
| Participant contributions                                        | 19,700,369                |
| Rollover contributions                                           | <u>1,532,794</u>          |
| Total contributions                                              | <u>35,517,085</u>         |
| Transfers between ESOP<br>and Non-ESOP                           | <u>1,344</u>              |
| Total additions                                                  | <u>20,723,005</u>         |
| Deductions to net assets:                                        |                           |
| Benefits paid to participants                                    | (25,523,131)              |
| Fees (trading, loans, trustee)                                   | <u>(174,194)</u>          |
| Total deductions                                                 | <u>(25,697,325)</u>       |
| Decrease in net assets<br>available for benefits                 | <u>(4,974,320)</u>        |
| Net assets available for benefits:                               |                           |
| Beginning of year                                                | <u>305,914,014</u>        |
| End of year                                                      | <u>\$ 300,939,694</u>     |

See accompanying notes to financial statements.

**ALION SCIENCE AND TECHNOLOGY CORPORATION  
EMPLOYEE OWNERSHIP, SAVINGS AND INVESTMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2014 AND 2013  
AND FOR THE YEAR ENDED SEPTEMBER 30, 2014**

**1. PLAN DESCRIPTION AND RELATED INFORMATION**

The following is a general description of Alion Science and Technology Corporation Employee Ownership, Savings and Investment Plan (the Plan). The description provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** – Alion Science and Technology Corporation (the Plan Sponsor, Alion or the Company) established the Plan in 2001 and amended and restated the Plan as of October 1, 2011. The Plan includes a tax exempt employee stock ownership plan (ESOP component) and a tax exempt 401(k) plan (non-ESOP component) under the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA) and Sections 401(a) and 401(k) of the Internal Revenue Code of 1986, as amended (IRC). The ESOP Committee, which consists of seven persons appointed by Alion's chief executive officer, administers the Plan. Two trusts hold Plan assets. State Street Bank & Trust Company (the ESOP Trustee) is the trustee for the Alion Science and Technology Corporation Employee Ownership, Savings and Investment Trust (the ESOP Trust), which holds legal title to the Alion common stock in the Plan. The ESOP Committee is the trustee for the non-ESOP component of the Plan. Principal Financial Group (Principal) is record-keeper and custodian for the Plan's ESOP and non-ESOP components.

**Eligibility** – Employees are immediately eligible to make pre-tax contributions to the Plan and receive matching contributions. Employees in certain benefits groups become eligible to receive Company discretionary and retirement plan contributions after one year of employment.

**Contributions** – Participants may elect to contribute up to 60% of their eligible compensation to the Plan, subject to statutory annual maximum limits as adjusted each year per IRC regulations. IRC annual limitations apply to all of a participant's salary reduction contributions and similar contributions under this and other plans. A participant may contribute up to 11% of his or her eligible compensation to the ESOP component. Participant salary reduction contributions to the ESOP component were suspended as of October 1, 2013. Eligible employees who do not make an election to enroll or decline to enroll within 30 days from their date of hire or rehire are automatically enrolled in the Plan with a pre-tax deferral equal to 3% of pay. An employee hired or rehired who affirmatively elects to make salary deferral contributions or who is automatically enrolled and does not provide direction as to how contributions should be invested will have such contributions invested in the applicable Principal LifeTime portfolio based on the date the employee will turn age 65. Alion matches 100% of the first 3% and 50% of the next 2% of the eligible compensation contributed by each participant. The Company also made a retirement plan contribution equal to 2.5% of eligible participant compensation for the Plan year ended September 30, 2014. All Company contributions are in shares of Alion stock. Alion can also make an annual discretionary contribution to the Plan. Each Plan year, the Company determines what portion of its profits, if any, to contribute to the Plan. The Company made no discretionary contributions for the Plan year ended September 30, 2014. During the Plan year ended September 30, 2014, Company contributions of \$14,283,922 were provided in Alion common stock.

**ALION SCIENCE AND TECHNOLOGY CORPORATION  
EMPLOYEE OWNERSHIP, SAVINGS AND INVESTMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2014 AND 2013  
AND FOR THE YEAR ENDED SEPTEMBER 30, 2014**

**Participant Accounts** – The ESOP Committee, as of each valuation date, allocates earnings (losses) in the ESOP component to participant accounts so that the total of all participant account balances equals the fair market value of the ESOP trust fund as of each valuation date. Each participant's 401(k) account is credited with: participant contributions; any Company contributions which are not made in shares of Alion stock; the participant's share of Plan earnings (losses) and appreciation (depreciation) from investing contributions; less administrative expenses. A participant is entitled to that benefit which his or her account can provide.

