

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan SYSTEMS PLANNING AND ANALYSIS, INC. PROFIT SHARING PLAN TRUST	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1980</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/01/1980	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 01/01/1980					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SYSTEMS PLANNING AND ANALYSIS, INC. 2001 N. BEAUREGARD STREET ALEXANDRIA, VA 22311-1739	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 52-0956951</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 703-931-3500</td> </tr> <tr> <td>2d Business code (see instructions) 541330</td> </tr> </table>	2b Employer Identification Number (EIN) 52-0956951	2c Plan Sponsor's telephone number 703-931-3500	2d Business code (see instructions) 541330	
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2c Plan Sponsor's telephone number 703-931-3500					
2d Business code (see instructions) 541330					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		
SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE, SUITE 1200 BETHESDA, MD 20814			Preparer's telephone number (optional) 202-331-9880

3a Plan administrator's name and address ☐ Same as Plan Sponsor KIRKLAND H. DONALD 2001 N. BEAUREGARD STREET ALEXANDRIA, VA 22311-1739	3b Administrator's EIN 47-2044093 3c Administrator's telephone number 703-931-3500
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 707
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 459
a(2) Total number of active participants at the end of the plan year	6a(2) 459
b Retired or separated participants receiving benefits	6b 3
c Other retired or separated participants entitled to future benefits.....	6c 245
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 707
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f 707
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 697
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 22
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan SYSTEMS PLANNING AND ANALYSIS, INC. PROFIT SHARING PLAN TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SYSTEMS PLANNING AND ANALYSIS, INC.	D Employer Identification Number (EIN) 52-0956951	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIDELITY INVESTMENTS INSTIT

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	2587	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
BOSTON FINANCIAL DATA SERVICE 330 9TH STREET KANSAS CITY, MO 66160 04-2526037	.10%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTIT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
BNY MELLON INVESTMENT SRVNG P.O. BOX 9793 PROVIDENCE, RI 02940	.15%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTIT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
GOLDMAN, SACHS, & CO. 13-5108880	.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO CANADA LTD 5140 YONGE STREET, SUITE 900 TORONTO, ON MN CA	.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BOSTON FINANCIAL DATA SERVIC P.O. BOX 8480 BOSTON, MA 02266 04-2526037	.15%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BOSTON FINANCIAL DATA SERVIC 330 W 9TH STREET KANSAS CITY, MO 66160 04-2526037	.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BOSTON FINANCIAL DATA SERVICE P.O. BOX 8480 BOSTON, MA 02266 04-2526037	.03%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE SERVICES 52-2269240	.15%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BOSTON FINANCIAL DATA SERVICE 330 W 9TH STREET KANSAS CITY, MO 66160 04-2526037	.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
BOSTON FINANCIAL DATA SERVICE P.O. BOX 8480 BOSTON, MA 02266 04-2526037	.05%	
(a) Enter service provider name as it appears on line 2		
(b) Service Codes (see instructions)		
(c) Enter amount of indirect compensation		
(d) Enter name and EIN (address) of source of indirect compensation		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
(a) Enter service provider name as it appears on line 2		
(b) Service Codes (see instructions)		
(c) Enter amount of indirect compensation		
(d) Enter name and EIN (address) of source of indirect compensation		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan SYSTEMS PLANNING AND ANALYSIS, INC. PROFIT SHARING PLAN TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SYSTEMS PLANNING AND ANALYSIS, INC.	D Employer Identification Number (EIN) 52-0956951	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	147725	168581
(2) Participant contributions.....	1b(2)	141542	172963
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	725420	481529
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	125508078	131750347
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	126522765	132573420

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	126522765	132573420
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4144534	
(B) Participants	2a(1)(B)	3941448	
(C) Others (including rollovers)	2a(1)(C)	226011	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8311993
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	47161	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		47161
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11366193	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11366193
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-2450943
c Other income.....	2c		96250
d Total income. Add all income amounts in column (b) and enter total.....	2d		17370654

