

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>09/30/2015</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>ALION SCIENCE AND TECHNOLOGY CORPORATION SAVINGS AND RETIREMENT 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/19/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/19/2001</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/19/2001</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ALION SCIENCE AND TECHNOLOGY CORPORATION</u> <u>1750 TYSONS BLVD STE 1300</u> <u>MC LEAN, VA 22102-4220</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>54-2061691</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>703-269-3487</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541700</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>54-2061691</u>	2c Plan Sponsor's telephone number <u>703-269-3487</u>	2d Business code (see instructions) <u>541700</u>	
2b Employer Identification Number (EIN) <u>54-2061691</u>					
2c Plan Sponsor's telephone number <u>703-269-3487</u>					
2d Business code (see instructions) <u>541700</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2016	KERRY WILSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2016	KERRY WILSON
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 7603
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) 5257
a(2) Total number of active participants at the end of the plan year	6a(2) 5297
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 2295
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 7592
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 32
f Total. Add lines 6d and 6e	6f 7624
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 7426
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 233
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2H 2I 2J 2K 2O 2S 2T 3H 3I	
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) ☒ <u>1</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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan ALION SCIENCE AND TECHNOLOGY CORPORATION SAVINGS AND RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALION SCIENCE AND TECHNOLOGY CORPORATION	D Employer Identification Number (EIN) 54-2061691

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

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	803922	7624	10/01/2014	09/30/2015

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	149457848

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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 10/01/2014 and ending 09/30/2015

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

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	96341	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET GLOBAL ADV

04-1867445

(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?
21 50	TRUSTEE	112500	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
(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.	
(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2014</div> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP SEP ACCT-I2</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-020</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18234223</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MONEY MARKET SA-I3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13685415</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN CORE PLUS BOND SEP ACT-I5</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7681314</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN DIVERSIFIED INTL SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-015</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9880497</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP S&P 500 INDEX SA-I5</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23856547</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETM 2010 SEP ACCT-I3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-075</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4611286</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETM 2020 SEP ACCT-I3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-076</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21285384</u>		

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

c EIN-PN 42-0127290-077	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19203600
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2040 SEP ACCT-I3**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10958145
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2050 SEP ACCT-I3**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-079	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3924658
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM STR INC SA-I3**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2012553
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN REAL ESTATE SECS SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-095	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3756702
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CAPITAL APPR SA-I3**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-119	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10052271
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETM 2060 SEP ACCT-I3**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 315252
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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>09/30/2015</u>		
A Name of plan <u>ALION SCIENCE AND TECHNOLOGY CORPORATION SAVINGS AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALION SCIENCE AND TECHNOLOGY CORPORATION</u>	D Employer Identification Number (EIN) <u>54-2061691</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		(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)	631804	10933010
(2) Participant contributions	1b(2)	859604	873663
(3) Other.....	1b(3)	64864	66899
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)	3293976	3162556
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	143454474	149457848
(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)	120526837	111247885
(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)	32108135	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	300939694	275741861

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
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	300939694	275741861
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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)	10301206	
(B) Participants	2a(1)(B)	18899627	
(C) Others (including rollovers)	2a(1)(C)	3265365	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		32466198
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	100021	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		100021
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1387157	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1387157
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-15932772	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-15932772

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-687120
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-2070862
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		15262622

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	40242674	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		40242674
f Corrective distributions (see instructions).....	2f		7697
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	112500	
(2) Contract administrator fees.....	2i(2)	96341	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	1243	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		210084
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		40460455

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-25197833
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CHERRY BEKAERT LLP

(2) EIN: 56-0574444

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	0
4b		X	0

	Yes	No	Amount
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	0
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	0
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>809940</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☒ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☒ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☒ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	☒ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Report of Independent Auditor

**Alion Science and Technology Corporation
Savings and Retirement Plan**

EIN: 54-2061691

Plan Number: 001

October 1, 2014 to September 30, 2015

**Financial Statements of Net Assets Available
for Benefits as of September 30, 2015 and 2014**

**Financial Statement of Changes in Net Assets Available
for Benefits for the Year Ended September 30, 2015**

Supplemental Schedule as of September 30, 2015

ALION SCIENCE AND TECHNOLOGY CORPORATION SAVINGS AND RETIREMENT PLAN

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NOTE: All other schedules required under Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, have been omitted because they are not applicable

Report of Independent Auditor

The Participants and Plan Administrator of the
Alion Science and Technology Corporation
Savings and Retirement Plan
McLean, Virginia