**Voting Rights** – On matters involving the approval or disapproval of any Company merger or consolidation, recapitalization, reclassification, liquidation, dissolution, sale of substantially all of Alion's assets, tender offer for, or other offer to purchase, the shares of Alion's common stock or other such transactions prescribed by applicable regulation, each participant is entitled to exercise voting rights attributable to the shares of Alion common stock allocated to his or her ESOP account. In all such cases, the ESOP Trustee is required to notify the participants of such voting rights prior to the time that such rights are to be exercised. The ESOP Trustee is to vote any allocated shares for which participant instructions have not been received and any unallocated shares in accordance with ESOP Committee instructions. In all other circumstances, and except as limited by its fiduciary duties, the ESOP Trustee is to vote all shares of Company common stock as directed by the ESOP Committee.

**Vesting** – Each eligible participant has immediate, fully vested rights in all employee contributions, rollover contributions and Company-matching contributions. Alion retirement plan contributions to the Plan, and the earnings on such contributions, vest over a five-year period as follows:

- 25% after two years of service;
- 50% after three years of service;
- 75% after four years of service; and
- 100% after five years of service.

**Investment Options** – The Plan provides for investments in Alion common stock and a variety of mutual funds and pooled separate accounts. As of September 30, 2014, there were 25 non-ESOP investment options available through Principal. The Plan uses the Principal Global Investors Money Market Separate Account as the short-term investment option for the ESOP component to hold contributions until the ESOP Trustee can purchase Alion common stock. All ESOP component contributions and earnings (losses) are used to purchase shares of Alion common stock.

**Notes Receivable from Participants** – Participants may borrow a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested balance, subject to certain restrictions. A participant may have no more than two loans outstanding at any time. All loans are amortized over a period not to exceed five years, except for loans to purchase or construct a primary residence which are permitted to be repaid over a maximum of fifteen years. Participant loans are secured by the participant's remaining balance in the Plan and bear a reasonable rate of interest that provides a return commensurate with the prevailing interest rate charged on similar loans by persons in the business of lending money. Participants repay loan principal and interest ratably through payroll deductions.

**ALION SCIENCE AND TECHNOLOGY CORPORATION  
EMPLOYEE OWNERSHIP, SAVINGS AND INVESTMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2014 AND 2013  
AND FOR THE YEAR ENDED SEPTEMBER 30, 2014**

***Payment of Benefits***

**Non-ESOP Component**

For any event that may result in a distribution of benefits, a participant's benefit is distributed in a single, lump sum payment in cash and is recorded when paid.

**ESOP Component**

Distributions from the ESOP component are in the form of shares of Alion common stock. Participants can hold or immediately sell distributed shares to the Company. The Company is legally obligated to repurchase shares of its common stock from terminating participants subject to specific rules regarding distributions. The Plan normally redeems distributed shares in substantially equal, annual cash payment installments over a period not to exceed five years.

Distributions as a result of retirement, death, and/or disability begin the earlier of:

- a. the first valuation of the Company's common stock following the participant's retirement, death, and/or disability; or
- b. one year after the end of the Plan year in which the participant's death, disability or retirement occurs.

Distributions as a result of resignation, dismissal, or layoff begin

- a. the sixth Plan year following the participant's resignation, dismissal, or layoff; or
- b. the first valuation of the Company's common stock following the participant's sixty-fifth birthday.

Effective as of May 11, 2011, participants who enter government service may, in limited circumstances, request a lump sum distribution of Alion common stock.

***Diversification*** –Any participant who is at least age 55 with 10 or more years of participation in the Plan can diversify a portion of his or her ESOP account to other investment options. In each of the first five years thereafter, a participant may diversify up to 25% of his or her ESOP shares, less any shares previously diversified. In the sixth year, the percentage increases to 50%. Years of participation in the Human Factors Applications, Inc. Profit Sharing & 401(k) Plan, Innovative Technology Solutions Corporation 401(k) Profit Sharing Plan and Trust, and John J. McMullen Associates, Inc. Employee Stock Ownership Plan are counted for purposes of diversification.

***Forfeitures*** –As of September 30, 2014 and September 30, 2013, forfeited non-vested accounts totaled \$370,333 and \$251,123 respectively. Also, for the Plan year ended September 30, 2014, a total of \$333,985 was used to reduce Company contributions and pay certain administrative expenses from forfeited non-vested accounts as is permitted in the Plan document.

