

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>10/01/2014</u> and ending <u>06/12/2015</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 <u>SCITOR CORPORATION EQUITY PARTICIPATION PLAN</u>	<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;"><u>005</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/2009</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>005</u>	1c Effective date of plan <u>02/01/2009</u>	
1b Three-digit plan number (PN) ▶	<u>005</u>				
1c Effective date of plan <u>02/01/2009</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SCITOR CORPORATION</u> <u>12010 SUNSET HILLS ROAD</u> <u>RESTON, VA 20190</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>94-2622443</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>703-961-4293</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541330</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>94-2622443</u>	2c Plan Sponsor's telephone number <u>703-961-4293</u>	2d Business code (see instructions) <u>541330</u>	
2b Employer Identification Number (EIN) <u>94-2622443</u>					
2c Plan Sponsor's telephone number <u>703-961-4293</u>					
2d Business code (see instructions) <u>541330</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/08/2015	HOLLY SNODGRASS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/08/2015	KATHLEEN T. DICKMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	1650
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)	1455
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: <div style="margin-left: 20px;">2E</div>			
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)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ <u>0</u> 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 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
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>06/12/2015</u>		
A Name of plan <u>SCITOR CORPORATION EQUITY PARTICIPATION PLAN</u>		B Three-digit plan number (PN) ► <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCITOR CORPORATION</u>		D Employer Identification Number (EIN) <u>94-2622443</u>

Part I	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	<div style="display: flex; justify-content: space-between;"> (a) Beginning of Year (b) End of Year </div>
a Total noninterest-bearing cash	1a	4197219 0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	52770 0
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	0 0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2267724 0
(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)	
(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)	
(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)	54343161	0
(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	60860874	0

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	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	60860874	0
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	14707	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		14707

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6272	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6272

(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(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)	14138738	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		14138738

		(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14159717

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4202641	
(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)		4202641
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4202641

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		9957076
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		70817950

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: PWC

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

- 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		25000000
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.			
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: 0

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SCITOR CORPORATION SALARY SAVINGS AND PROFIT SHARING PLAN	94-2622443	002

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

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></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>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 06/12/2015					
A Name of plan SCITOR CORPORATION EQUITY PARTICIPATION PLAN				B Three-digit plan number (PN) ▶ 005	
C Plan sponsor's name as shown on line 2a of Form 5500 SCITOR CORPORATION				D Employer Identification Number (EIN) 94-2622443	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1 0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-1171923					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Scitor Corporation Equity Participation Plan

**Financial Statements for the Period from October 1, 2014
through June 12, 2015 and for the Fiscal Year Ended
September 30, 2014, Supplemental Schedule for the Period
from October 1, 2014 through June 12, 2015, and Independent
Auditor's Report**

Scitor Corporation Equity Participation Plan
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June 12, 2015 and September 30, 2014

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



Independent Auditor's Report

To the Administrator of Scitor Corporation Equity Participation Plan

We have audited the accompanying financial statements of Scitor Corporation Equity Participation Plan (the "Plan"), which comprise the statements of net assets available for benefits as of June 12, 2015 and September 30, 2014, and the related statements of changes in net assets available for benefits for the period from October 1, 2014 through June 12, 2015 and the fiscal year ended September 30, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on 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 our 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, we consider 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 the Plan as of June 12, 2015 and September 30, 2014 and the changes in net assets available for benefits for the period from October 1, 2014 through June 12, 2015 and the fiscal year ended September 30, 2014, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 1, the Plan merged with and into the Scitor Corporation Salary Savings and Profit Sharing Plan on June 12, 2015.



Other Matter

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Reportable Transactions for the period from October 1, 2014 through June 12, 2015 is presented for the purpose 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 audits 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.

PricewaterhouseCoopers LLP

November 20, 2015

Scitor Corporation Equity Participation Plan
Statements of Net Assets Available for Benefits
June 12, 2015 and September 30, 2014

	<u>2015</u>	<u>2014</u>
Assets		
Cash	\$ -	\$ 4,197,219
Investments:		
Scitor Holdings, Inc. common stock	-	54,343,161
Money market fund	-	5
Total investments, at fair value (See Note 4)	<u>-</u>	<u>54,343,166</u>
Certificates of deposit	-	2,267,719
Employer contributions receivable	-	52,770
Net assets available for benefits	<u>\$ -</u>	<u>\$ 60,860,874</u>

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

Scitor Corporation Equity Participation Plan
Statements of Changes in Net Assets Available for Benefits
For the period from October 1, 2014 through June 12, 2015 and for the fiscal year
ended September 30, 2014