We have audited the accompanying financial statements of the Alion Science and Technology Corporation Savings and Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of September 30, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended September 30, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our 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 Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Alion Science and Technology Corporation Savings and Retirement Plan as of September 30, 2015 and 2014, and the changes in net assets available for benefits for the year ended September 30, 2015 in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Conversion and Disposition of ESOP Component

As fully described in Note 10 to the financial statements, on August 19, 2015, a third party investor purchased all outstanding shares of Alion common stock held by the Plan. Following this transaction the Employee Stock Ownership Plan (ESOP) component ceased to hold any shares of Alion common stock. Proceeds from the sale of the Company stock held by the Plan were allocated to participants' accounts and invested based on direction from the participants.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of September 30, 2015, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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.

Handwritten signature of Cherry Bekaert LLP in black ink.

Tysons Corner, Virginia
July 14, 2016

**ALION SCIENCE AND TECHNOLOGY CORPORATION
SAVINGS AND RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF SEPTEMBER 30, 2015 AND SEPTEMBER 30, 2014**

	<u>September 30, 2015</u>	<u>September 30, 2014</u>
Assets:		
Investments at fair value:		
Alion common stock	\$ -	\$ 32,108,135
Mutual funds	111,247,885	120,526,837
Pooled separate accounts	<u>149,457,848</u>	<u>143,454,474</u>
Total investments	<u>260,705,733</u>	<u>296,089,446</u>
Receivables:		
Employer contributions	10,933,010	631,804
Participant contributions	873,663	859,604
Notes receivable from participants	3,162,556	3,293,976
Other	<u>66,899</u>	<u>64,864</u>
Total receivables	<u>15,036,128</u>	<u>4,850,248</u>
Net assets available for benefits	<u>\$ 275,741,861</u>	<u>\$ 300,939,694</u>

See accompanying notes to financial statements.

ALION SCIENCE AND TECHNOLOGY CORPORATION
SAVINGS AND RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED SEPTEMBER 30, 2015

	<u>September 30, 2015</u>
Additions to net assets:	
Investment (loss) income:	
Net (depreciation) appreciation	
in fair value of investments:	
Alion common stock	\$ (15,932,772)
Mutual funds	(683,705)
Pooled separate accounts	<u>(687,120)</u>
Net investment loss	<u>(17,303,597)</u>
Interest income on notes	
receivable from participants	<u>100,021</u>
Contributions:	
Employer contributions	10,301,206
Participant contributions	18,899,627
Rollover contributions	<u>3,265,365</u>
Total contributions	<u>32,466,198</u>
Total additions	<u>15,262,622</u>
Deductions to net assets:	
Benefits paid to participants	(40,250,371)
Fees (trading, loans, trustee)	<u>(210,084)</u>
Total deductions	<u>(40,460,455)</u>
Decrease in net assets	
available for benefits	<u>(25,197,833)</u>
Net assets available for benefits:	
Beginning of year	<u>300,939,694</u>
End of year	<u>\$ 275,741,861</u>

See accompanying notes to financial statements.

ALION SCIENCE AND TECHNOLOGY CORPORATION
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2015 AND 2014
AND FOR THE YEAR ENDED SEPTEMBER 30, 2015

1. PLAN DESCRIPTION AND RELATED INFORMATION

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

General – Alion Science and Technology Corporation (the Plan Sponsor, Alion or the Company) established the Plan in 2001 and amended and restated the Plan as of August 19, 2015. The Plan includes a tax exempt employee stock ownership plan (ESOP component) and a tax exempt 401(k) plan (non-ESOP component) under the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA) and Sections 401(a) and 401(k) of the Internal Revenue Code of 1986, as amended (IRC). The ESOP Committee, which consists of seven persons appointed by Alion's chief executive officer, administers the Plan. State Street Bank & Trust Company (the ESOP Trustee) was the trustee for the Alion Science and Technology Corporation Employee Ownership, Savings and Investment Trust (the ESOP Trust), which held legal title to the Alion common stock in the Plan. The ESOP Committee is the trustee for the non-ESOP component of the Plan. Principal Financial Group (Principal) is record-keeper and custodian for the Plan's ESOP and non-ESOP components.

During the year ended September 30, 2015 all Company stock was purchased by a third party. See Note 10. In addition, effective August 19, 2015, the name of the Plan was changed from Alion Science and Technology Corporation Employee Ownership, Savings and Investment Plan to Alion Science and Technology Corporation Savings and Retirement Plan.