**ALION SCIENCE AND TECHNOLOGY CORPORATION  
EMPLOYEE OWNERSHIP, SAVINGS AND INVESTMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2014 AND 2013  
AND FOR THE YEAR ENDED SEPTEMBER 30, 2014**

**Termination** – Although it has not expressed any intent to do so, Alion has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to ERISA requirements. If the Company were to terminate the Plan, participants would become 100% vested in all Plan account balances. Alion would be required to obtain Internal Revenue Service (IRS) approval to terminate the Plan. Following IRS approval, the Plan would distribute benefits in accordance with Plan distribution provisions.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting and Use of Estimates** – The accompanying financial statements are prepared on the accrual basis of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan's management to use estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition** – Investments are reported at fair value. Shares of Alion common stock are valued semi-annually at March 31 and September 30. Effective October 1, 2014, shares of Alion common stock are valued annually. The estimated fair value of Alion common stock for all purposes under the Plan is determined by the ESOP Trustee based upon a valuation performed by an independent appraiser. Quoted market prices are used to value the mutual funds. The units of pooled separate accounts are stated at fair value as determined by the issuer of the account based on the fair value of the underlying investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recorded on the accrual basis. Management fees and operating expenses charged to the Plan for investments in the mutual funds and pooled separate accounts are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

**Subsequent Events** – Subsequent events were evaluated through July 27, 2015, the date the financial statements were available to be issued.

**Notes Receivable from Participants** – Notes receivable from participants are carried at unpaid principal plus accrued interest. Interest income is recorded as of September 30, 2014 or 2013. No allowance for credit losses has been recorded as of September 30, 2014 or 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**ALION SCIENCE AND TECHNOLOGY CORPORATION  
EMPLOYEE OWNERSHIP, SAVINGS AND INVESTMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2014 AND 2013  
AND FOR THE YEAR ENDED SEPTEMBER 30, 2014**

**Administration of Plan Assets** – The Plan’s assets, which consist of Alion common stock, mutual funds, pooled separate accounts, and notes receivable from participants, are held by the ESOP Trustee, State Street Bank & Trust Company, and the record-keeper and custodian of the non-ESOP component, Principal. Certain administrative functions are performed by Alion officers or employees who receive no compensation from the Plan. Administrative and trustee expenses are to be paid by the Plan. However, the Company may pay for administrative and trustee expenses at its own discretion. For the year ended September 30, 2014, the Company paid all administrative and trustee expenses with the exception of administrative expenses in the amount of \$141,142 which were paid from the Plan’s non-ESOP forfeitures account. The IRC requires the Plan to return excess contributions.

**3. INVESTMENTS AND INCOME**

The fair values of the investments representing five percent or more of the Plan’s net assets available for benefits at September 30, 2014 or 2013 were as follows:

|                                            | <b>September 30,</b> |               |
|--------------------------------------------|----------------------|---------------|
|                                            | <b>2014</b>          | <b>2013</b>   |
| Alion common stock                         | \$ 32,108,135        | \$ 61,895,271 |
| Principal Money Market Separate Account    | 15,780,414           | 17,970,656    |
| Principal Lifetime 2020 Separate Account   | 16,705,001           | *             |
| Fidelity Contra Fund                       | 23,763,249           | 19,943,892    |
| Principal Large Cap S&P 500 Index Sep Acct | 24,050,743           | 20,232,673    |
| Principal Mid Cap Blend Separate Account   | 17,294,359           | 15,716,682    |
| Fidelity Capital & Income Fund             | 18,704,572           | 17,136,690    |
| American Funds Growth Fund of America R4   | 17,386,917           | *             |

\* Investment did not exceed five percent or more of net assets available for benefits at September 30, 2013.

The Plan’s investment in Company common stock as of September 30, 2014 and 2013 has been delineated as follows:

|                                                                             | <b>September 30,</b>  |                       |
|-----------------------------------------------------------------------------|-----------------------|-----------------------|
|                                                                             | <b>2014</b>           | <b>2013</b>           |
| Alion Science and Technology Corporation<br>common stock - number of shares | <u>13,105,361</u>     | <u>7,641,391</u>      |
| Cost                                                                        | \$ <u>165,950,665</u> | \$ <u>159,394,860</u> |
| Fair value                                                                  | \$ <u>32,108,135</u>  | \$ <u>61,895,271</u>  |

**ALION SCIENCE AND TECHNOLOGY CORPORATION  
EMPLOYEE OWNERSHIP, SAVINGS AND INVESTMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2014 AND 2013  
AND FOR THE YEAR ENDED SEPTEMBER 30, 2014**

**4. FAIR VALUE MEASUREMENTS**

GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date. It establishes a fair value hierarchy and a framework which requires categorizing assets and liabilities into one of three levels based on the assumptions (inputs) used in valuing the asset or liability. Level 1 provides the most reliable measure of fair value, while Level 3 generally requires significant management judgment. Level 1 inputs are unadjusted, quoted market prices in active markets for identical assets or liabilities. Level 2 inputs are observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets or liabilities in active markets or quoted prices for identical assets or liabilities in inactive markets. Level 3 inputs include unobservable inputs that are supported by little, infrequent, or no market activity and reflect management's own assumptions about inputs used in pricing the asset or liability. The Plan's management uses the following valuation techniques to measure fair value.