	<u>2015</u>	<u>2014</u>
Additions		
Investment gain:		
Net appreciation of Scitor Holdings, Inc. common stock	\$ 14,138,738	\$ 5,783,413
Interest	6,272	10,942
Total investment gain	<u>14,145,010</u>	<u>5,794,355</u>
Employer contributions	14,707	4,201,288
Total net additions	<u>14,159,717</u>	<u>9,995,643</u>
Deductions		
Benefits paid to participants	4,202,641	5,893,311
Total deductions	<u>4,202,641</u>	<u>5,893,311</u>
Net increase prior to transfer to another plan	9,957,076	4,102,332
Plan merger with and into the Scitor Corporation Salary Savings and Profit Sharing Plan	<u>(70,817,950)</u>	<u>-</u>
Net increase (decrease)	(60,860,874)	4,102,332
Net assets available for benefits:		
Beginning of period	60,860,874	56,758,542
End of period	<u>\$ -</u>	<u>\$ 60,860,874</u>

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

Scitor Corporation Equity Participation Plan

Notes to Financial Statements

June 12, 2015 and September 30, 2014

1. Description of the Plan

The following brief description of the Scitor Corporation Equity Participation Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Plan Merger

Effective May 4, 2015, the outstanding stock of Scitor Holdings, Inc. (the "Company" and the "Sponsor Company") was purchased by Science Applications International Corporation ("SAIC") and the Sponsor Company became a wholly-owned subsidiary of SAIC. On April 17, 2015, in anticipation of the acquisition transaction, the Company's board of directors approved the merger of the Plan with and into the Scitor Corporation Salary Savings and Profit Sharing Plan (the "PSP") effective May 5, 2015. The Plan's assets, excluding amounts placed in escrow, were transferred to the PSP on June 12, 2015.

Scitor Holdings, Inc. common stock, including the stock held by the Plan, was sold for \$24.4299 per share on May 4, 2015, net of \$43.0 million in proceeds that was placed in escrow under the terms of the Merger Agreement and \$2.0 million that was set aside in a holder allocable expense account. The amounts placed in escrow, excluding any amounts required for adjustments to Closing Date Net Working Capital, Closing Date Indebtedness, Closing Date Cash, and certain indemnification claims made by SAIC, as defined in the Merger Agreement, and any funds not expended from the holder allocable expense account, will be distributed proportionately to the selling equityholders after a period of 90 days to 36 months following the Closing.

Amounts to be received by the PSP, as a result of the release of amounts placed in escrow and the holder allocable expense account, total \$4.8 million, assuming the full amounts are returned to the selling equityholders, and will be allocated among participants in the Plan in the ratio that the number of shares of Scitor Holdings, Inc. common stock allocated to each participant's individual account at the time of the Closing bears to the aggregate number of shares of Scitor Holdings, Inc. common stock allocated to all participants in the Plan at the time of the Closing.

The sale of Scitor Holdings, Inc. common stock reflected on the statement of changes in net assets available for benefits is based on a share price of approximately \$26.2872, which consists of the \$24.4299 share price discussed above plus an additional \$1.8573 per share attributable to the amounts placed in escrow and the holder allocable expense account, assuming the full amounts are returned to the selling equityholders.

General

The Plan, prior to the Plan merger discussed above, was a defined contribution plan and was established by the Company effective February 1, 2009 as a profit sharing plan within the meaning of section 401(a) of the Internal Revenue Code (the "IRC"), as amended. The Plan was amended and restated effective October 1, 2013. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan was administered by the Administrative Committee, which was appointed by the Board of Directors of the Company. Carl W. Monk, Jr. was the Plan's Trustee and held the Plan's assets.

Eligibility

For the fiscal year ended September 30, 2014, employees were eligible to participate in the Plan immediately upon the first day of employment. Temporary employees, interns, and contractors, unless they had completed at least 1,000 hours of service during the fiscal year, were generally not eligible to participate in the Plan. Effective October 1, 2013, employees who became an employee of the Company by reason of an asset acquisition were generally not eligible to participate in the Plan.

Scitor Corporation Equity Participation Plan

Notes to Financial Statements

June 12, 2015 and September 30, 2014

Contributions

The Company made annual discretionary contributions to the Plan in an amount determined by the Company. Contributions could be made to the Plan in the form of cash or Company securities, and were subject to certain limitations. For the period from October 1, 2014 through June 12, 2015, no discretionary contribution was made. For the fiscal year ended September 30, 2014, the discretionary contribution was 2.39% of eligible compensation paid during the fiscal year, made in the form of cash.