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11317412	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		11317412
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	2587	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2587
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11319999

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		6050655
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CALIBRE CPA GROUP PLLC

(2) EIN: 47-0900880

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	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

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

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)

6a Name of trust	6b Trust's EIN

**SYSTEMS PLANNING AND ANALYSIS, INC.
PROFIT SHARING PLAN TRUST**

FINANCIAL STATEMENTS

DECEMBER 31, 2014

SYSTEMS PLANNING AND ANALYSIS, INC. PROFIT SHARING PLAN TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

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REPORT OF INDEPENDENT AUDITORS

Plan Administrator
Systems Planning and Analysis, Inc. Profit Sharing Plan Trust

We have audited the accompanying financial statements of Systems Planning and Analysis, Inc. Profit Sharing Plan Trust (the Plan), which comprise the statements of net assets available for benefit as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

The Plan's 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 audits. We conducted our audits 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 entity'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 entity'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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Systems Planning and Analysis, Inc. Profit Sharing Plan Trust as of December 31, 2014 and 2013 and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 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.

Calibre CPA Group, PLLC

Bethesda, MD
August 17, 2015

SYSTEMS PLANNING AND ANALYSIS, INC. PROFIT SHARING PLAN TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
INVESTMENTS - at fair value		
Mutual funds	<u>\$ 131,750,347</u>	<u>\$ 125,508,078</u>
PARTICIPANT LOANS	<u>481,529</u>	<u>725,420</u>
CONTRIBUTIONS RECEIVABLE		
Employer	168,581	147,725
Employee	<u>172,963</u>	<u>141,542</u>
	<u>341,544</u>	<u>289,267</u>
Total net assets available for benefits	<u>\$ 132,573,420</u>	<u>\$ 126,522,765</u>

See accompanying notes to financial statements.

SYSTEMS PLANNING AND ANALYSIS, INC. PROFIT SHARING PLAN TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS TO NET ASSETS		
Contributions		
Employer	\$ 4,144,534	\$ 4,306,257
Employee	3,941,448	3,988,700
Rollovers	<u>226,011</u>	<u>184,987</u>
Total contributions	<u>8,311,993</u>	<u>8,479,944</u>
Investment income		
Interest and dividends	11,366,193	7,173,052
Net appreciation (depreciation) in fair value of investments - mutual funds	<u>(2,450,943)</u>	<u>18,273,945</u>
Total investment income	<u>8,915,250</u>	<u>25,446,997</u>
 Fidelity Revenue Credit Program	 96,250	 70,000
Interest on participant loans	<u>47,161</u>	<u>68,513</u>
 Total additions	 <u>17,370,654</u>	 <u>34,065,454</u>
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	11,317,412	12,128,176
Administrative fees	<u>2,587</u>	<u>13,839</u>
Total deductions from net assets	<u>11,319,999</u>	<u>12,142,015</u>
 NET INCREASE	 6,050,655	 21,923,439
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>126,522,765</u>	<u>104,599,326</u>
 End of year	 <u><u>\$132,573,420</u></u>	 <u><u>\$126,522,765</u></u>

See accompanying notes to financial statements.

SYSTEMS PLANNING AND ANALYSIS, INC. PROFIT SHARING PLAN TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Systems Planning and Analysis, Inc., Profit Sharing Plan Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan was established on January 1, 1980, and is a defined contribution plan. The Plan covers substantially all employees of Systems Planning and Analysis, Inc. (the Company and Plan Sponsor), and is intended to allow employees to share in the profits of the Company and to provide retirement savings. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions - The Company contributed a percentage of employees' compensation, excluding bonuses and administrative-type leave pay. Employer contributions are based on years of service as follows:

<u>Tenure</u>	<u>Company Contribution to 401(k)</u>
Less than 15 years	10.0%
15 or more years	10.5%
20 or more years	11.0%
25 or more years	11.5%

The employees are permitted to make voluntary contributions up to 60 percent of pre-tax income subject to certain regulatory limitations.