Level 1 investments held by the Plan primarily consist of mutual funds valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily Net Asset Value (NAV) and to transact at that price. Level 2 investments held by the Plan primarily consist of pooled separate investment accounts whose valuations are based on the NAV of units held which is based on the fair value of the underlying investments held by the fund less its liabilities. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Level 2 investments have no redemption restrictions or unfunded commitments as of September 30, 2014 and 2013. Level 3 consists of the Plan's investment in Alion common stock. There is no public market for Alion common stock. Thus, there are no publicly observable inputs (share prices) for transactions in Alion common stock.

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The following table sets forth by level, within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis as of September 30, 2014:

|                                  | <u>Level 1</u>        | <u>Level 2</u>        | <u>Level 3</u>       | <u>Total</u>          |
|----------------------------------|-----------------------|-----------------------|----------------------|-----------------------|
| Mutual funds:                    |                       |                       |                      |                       |
| Short-term fixed income          | \$ 4,735,615          | \$ -                  | \$ -                 | \$ 4,735,615          |
| Fixed income                     | 26,525,158            | -                     | -                    | 26,525,158            |
| Large-cap value                  | 12,218,724            | -                     | -                    | 12,218,724            |
| Large-cap growth                 | 41,150,166            | -                     | -                    | 41,150,166            |
| Mid-cap value                    | 6,333,250             | -                     | -                    | 6,333,250             |
| Mid-cap growth                   | 10,787,055            | -                     | -                    | 10,787,055            |
| Mid-cap blend                    | 13,215,276            | -                     | -                    | 13,215,276            |
| International equity             | 5,561,593             | -                     | -                    | 5,561,593             |
| Total mutual funds               | <u>120,526,837</u>    | <u>-</u>              | <u>-</u>             | <u>120,526,837</u>    |
| Pooled separate accounts:        |                       |                       |                      |                       |
| Short-term fixed income          | -                     | 15,780,414            | -                    | 15,780,414            |
| Fixed income                     | -                     | 9,302,400             | -                    | 9,302,400             |
| Balanced                         | -                     | 50,913,468            | -                    | 50,913,468            |
| Large-cap blend                  | -                     | 34,363,685            | -                    | 34,363,685            |
| Mid-cap growth                   | -                     | 17,294,359            | -                    | 17,294,359            |
| Real estate                      | -                     | 3,334,382             | -                    | 3,334,382             |
| International equity             | -                     | 12,465,766            | -                    | 12,465,766            |
| Total pooled separate accounts   | <u>-</u>              | <u>143,454,474</u>    | <u>-</u>             | <u>143,454,474</u>    |
| Alion common stock               | <u>-</u>              | <u>-</u>              | <u>32,108,135</u>    | <u>32,108,135</u>     |
| Total investments, at fair value | \$ <u>120,526,837</u> | \$ <u>143,454,474</u> | \$ <u>32,108,135</u> | \$ <u>296,089,446</u> |

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AND FOR THE YEAR ENDED SEPTEMBER 30, 2014**

The following table sets forth by level, within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis as of September 30, 2013:

|                                  | <u>Level 1</u>        | <u>Level 2</u>        | <u>Level 3</u>       | <u>Total</u>          |
|----------------------------------|-----------------------|-----------------------|----------------------|-----------------------|
| Mutual funds:                    |                       |                       |                      |                       |
| Short-term fixed income          | \$ 6,141,782          | \$ -                  | \$ -                 | \$ 6,141,782          |
| Fixed income                     | 26,186,140            | -                     | -                    | 26,186,140            |
| Large-cap value                  | 10,235,739            | -                     | -                    | 10,235,739            |
| Large-cap growth                 | 35,168,770            | -                     | -                    | 35,168,770            |
| Mid-cap value                    | 5,495,382             | -                     | -                    | 5,495,382             |
| Mid-cap growth                   | 8,718,583             | -                     | -                    | 8,718,583             |
| Mid-cap blend                    | 11,151,466            | -                     | -                    | 11,151,466            |
| International equity             | 5,140,899             | -                     | -                    | 5,140,899             |
| Total mutual funds               | <u>108,238,761</u>    | <u>-</u>              | <u>-</u>             | <u>108,238,761</u>    |
| Pooled separate accounts:        |                       |                       |                      |                       |
| Short-term fixed income          | -                     | 17,970,656            | -                    | 17,970,656            |
| Fixed income                     | -                     | 9,216,794             | -                    | 9,216,794             |
| Balanced                         | -                     | 44,523,946            | -                    | 44,523,946            |
| Large-cap blend                  | -                     | 29,205,622            | -                    | 29,205,622            |
| Mid-cap growth                   | -                     | 15,716,682            | -                    | 15,716,682            |
| Real estate                      | -                     | 2,761,372             | -                    | 2,761,372             |
| International equity             | -                     | 11,594,220            | -                    | 11,594,220            |
| Total pooled separate accounts   | <u>-</u>              | <u>130,989,292</u>    | <u>-</u>             | <u>130,989,292</u>    |
| Alion common stock               | <u>-</u>              | <u>-</u>              | <u>61,895,271</u>    | <u>61,895,271</u>     |
| Total investments, at fair value | <u>\$ 108,238,761</u> | <u>\$ 130,989,292</u> | <u>\$ 61,895,271</u> | <u>\$ 301,123,324</u> |