Vesting

Participants were immediately vested in the Company's contributions and earnings thereon.

Participant Accounts

The Plan maintained separate accounts for each participant. Each participant who was employed on September 30 of the fiscal year received an allocation of the Company's discretionary contribution for that fiscal year, unless the participant was a temporary employee, intern, or contractor who had not met the 1,000 hours of service threshold for the fiscal year. A participant who was terminated during the fiscal year who was an employee at any time during the fiscal year and who had completed at least five years of employment with the Company as of his or her date of termination received an allocation of the Company's contribution for such fiscal year, regardless of whether the participant was employed by the Company on September 30 of the fiscal year. Allocations of contributions were based on a participant's eligible compensation, relative to total eligible compensation. For those participants who were eligible but terminated prior to September 30, contributions were limited to the lesser of (i) 10% of eligible compensation, or (ii) an allocation based on a ratio of the participant's eligible compensation to total eligible compensation for all participants. Allocations of Plan earnings by investment were based on the ratio of a participant's end of the fiscal year account balance in the investment to all the participants' account balances in the investment as of the latest valuation date.

Payment of Benefits

Distributions from the Plan were made when a participant retired, died (in which case payment was made to his or her beneficiary or, if none, his or her legal representatives), began to receive payment under the Scitor Corporation Long Term Disability Plan, or otherwise terminated employment with the Company. In the fiscal year in which the above situations applied, the participant's noncash account balance was converted to cash based on the value determined as of the most recent valuation date, provided there was cash in the Plan. Converted shares were then re-allocated at fiscal year-end at fair value among the remaining active participants in the Plan based on eligible compensation. After conversion, distributions of account balances were based on the value determined as of the most recent valuation date that occurred immediately prior to the distribution, and were made in cash in installments over a term of nine years that commenced 180 days following the fiscal year in which the participant's termination of employment occurred. Distributions for accounts with balances over \$1,000 could only be made at the election of a participant. The Administrative Committee, pursuant to a uniform nondiscriminatory policy, could, with the consent of the beneficiary, make such distribution in the form of a single lump sum payment. During the period from October 1, 2014 through June 12, 2015 and during the fiscal year ended September 30, 2014, there were lump sum distributions totaling \$4,202,641 and \$5,893,311, respectively.

Voting Rights

Participants were not entitled to a vote of any Company shares held by the Plan. The Trustee was required, however, to vote any shares allocated to participant accounts on behalf of the collective best interest of Plan participants and beneficiaries, to the extent that such shares have voting rights.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting.

Scitor Corporation Equity Participation Plan

Notes to Financial Statements

June 12, 2015 and September 30, 2014

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments were reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and is measured based on an established hierarchy of inputs. See Note 4 for a discussion of fair value measurements.

The Plan's certificates of deposit do not meet the definition of a security as defined in Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 320, *Investments—Debt and Equity Securities*. As such, the Plan's certificates of deposit are not subject to fair value disclosure requirements.

Realized appreciation, in the form of dividends received by the Plan, was shown as dividends on the statement of changes in net assets available for benefits, if declared. Dividends were recorded on the ex-dividend date. Net appreciation (depreciation) includes realized and unrealized gains and losses on the Plan's investments held during the fiscal year.

Risks and Uncertainties

The Plan's primary investments were in stock of Scitor Holdings, Inc. The fair value of the stock was calculated on an annual basis by an independent valuation firm. Fair value may change for a number of reasons, including changes in company performance, economic circumstances, or industry outlook. Changes in the fair value of the Plan's investments could materially affect the participants' account balances and the amounts reported in the statement of net assets available for benefits.

Payment of Benefits

Benefit payments were recorded when paid.

Administrative Expenses

Administrative expenses were paid by the Company and, therefore, were not included in the Plan's financial statements.

Tax Status

Income taxes were not provided as the Plan was designed to be exempt from taxation under the IRC. The Plan received a favorable determination letter dated February 6, 2015 from the Internal Revenue Service (the "IRS"). The Plan was amended subsequent to receiving this determination letter. However, the plan administrator believes that the Plan was designed and was operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 12, 2015 and September 30, 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 administrator believes the Plan is no longer subject to income tax examinations for the fiscal year ended September 30, 2011 and prior years.