Participant Accounts - The Plan establishes and maintains an account in the name of each participant to which employer and employee contributions, net earnings, and distributions are credited. Participants direct investments and may change their investment elections at any time.

Vesting - Participants are immediately 100% vested in their own contributions as well as any rollover contributions from other qualified plans. All employer contributions described above are subject to Safe Harbor provisions that provide for employees to be immediately 100% vested in 30% of the employer contributions (equivalent to 3% of employee compensation). Vesting in

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

the remaining employer contributions not considered as Safe Harbor vest based upon years of service as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0.00%
2	28.57%
3	64.29%
4 or more	100.00%

Forfeitures - Forfeitures result from the termination of participants who are less than 100 percent vested in employer contributions. At December 31, 2014 and 2013, forfeited nonvested accounts totaled \$348,569 and \$439,233, respectively. Forfeitures may be used to reduce the Company's contributions or pay administrative expenses. Any remaining forfeited amounts may be reallocated to eligible participants in the same manner as contributions. In 2014 and 2013, \$450,000 and \$550,000, respectively, of forfeitures were used to reduce employer contributions.

Loans - Participants may borrow a minimum of \$1,000. The maximum amount is the lesser of one-half of the participant's vested account balance or \$50,000 reduced by the highest loan balance in the participant's account during the prior twelve-month period. Interest rates are determined by the Plan Administrator or Plan Representative based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. Upon termination of a participant with a loan balance, the participant may elect to pay off the balance of the loan to the Plan or recognize the balance as taxable income.

Payment of Benefits - Distributions to a participant or beneficiary are made after the occurrence of termination of employment, disability, death, normal retirement, or early retirement at age 55 with five years of service. The Plan provides that participants are required to start receiving distributions beginning at age 70 ½. Upon termination of service, participants who are entitled to a distribution receive either a lump-sum payment equal to the vested balance of their accounts, or installments under a systematic withdrawal plan as provided by the Plan agreement.

Investment Options - The investments are maintained and held by the Plan custodian, the Fidelity Management Trust Company (the Custodian). Participants may choose from any of the available mutual funds, all managed by the Fidelity Investments Operations Company.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation - The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition - The Plan's investments are stated at quoted market values. Mutual fund shares of registered investment companies are valued at the last reported sales price on the last business day of the fiscal year. Participant loans receivable are valued at cost which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Capital gain distributions are included as dividend income.

Administrative Expenses - The Plan's Sponsor pays certain administrative expenses of the Plan not associated with the investment transactions, which, accordingly, are not reflected in the accompanying financial statements.

Use of Estimates - The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Benefit Payments - Benefits are recorded when paid.

NOTE 3. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). On April 6, 2012, the IRS approved additional amendments made to the Plan document. Therefore, no provisions for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan's management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's income tax returns for the period ended December 31, 2011 through 2013 remain subject to examination, based on the normal statutory periods subject to audit, notwithstanding any events or circumstances that may exist which could expand the open period.

NOTE 4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their account balances.

NOTE 5. PARTY-IN-INTEREST TRANSACTIONS

All Plan investments in mutual funds are shares of funds held by Fidelity Investments Operations Company. These transactions are considered party-in-interest transactions.

NOTE 6. INVESTMENTS

The following summary represents the fair value of the Plan's investments as of December 31, 2014 and 2013 that represent 5 percent or more of the Plan's net assets available for benefits.

	<u>2014</u>	<u>2013</u>
Investments at quoted market values:		
Mutual funds		
Fidelity Contrafund K	\$27,088,530	\$25,840,123
OTC Portfolio K	8,700,906	7,491,576
Dividend Growth Fund K	7,933,174	7,066,236
Low Price Stock Fund K	7,465,175	7,128,168
Mid-Cap Stock Fund K	7,030,712	6,354,385
Goldman Sachs Mid Cap Value	6,881,675	6,698,940
Diversified International K	6,841,149	7,967,203

Fair value is an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. The inputs used to measure fair value are classified into a hierarchy consisting of three levels. Level 1 inputs represent unadjusted quoted prices in active markets for identical assets or liabilities. Level 2 inputs represents quoted prices in active markets for similar assets or liabilities, or quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable. Level 3 inputs represent unobservable inputs for the asset or liability, including the Plan's own assumptions in determining the fair value.