In its fiduciary capacity, the ESOP Trustee is independent of Alion and its management. Consistent with its fiduciary responsibilities, the ESOP Trustee retains an independent third party valuation firm to assist it in determining the fair market value (share price) at which the Plan may acquire or dispose of investments in Alion common stock as all transactions involve related parties.

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**AND FOR THE YEAR ENDED SEPTEMBER 30, 2014**

The ESOP Trust holds all of Alion's outstanding common stock. At each valuation date, the Plan adjusts the reported value of its Alion common stock holdings to reflect their current fair value. The Plan's management estimates the value of the ESOP Trust's holdings based in part on information contained in the independent third-party valuation report and on the change to prices at which the ESOP Trust and the Company bought or sold shares of Alion common stock.

The valuation report prepared for the ESOP Trustee includes discounted cash flow and market multiple analyses based on significant inputs and assumptions such as estimated future revenue and revenue growth; estimated future operating margins; observable market multiples for comparable companies; and a discount rate consistent with a market-based weighted average cost of capital. There was no change to the methods used to determine fair value for any period presented. The estimated fair value of the Plan's Alion common stock holdings was \$32,108,135 and \$61,985,271 at September 30, 2014 and 2013, respectively.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment in Alion Science and Technology common stock for the year ended September 30, 2014:

|                                  | <b>Alion Science<br/>and<br/>Technology<br/>Common Stock</b> |
|----------------------------------|--------------------------------------------------------------|
| Balance as of October 1, 2013    | \$ 61,895,271                                                |
| Common stock acquired            | 16,531,309                                                   |
| Sales and distributions          | (3,747,269)                                                  |
| Changes in fair value            | <u>(42,571,176)</u>                                          |
| Balance as of September 30, 2014 | \$ <u>32,108,135</u>                                         |

**5. NON PARTICIPANT-DIRECTED INVESTMENTS**

Information about the net assets and the significant components of the changes in net assets relating to the non-participant-directed investments as of September 30, 2014 and 2013 and for the year ended September 30, 2014, is as follows:

|                                           | <b>September 30,</b> |                   |
|-------------------------------------------|----------------------|-------------------|
|                                           | <b>2014</b>          | <b>2013</b>       |
| Net assets:                               |                      |                   |
| Alion Science and Technology common stock | \$ <u>32,108,135</u> | <u>61,895,271</u> |

**ALION SCIENCE AND TECHNOLOGY CORPORATION  
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**NOTES TO FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2014 AND 2013  
AND FOR THE YEAR ENDED SEPTEMBER 30, 2014**

|                                    | <u>September 30, 2014</u> |
|------------------------------------|---------------------------|
| Changes in net assets:             |                           |
| Contributions                      | \$ 15,597,766             |
| Change in contributions receivable | 75,142                    |
| Transfer between ESOP and Non-ESOP | (2,307,617)               |
| Net depreciation                   | (42,571,176)              |
| Benefits paid to participants      | (1,439,652)               |
| Total change in net assets         | \$ <u>(30,645,537)</u>    |

**6. FEDERAL INCOME TAX STATUS**

The IRS informed Alion by letter dated September 24, 2013, that it determined the Plan, amended and restated effective as of October 1, 2011, and the related trusts, are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Company and the Plan administrator believe the Plan is designed and is currently being operated in compliance with applicable IRC requirements and that no provision for income taxes is necessary.