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

Contributions – Participants may elect to contribute up to 60% of their eligible compensation to the Plan, subject to statutory annual maximum limits as adjusted each year per IRC regulations. IRC annual limitations apply to all participant salary reduction and similar contributions under this and other plans. Eligible employees who do not make an election to enroll or who decline to enroll within 30 days from their date of hire or rehire are automatically enrolled in the Plan with a pre-tax deferral equal to 3% of compensation. An employee hired or rehired who affirmatively elects to make salary deferral contributions or who is automatically enrolled and does not provide direction as to how contributions should be invested has such contributions invested in the applicable Principal LifeTime portfolio based on the date the employee is expected to turn age 65. Alion matches 100% of the first 3% and 50% of the next 2% of the eligible compensation contributed by each participant.

The Company also made a profit-sharing contribution equal to 2.5% of eligible participant compensation for the period from October 1, 2014, through January 30, 2015 in cash. The Company suspended profit sharing contributions effective January 31, 2015. The Plan permits Alion to make an annual discretionary contribution to the Plan. Each Plan year, the Company determines what portion of its profits, if any, to contribute to the Plan. The Company made no

ALION SCIENCE AND TECHNOLOGY CORPORATION
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discretionary contributions for the Plan year ended September 30, 2015. The Company was obligated to contribute a total of \$10,550,991 (excluding \$600,000 in forfeitures accumulated through the date of payment of June 3, 2016) for the Plan year ended September 30, 2015.

Participant Accounts – The Plan allocates earnings (losses) to participant accounts so that the total of all participant account balances equals the fair market value of the Plan’s investments. Each participant’s 401(k) account is credited with: participant contributions; any Company contributions; the participant’s share of Plan earnings (losses) and appreciation (depreciation) from investing contributions; less administrative expenses. A participant is entitled to that benefit which his or her account can provide.

For the Plan year ended September 30, 2014, the ESOP Committee allocated ESOP component losses to participant accounts so that the total of all participant account balances equaled the fair market value of the ESOP Trust as of September 30, 2014. ESOP component losses were allocated through the date of the sale and the final sale proceeds were allocated to the participant accounts.

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

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

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

Investment Options – The Plan provides for investments in a variety of mutual funds and pooled separate accounts. Up through August 19, 2015, the Plan also provided for investment in Alion common stock. As of September 30, 2015, 25 investment options were available through Principal.

Notes Receivable from Participants – Participants may borrow a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested balance, subject to certain restrictions. A participant may have no more than two loans outstanding at any time. All loans are amortized over a period not to exceed five years, except for loans to purchase or construct a primary residence

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which are permitted to be repaid over a maximum of fifteen years. Participant loans are secured by the participant's remaining balance in the Plan and bear a reasonable rate of interest that provides a return commensurate with the prevailing interest rate charged on similar loans by persons in the business of lending money. Participants repay loan principal and interest ratably through payroll deductions.

Payment of Benefits

Non-ESOP Component

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

ESOP Component

Distributions from the ESOP component formerly were in the form of shares of Alion common stock. Participants could hold or immediately sell distributed shares to the Company. The Company was legally obligated to repurchase shares of its common stock from terminating participants subject to specific rules regarding distributions. The Plan formerly redeemed distributed shares in substantially equal, annual cash payment installments over a period not to exceed five years. Participants who entered government service could, in limited circumstances, request a lump sum distribution of Alion common stock.

Diversification –Any participant who was at least age 55 with 10 or more years of participation in the Plan could diversify a portion of his or her ESOP account to other investment options. In each of the first five years thereafter, a participant could diversify up to 25% of his or her ESOP shares, less any shares previously diversified. In the sixth year, the percentage increased to 50%. Years of participation in certain other plans that were merged into the Plan counted for purposes of diversification.

Forfeitures –As of September 30, 2015 and September 30, 2014, forfeited non-vested accounts totaled \$217,301 and \$370,333 respectively. For the Plan year ended September 30, 2015, a total of \$155,692 was used to reduce Company contributions and pay certain administrative expenses from forfeited non-vested accounts as permitted by the Plan.

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

ALION SCIENCE AND TECHNOLOGY CORPORATION
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2015 AND 2014
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2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Subsequent Events – Subsequent events were evaluated through July 14, 2016, the date the financial statements were available to be issued.