All of the following investments are measured using Level 1 inputs.

NOTE 6. INVESTMENTS (CONTINUED)

The Plan's investments as of December 31 are summarized as follows:

	<u>2014</u>	<u>2013</u>
Mutual funds		
Large growth	\$ 35,789,436	\$ 33,331,699
Target date funds	19,916,079	18,494,458
Money market	5,082,248	5,506,263
Foreign large blend	8,119,682	9,002,679
Intermediate - term bond	6,218,061	6,004,492
Mid-cap blend	10,643,680	9,649,486
Mid-cap value	6,881,675	6,698,940
Mid-cap growth	7,941,553	7,283,240
Large blend	10,143,855	8,028,723
Small blend	7,759,002	7,648,436
Moderate allocation	2,821,447	3,848,538
Short government	1,997,552	1,963,211
Large value	3,051,203	3,055,960
Small value	1,764,819	1,808,016
High-yield bond	1,749,268	1,519,760
Diversified Emerging Markets	1,100,062	917,147
Retirement income	562,676	498,698
Small growth	<u>208,049</u>	<u>248,332</u>
	<u>\$ 131,750,347</u>	<u>\$ 125,508,078</u>

NOTE 7. SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 17, 2015, which is the date the financial statements were available to be issued. This review and evaluation revealed no new material event or transaction which would require an additional adjustment to or disclosure in the accompanying financial statements.

SYSTEMS PLANNING AND ANALYSIS, INC. PROFIT SHARING PLAN TRUST

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2014

FORM 5500, SCHEDULE H, Line 4i

E.I.N. 52-0956951

Plan No. 002

(c) Description of Investment Including Maturity Date,
Rate of Interest, Collateral, Par or Maturity Value