**Tax Uncertainties** – GAAP requires Plan management to periodically assess the Plan's tax liabilities and contingencies for all periods open to examination by tax authorities. Where Plan management believes there is more than a 50 percent chance a tax position will not be sustained, the Plan records its best estimate of the resulting tax liability, including interest. Plan management has analyzed the Plan's tax positions and has concluded that as of September 30, 2014 and 2013, the Plan has not taken, nor is it expected to take, any uncertain position that would require it to recognize or disclose a liability in its financial statements. The Plan is subject to routine federal and/or state income tax audits; no audits for any tax year are in progress. Plan management believes the Plan is no longer subject to examination for years prior to 2011.

**7. PARTY-IN-INTEREST TRANSACTIONS**

The Plan holds Alion Science and Technology Corporation common stock. Alion Science and Technology Corporation is the employer and Plan sponsor. Any transactions in its common stock qualify as party-in-interest transactions. There were 13,105,361 shares outstanding at September 30, 2014 valued at \$32,108,135. There were 7,641,391 shares of Alion common stock outstanding at September 30, 2013 valued at \$61,895,271.

Certain Plan investments are units of pooled separate accounts provided through Principal which is the record-keeper and custodian for the non-ESOP component of the Plan. Transactions in these investments qualify as party-in-interest transactions. Investment fund earnings and losses posted to each Plan participant's account are net of investment management fees charged by each investment fund under the Plan.

**ALION SCIENCE AND TECHNOLOGY CORPORATION  
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**NOTES TO FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2014 AND 2013  
AND FOR THE YEAR ENDED SEPTEMBER 30, 2014**

**8. RISKS AND UNCERTAINTIES**

The Plan provides for various investments in mutual funds, pooled separate accounts and Alion common stock. In general, such investment securities are exposed to various risks, such as significant world events, interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

**9. PLAN AMENDMENTS**

There were three Plan amendments in the year ended September 30, 2014, which were the 3rd, 4th, and 5th amendments to the Plan following the amendment and restatement of the Plan effective as of October 1, 2011. The 3rd amendment was signed on March 28, 2014, and this amendment changed the eligibility requirements to exclude Service Contract Act employees hired or rehired on or after October 1, 2014. The 4th amendment was signed on March 28, 2014, and this amendment provides for a delay in performing the March 31, 2014 valuation. The 5th amendment to the Plan was signed on September 30, 2014, and this amendment changed the definition of valuation date to mean the end of the Plan year, September 30th. As a result of the 5th amendment, the March 31st valuation date was eliminated for valuations on or after September 30, 2014.

**FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**PLAN NAME: ALION SCIENCE AND TECHNOLOGY CORPORATION EMPLOYEE OWNERSHIP, SAVINGS AND INVESTMENT PLAN**