Notes Receivable from Participants – Notes receivable from participants are carried at unpaid principal plus accrued interest. Interest income is recorded as of September 30, 2015 or 2014. No allowance for credit losses has been recorded as of September 30, 2015 or 2014. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Administration of Plan Assets – The Plan’s assets, which consist of mutual funds, pooled separate accounts, and notes receivable from participants, are held by the record-keeper and custodian of the non-ESOP component, Principal. Alion common stock was held by State Street Bank and Trust Company as the ESOP Trustee. Certain administrative functions are performed by Alion officers or employees who receive no compensation from the Plan. Administrative and trustee expenses are to be paid by the Plan. However, the Company can choose to pay for administrative and trustee expenses at its own discretion. For the year ended September 30, 2015, the Company paid all administrative and trustee expenses with the exception of administrative expenses in the amount of \$155,692 which were paid from the Plan’s forfeitures account. The IRC requires the Plan to return excess contributions.

Recently Issued Accounting Pronouncements – In May 2015, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) No. 2015-07 *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)*. ASU

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2015-07 exempts investments measured using the net asset value (NAV) practical expedient from categorization within the fair value hierarchy. The guidance requires retroactive application and is effective for the Plan for years beginning after December 15, 2016. The Plan has not yet elected to adopt this ASU and does not expect the adoption of this guidance to have a significant impact on the Plan's financial statements.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part I Fully Benefit-Responsive Investment Contracts, Part II Plan Investment Disclosures, Part III Measurement Date Practical Expedient*. This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures and provides for a measurement-date practical expedient. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investment by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Management has not yet elected to adopt Part II. Part's I and III are not applicable to this Plan. The Plan has not yet elected to adopt this ASU and does not expect the adoption of this guidance to have a significant impact on the Plan's financial statements.

3. INVESTMENTS AND INCOME

The fair values of the investments representing five percent or more of the Plan's net assets available for benefits at September 30, 2015 or 2014 were as follows:

	September 30,	
	2015	2014
Alion common stock	\$ *	\$ 32,108,135
Principal Money Market Separate Account	*	15,780,414
Principal Lifetime 2020 Separate Account	21,285,384	16,705,001
Principal Lifetime 2030 Separate Account	19,203,600	*
Fidelity Contra Fund	23,039,249	23,763,249
Principal Large Cap S&P 500 Index Sep Acct	23,856,547	24,050,743
Principal Mid Cap Blend Separate Account	18,234,223	17,294,359
Fidelity Capital & Income Fund	16,128,495	18,704,572
American Funds Growth Fund of America R4	16,460,758	17,386,917

* Investment did not exceed five percent or more of net assets available for benefits.

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The Plan held no Alion common stock as of September 30, 2015. The Plan's investment in Alion common stock as of September 30, 2014 was:

	September 30, 2014
Alion Science and Technology Corporation common stock - number of shares	<u>13,105,361</u>
Cost	\$ <u>165,950,665</u>
Fair value	\$ <u>32,108,135</u>

4. FAIR VALUE MEASUREMENTS

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

Level 1 investments held by the Plan primarily consist of mutual funds valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily Net Asset Value (NAV) and to transact at that price. Level 2 investments held by the Plan primarily consist of pooled separate investment accounts whose valuations are based on the NAV of units held which is based on the fair value of the underlying investments held by the fund less its liabilities. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Level 2 investments have no redemption restrictions or unfunded commitments as of September 30, 2015 and 2014. Level 3 consists of the Plan's investment in Alion common stock. There is no public market for Alion common stock. Thus, there are no publicly observable inputs (share prices) for transactions in Alion common stock.

ALION SCIENCE AND TECHNOLOGY CORPORATION
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The following table sets forth by level, within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis as of September 30, 2015:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Short-term fixed income	\$ 6,137,724	\$ -	\$ -	\$ 6,137,724
Fixed income	22,929,573	-	-	22,929,573
Large-cap value	10,675,401	-	-	10,675,401
Large-cap growth	39,500,007	-	-	39,500,007
Mid-cap value	5,257,542	-	-	5,257,542
Mid-cap growth	10,401,186	-	-	10,401,186
Mid-cap blend	11,515,814	-	-	11,515,814
International equity	4,830,638	-	-	4,830,638
Total mutual funds	<u>111,247,885</u>	<u>-</u>	<u>-</u>	<u>111,247,885</u>
Pooled separate accounts:				
Short-term fixed income	-	13,685,415	-	13,685,415
Fixed income	-	7,681,314	-	7,681,314
Balanced	-	62,310,879	-	62,310,879
Large-cap blend	-	33,908,818	-	33,908,818
Mid-cap growth	-	18,234,223	-	18,234,223
Real estate	-	3,756,702	-	3,756,702
International equity	-	9,880,497	-	9,880,497
Total pooled separate accounts	<u>-</u>	<u>149,457,848</u>	<u>-</u>	<u>149,457,848</u>
Alion common stock	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total investments, at fair value	\$ <u>111,247,885</u>	\$ <u>149,457,848</u>	\$ <u>-</u>	\$ <u>260,705,733</u>