Issuer	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	(e) Current Value
* Fidelity	Fidelity Contrafund	Contrafund K	\$ 27,088,530
* Fidelity	Fidelity Securities Fund	OTC K Portfolio	8,700,906
* Fidelity	Fidelity Charles Street Trust	Asset Manager Fund	2,821,447
* Fidelity	Fidelity Puritan Trust	Low Price Stock K Fund	7,465,175
* Fidelity	Fidelity Investment Trust	Diversified International K	6,841,149
* Fidelity	Fidelity Retirement Money Market Fund	Retirement Money Market Fund	4,513,564
* Fidelity	Fidelity Commonwealth Trust	Mid-Cap Stock K Fund	7,030,712
* Fidelity	Fidelity Aberdeen Street Trust	Freedom K Income Fund	562,676
* Fidelity	Fidelity Aberdeen Street Trust	Freedom K 2000 Fund	-
* Fidelity	Fidelity Group	Freedom K 2005 Fund	12,536
* Fidelity	Fidelity Aberdeen Street Trust	Freedom K 2010 Fund	732,807
* Fidelity	Fidelity Group	Freedom K 2015 Fund	1,403,136
* Fidelity	Fidelity Aberdeen Street Trust	Freedom K 2020 Fund	2,913,637
* Fidelity	Fidelity Group	Freedom K 2025 Fund	3,024,963
* Fidelity	Fidelity Aberdeen Street Trust	Freedom K 2030 Fund	2,767,833
* Fidelity	Fidelity Aberdeen Street Trust	Freedom K 2035 Fund	1,792,896
* Fidelity	Fidelity Aberdeen Street Trust	Freedom K 2040 Fund	3,389,827
* Fidelity	Fidelity Aberdeen Street Trust	Freedom K 2045 Fund	1,463,054
* Fidelity	Fidelity Aberdeen Street Trust	Freedom K 2050 Fund	2,152,701
* Fidelity	Fidelity Aberdeen Street Trust	Freedom K 2055 Fund	262,689
* Fidelity	Fidelity Commonwealth Trust	Small-Cap Discovery Fund	5,864,662
* Fidelity	Fidelity Securities Fund	Dividend Growth K Fund	7,933,174
* Fidelity	Fidelity Advisor Series IV	Institutional Instl Shrt-Interm Government	1,997,552
* Fidelity	Loomis Small Cap Value Retail Fund	Loomis Small Cap Value I Retail Fund	1,894,340
* Fidelity	Fidelity Fund	Fidelity Fund K	568,684
* Fidelity	Fidelity Concord Street Trust	Spartan Extended Market Index Advantage	1,068,793
* Fidelity	Fidelity Concord Street Trust	Spartan International Index Advantage	1,278,533
* Fidelity	Fidelity Concord Street Trust	Spartan 500 Index Advantage	2,210,681
* Fidelity	Fidelity Investments	Spartan US Bond Index Advantage	784,488
* Fidelity	Morgan Stanley Institutional Fund Trust	MSIF Mid Cap Growth I Fund	593,876
* Fidelity	Aston Funds	Aston/Optimum Mid Cap I Fund	2,109,712
* Fidelity	Allianz Global Investors Fund Management LLC	Allianz NFJ Small Cap IS	1,764,819
* Fidelity	Wells Fargo Funds Trust	WFA Common Stock IS	316,965
* Fidelity	Royce Value Plus Svc	Royce Value Plus IS	208,049
* Fidelity	T. Rowe Price	TRP Equity Income	3,051,203
* Fidelity	Goldman Sachs	Goldman Sachs Mid Cap Value	6,881,675
* Fidelity	Fidelity Investments	Fidelity High Income	1,749,268
* Fidelity	Invesco	Invs Devlp Mkts Inst	1,100,062
* Fidelity	PIMCO	PIMCO Total Return Institutional	5,433,573
* Plan participants		Loans to participants with interest rates ranging from 5.00% - 9.50%	481,529
			<u>\$ 132,231,876</u>

* Party-in-interest

** The column (d) cost information is not required to be disclosed when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her respective accounts.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with
the instructions to the Form 5500.OMB Nos. 1510-0110
1510-0089**2014**This Form is Open to
Public Inspection**Part I Annual Report Identification Information**For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the forms instr.); or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information

1a Name of plan SYSTEMS PLANNING AND ANALYSIS, INC. PROFIT SHARING PLAN TRUST	1b Three-digit plan number (PN) ► 002
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SYSTEMS PLANNING AND ANALYSIS, INC. 2001 N. BEAUREGARD STREET ALEXANDRIA VA 22311-1739	1c Effective date of plan 01/01/1980 2b Employer Identification Number (EIN) 52-0956951 2c Plan Sponsor's telephone number 703-931-3500 2d Business code (see instructions) 541330

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

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

SIGN HERE 	10/13/15	K. H. Donard
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA MD 20814		Preparer's telephone number (optional) 202-331-9880

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2014)
v. 140124

3a Plan administrator's name and address ☐ Same as Plan Sponsor
KIRKLAND H. DONALD

2001 N. BEAUREGARD STREET
ALEXANDRIA VA 22311-1739

3b Administrator's EIN
47-2044093

3c Administrator's telephone number
703-931-3500

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

4b EIN

4c PN

5 Total number of participants at the beginning of the plan year

5

707

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).

a (1) Total number of active participants at the beginning of the plan year

6a(1)

459

a (2) Total number of active participants at the end of the plan year

6a(2)

459

b Retired or separated participants receiving benefits

6b

3

c Other retired or separated participants entitled to future benefits

6c

245

d Subtotal. Add lines 6a(2), 6b, and 6c

6d

707

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6e

f Total. Add lines 6d and 6e

6f

707

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6g

697

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

6h

22

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2G 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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