**EIN: 54-2061691; PLAN NUMBER: 001; PLAN YEAR: AS OF SEPTEMBER 30, 2014**

| (a)<br><b>Notes</b> | (b)<br><b>Identity of<br/>issue/borrower,<br/>lessor, or similar party</b> | (c)<br><b>Description of investment, including<br/>maturity date, rate of interest,<br/>collateral, par, or maturity value</b> | (d)<br><b>Cost</b> | (e)<br><b>Current<br/>value</b> |
|---------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------|
| (1)                 | Alion Science and Technology Corporation                                   | Common stock, 13,105,361 shares                                                                                                | \$ 165,950,665     | \$ 32,108,135                   |
|                     | <b>Total ESOP Investments</b>                                              |                                                                                                                                |                    | <b>32,108,135</b>               |
|                     |                                                                            |                                                                                                                                |                    |                                 |
| (1)                 | Principal Money Market Separate Acct                                       | Pooled Separate Account                                                                                                        | (2)                | 15,780,414                      |
| (1)                 | Principal Bond and Mortgage Separate Acct                                  | Pooled Separate Account                                                                                                        | (2)                | 9,302,400                       |
| (1)                 | Principal Lifetime Strategic Income Separate Acct                          | Pooled Separate Account                                                                                                        | (2)                | 1,810,793                       |
| (1)                 | Principal Lifetime 2010 Separate Acct                                      | Pooled Separate Account                                                                                                        | (2)                | 6,916,743                       |
| (1)                 | Principal Lifetime 2020 Separate Acct                                      | Pooled Separate Account                                                                                                        | (2)                | 16,705,001                      |
| (1)                 | Principal Lifetime 2030 Separate Acctt                                     | Pooled Separate Account                                                                                                        | (2)                | 14,007,495                      |
| (1)                 | Principal Lifetime 2040 Separate Acct                                      | Pooled Separate Account                                                                                                        | (2)                | 8,502,733                       |
| (1)                 | Principal Lifetime 2050 Separate Acct                                      | Pooled Separate Account                                                                                                        | (2)                | 2,794,001                       |
| (1)                 | Principal Lifetime 2060 Separate Acct                                      | Pooled Separate Account                                                                                                        | (2)                | 176,702                         |
| (1)                 | Edge Asset Mgmt Captial Appreciation Sep Acct                              | Pooled Separate Account                                                                                                        | (2)                | 10,312,942                      |
| (1)                 | Principal Large Cap S&P 500 Index Separate Acct                            | Pooled Separate Account                                                                                                        | (2)                | 24,050,743                      |
| (1)                 | Principal Mid Cap Blend Separate Acct                                      | Pooled Separate Account                                                                                                        | (2)                | 17,294,359                      |
| (1)                 | Principal Real Estate Securities Separate Acct                             | Pooled Separate Account                                                                                                        | (2)                | 3,334,382                       |
| (1)                 | Principal Diversified International Separate Acct                          | Pooled Separate Account                                                                                                        | (2)                | 12,465,766                      |
|                     | <b>Non-ESOP Pooled Separate Accounts Investments</b>                       |                                                                                                                                | <b>(2)</b>         | <b>143,454,474</b>              |
|                     |                                                                            |                                                                                                                                |                    |                                 |
|                     | Vanguard Prime Money Market Investor Fund                                  | Mutual Fund                                                                                                                    | (2)                | 4,735,615                       |
|                     | Fidelity Capital & Income Fund                                             | Mutual Fund                                                                                                                    | (2)                | 18,704,572                      |
|                     | PIMCO Total Return Institutional Fund                                      | Mutual Fund                                                                                                                    | (2)                | 7,820,586                       |
|                     | BlackRock Basic Value I Fund                                               | Mutual Fund                                                                                                                    | (2)                | 10,293,242                      |
|                     | American Funds Growth Fund of America R4 Fund                              | Mutual Fund                                                                                                                    | (2)                | 17,386,917                      |
|                     | Fidelity Contra Fund                                                       | Mutual Fund                                                                                                                    | (2)                | 23,763,249                      |
|                     | Goldman Sachs Large Cap Value A Fund                                       | Mutual Fund                                                                                                                    | (2)                | 1,925,482                       |
|                     | Eagle Mid Cap Growth I Fund                                                | Mutual Fund                                                                                                                    | (2)                | 10,787,055                      |
|                     | Goldman Sachs Mid Cap Value A Fund                                         | Mutual Fund                                                                                                                    | (2)                | 6,333,250                       |
|                     | Oppenheimer Main Street Small Cap Y Fund                                   | Mutual Fund                                                                                                                    | (2)                | 13,215,276                      |
|                     | Oakmark International I Fund                                               | Mutual Fund                                                                                                                    | (2)                | 5,561,593                       |
|                     | <b>Non-ESOP Mutual Funds Investments</b>                                   |                                                                                                                                | <b>(2)</b>         | <b>120,526,837</b>              |
|                     |                                                                            |                                                                                                                                |                    |                                 |
| (1)                 | <b>Various Participants</b>                                                | Participant Loans (410 loans<br>maturing 2014-2029 at interest rates<br>of 3.25%-8.25%)                                        | (2)                | <b>3,293,976</b>                |
|                     | <b>Total Non-ESOP Investments</b>                                          |                                                                                                                                | <b>(2)</b>         | <b>267,275,287</b>              |
|                     | <b>Grand Total ESOP and Non-ESOP Investments</b>                           |                                                                                                                                | <b>\$</b>          | <b>299,383,422</b>              |

(1) Represents party-in-interest.

(2) Cost information omitted for participant-directed investments

See accompanying Report of Independent Auditor.

**FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**PLAN NAME: ALION SCIENCE AND TECHNOLOGY CORPORATION EMPLOYEE OWNERSHIP, SAVINGS AND INVESTMENT PLAN**