Scitor Corporation Equity Participation Plan

Notes to Financial Statements

June 12, 2015 and September 30, 2014

New Accounting Pronouncements

Recent accounting pronouncements issued by the FASB during the period from October 1, 2014 and June 12, 2015 and through the report release date did not have a material impact on the Plan's financial statements.

3. Investments

The fair value of the individual investments that represented five percent or more of the Plan's net assets available for benefits at September 30, 2014 was as follows:

Scitor Holdings, Inc. common stock	\$ 54,343,161
------------------------------------	---------------

4. Fair Value of Investments

The FASB provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 inputs) and the lowest priority to unobservable inputs (Level 3 inputs). The three levels of the fair value hierarchy under the framework are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used must maximize the use of observable inputs and minimize the use of unobservable inputs.

Transfers between levels of the fair value hierarchy are deemed to have occurred as of the date of the event or change in circumstances that caused the transfer. There were no transfers between Level 1 and Level 2 during the period from October 1, 2014 through June 12, 2015 and during the fiscal year ended September 30, 2014.

Pursuant to the Plan, the fair market value of plan assets is required to be established on the last day of each fiscal year. For purposes of the Plan, fair market value is equivalent to fair value.

Scitor Corporation Equity Participation Plan
Notes to Financial Statements
June 12, 2015 and September 30, 2014

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 12, 2015 and September 30, 2014.

Money Market Funds: Valued at the net asset value ("NAV") of shares held at fiscal year-end.

Scitor Holdings, Inc. Common Stock: Valued based on an income approach, a market approach, and an option pricing method approach.

The preceding methods and approaches described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

The following table represents assets and liabilities measured and recorded at fair value on the Plan's statement of net assets available for benefits, on a recurring basis, and their level within the fair value hierarchy as of September 30, 2014:

Assets at Fair Value as of September 30, 2014				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 5	\$ -	\$ -	\$ 5
Scitor Holdings, Inc. common stock	-	-	54,343,161	54,343,161
Total investments, at fair value	<u>\$ 5</u>	<u>\$ -</u>	<u>\$ 54,343,161</u>	<u>\$ 54,343,166</u>

The classification of an investment as Level 3 is based upon the significance of unobservable inputs to the overall fair value measurement. However, Level 3 financial instruments may include, in addition to the use of unobservable inputs, observable inputs (inputs that are actually quoted and can be validated to market sources). Accordingly, gains and losses in the table below may include changes in fair value due in part to changes in observable inputs that are part of the valuation methodology.

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 plan assets for the period from October 1, 2014 through June 12, 2015 and for the fiscal year ended September 30, 2014:

	2015	2014
Balance at beginning of period	\$ 54,343,161	\$ 48,559,748
Net appreciation	14,138,738	5,783,413
Sale of common stock	(68,481,899)	-
Balance at end of period	<u>\$ -</u>	<u>\$ 54,343,161</u>

5. Investments – Other

As of September 30, 2014, the Plan held certificates of deposit as shown below:

	Balance at September 30, 2014	Interest Rate	Issuance Date	Term
People's National Bank CD	\$ 2,267,719	0.29%	4/2/2014	7 Months
Total Certificates of Deposit	<u>\$ 2,267,719</u>			

Scitor Corporation Equity Participation Plan
Notes to Financial Statements
June 12, 2015 and September 30, 2014

6. Related-Party Transactions

As of September 30, 2014, the Plan held an investment in 2,605,136.67 shares of Scitor Holdings, Inc. \$0.01 par value voting common stock. See Note 1 for discussion of the sale of common stock as a result of the acquisition transaction by SAIC.

7. Subsequent Events

In preparing these financial statements, management performed an evaluation of subsequent events through November 20, 2015, the date the financial statements were available for issuance, to determine whether circumstances warranted recognition and disclosure of those events or transactions in the financial statements as of June 12, 2015. No material recognized or unrecognized subsequent events were identified.

SUPPLEMENTAL SCHEDULE

Scitor Corporation Equity Participation Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
For the period from October 1, 2014 through June 12, 2015

Identity of Party Involved / Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Scitor Holdings, Inc. Common stock	\$ -	\$ 68,481,899	\$ -	\$ -	\$ 53,317,007	\$ 68,481,899	\$ 15,164,892

Scitor Corporation Equity Participation Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
For the period from October 1, 2014 through June 12, 2015

Identity of Party Involved / Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Scitor Holdings, Inc. Common stock	\$ -	\$ 68,481,899	\$ -	\$ -	\$ 53,317,007	\$ 68,481,899	\$ 15,164,892