**EIN: 54-2061691; PLAN NUMBER: 001; PLAN YEAR: AS OF SEPTEMBER 30, 2014**

| (a)<br><b>Notes</b> | (b)<br><b>Identity of<br/>issue/borrower,<br/>lessor, or similar party</b> | (c)<br><b>Description of investment, including<br/>maturity date, rate of interest,<br/>collateral, par, or maturity value</b> | (d)<br><b>Cost</b> | (e)<br><b>Current<br/>value</b> |
|---------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------|
| (1)                 | Alion Science and Technology Corporation                                   | Common stock, 13,105,361 shares \$                                                                                             | 165,950,665 \$     | 32,108,135                      |
|                     | <b>Total ESOP Investments</b>                                              |                                                                                                                                |                    | <b>32,108,135</b>               |
|                     |                                                                            |                                                                                                                                |                    |                                 |
| (1)                 | Principal Money Market Separate Acct                                       | Pooled Separate Account                                                                                                        | (2)                | 15,780,414                      |
| (1)                 | Principal Bond and Mortgage Separate Acct                                  | Pooled Separate Account                                                                                                        | (2)                | 9,302,400                       |
| (1)                 | Principal Lifetime Strategic Income Separate Acct                          | Pooled Separate Account                                                                                                        | (2)                | 1,810,793                       |
| (1)                 | Principal Lifetime 2010 Separate Acct                                      | Pooled Separate Account                                                                                                        | (2)                | 6,916,743                       |
| (1)                 | Principal Lifetime 2020 Separate Acct                                      | Pooled Separate Account                                                                                                        | (2)                | 16,705,001                      |
| (1)                 | Principal Lifetime 2030 Separate Acct                                      | Pooled Separate Account                                                                                                        | (2)                | 14,007,495                      |
| (1)                 | Principal Lifetime 2040 Separate Acct                                      | Pooled Separate Account                                                                                                        | (2)                | 8,502,733                       |
| (1)                 | Principal Lifetime 2050 Separate Acct                                      | Pooled Separate Account                                                                                                        | (2)                | 2,794,001                       |
| (1)                 | Principal Lifetime 2060 Separate Acct                                      | Pooled Separate Account                                                                                                        | (2)                | 176,702                         |
| (1)                 | Edge Asset Mgmt Capital Appreciation Sep Acct                              | Pooled Separate Account                                                                                                        | (2)                | 10,312,942                      |
| (1)                 | Principal Large Cap S&P 500 Index Separate Acct                            | Pooled Separate Account                                                                                                        | (2)                | 24,050,743                      |
| (1)                 | Principal Mid Cap Blend Separate Acct                                      | Pooled Separate Account                                                                                                        | (2)                | 17,294,359                      |
| (1)                 | Principal Real Estate Securities Separate Acct                             | Pooled Separate Account                                                                                                        | (2)                | 3,334,382                       |
| (1)                 | Principal Diversified International Separate Acct                          | Pooled Separate Account                                                                                                        | (2)                | 12,465,766                      |
|                     | <b>Non-ESOP Pooled Separate Accounts Investments</b>                       |                                                                                                                                | <b>(2)</b>         | <b>143,454,474</b>              |
|                     |                                                                            |                                                                                                                                |                    |                                 |
|                     | Vanguard Prime Money Market Investor Fund                                  | Mutual Fund                                                                                                                    | (2)                | 4,735,615                       |
|                     | Fidelity Capital & Income Fund                                             | Mutual Fund                                                                                                                    | (2)                | 18,704,572                      |
|                     | PIMCO Total Return Institutional Fund                                      | Mutual Fund                                                                                                                    | (2)                | 7,820,586                       |
|                     | BlackRock Basic Value I Fund                                               | Mutual Fund                                                                                                                    | (2)                | 10,293,242                      |
|                     | American Funds Growth Fund of America R4 Fund                              | Mutual Fund                                                                                                                    | (2)                | 17,386,917                      |
|                     | Fidelity Contra Fund                                                       | Mutual Fund                                                                                                                    | (2)                | 23,763,249                      |
|                     | Goldman Sachs Large Cap Value A Fund                                       | Mutual Fund                                                                                                                    | (2)                | 1,925,482                       |
|                     | Eagle Mid Cap Growth I Fund                                                | Mutual Fund                                                                                                                    | (2)                | 10,787,055                      |
|                     | Goldman Sachs Mid Cap Value A Fund                                         | Mutual Fund                                                                                                                    | (2)                | 6,333,250                       |
|                     | Oppenheimer Main Street Small Cap Y Fund                                   | Mutual Fund                                                                                                                    | (2)                | 13,215,276                      |
|                     | Oakmark International I Fund                                               | Mutual Fund                                                                                                                    | (2)                | 5,561,593                       |
|                     | <b>Non-ESOP Mutual Funds Investments</b>                                   |                                                                                                                                | <b>(2)</b>         | <b>120,526,837</b>              |
|                     |                                                                            |                                                                                                                                |                    |                                 |
| (1)                 | <b>Various Participants</b>                                                | Participant Loans (410 loans<br>maturing 2014-2029 at interest<br>rates of 3.25%-8.25%)                                        | (2)                | <b>3,293,976</b>                |
|                     | <b>Total Non-ESOP Investments</b>                                          |                                                                                                                                | <b>(2)</b>         | <b>267,275,287</b>              |
|                     | <b>Grand Total ESOP and Non-ESOP Investments</b>                           |                                                                                                                                |                    | <b>\$ 299,383,422</b>           |

(1) Represents party-in-interest.

(2) Cost information omitted for participant-directed investments

See accompanying Report of Independent Auditor.