ALION SCIENCE AND TECHNOLOGY CORPORATION
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2015 AND 2014
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The following table sets forth by level, within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis as of September 30, 2014:

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

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

The ESOP Trust held all of Alion's outstanding common stock. At each valuation date, the Plan adjusted the reported value of its Alion common stock holdings to reflect their current fair value. The Plan's management estimated the value of the ESOP Trust's holdings based in part on information contained in the independent third-party valuation report.

The valuation report prepared for the ESOP Trustee included discounted cash flow and market multiple analyses based on significant inputs and assumptions such as estimated future revenue and revenue growth; estimated future operating margins; observable market multiples for comparable

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companies; and a discount rate consistent with a market-based weighted average cost of capital. The ESOP Trustee determined the aggregate value of Alion common stock held by the Plan at September 30, 2014 was \$32,108,135. The value of Alion common stock held by the ESOP Trust on August 19, 2015, the date of sale of the Company, was \$15,131,610, the net proceeds the ESOP Trust received.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment in Alion Science and Technology common stock for the year ended September 30, 2015:

	Alion Science and Technology Common Stock
Balance as of October 1, 2014	\$ 32,108,135
Common stock sold	(16,175,363)
Change in fair value	(15,932,772)
Balance as of September 30, 2015	\$ -

5. NON PARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the non-participant-directed investments as of September 30, 2015 and 2014 and for the year ended September 30, 2015, is as follows:

	September 30, 2015	2014
Net assets:		
Alion Science and Technology common stock	\$ -	\$ 32,108,135

	September 30, 2015
Changes in net assets:	
Transfers to non-ESOP	\$ (15,365,423)
Net depreciation	(15,932,772)
Benefits paid to participants	(809,940)
Total change in net assets	\$ (32,108,135)

6. FEDERAL INCOME TAX STATUS

The IRS informed Alion by letter dated September 24, 2013, that it determined the Plan, amended and restated effective as of October 1, 2011, and the related trusts, are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Company and the Plan administrator believe the Plan is designed and is

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currently being operated in compliance with applicable IRC requirements and that no provision for income taxes is necessary.

Tax Uncertainties – GAAP requires Plan management to periodically assess the Plan's tax liabilities and contingencies for all periods open to examination by tax authorities. Where Plan management believes there is more than a 50 percent chance a tax position will not be sustained, the Plan records its best estimate of the resulting tax liability, including interest. Plan management has analyzed the Plan's tax positions and has concluded that as of September 30, 2015 and 2014, the Plan has not taken, nor is it expected to take, any uncertain position that would require it to recognize or disclose a liability in its financial statements. The Plan is subject to routine federal and/or state income tax audits. No audits for any tax year are in progress.

7. PARTY-IN-INTEREST TRANSACTIONS

Up through August 19, 2015, the Plan held Alion Science and Technology Corporation common stock. Alion Science and Technology Corporation is the employer and Plan sponsor. Any transactions in its common stock qualified as party-in-interest transactions. The Plan held no shares of Alion common stock at September 30, 2015. The Plan held 13,105,361 shares of Alion common stock at September 30, 2014 valued at \$32,108,135.

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

8. RISKS AND UNCERTAINTIES

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

9. PLAN AMENDMENTS

There were three Plan amendments in the year ended September 30, 2014, which were the third, fourth and fifth amendments to the Plan following the Plan's October 2011 amendment and restatement. The third amendment changed the eligibility requirements to exclude Service Contract Act employees hired or rehired on or after October 1, 2014. The fourth amendment permitted the Plan to delay the March 31, 2014 valuation. The fifth amendment changed the definition of valuation date to mean September 30, the end of the Plan year. As a result of the fifth amendment, September 30, 2014 was the last valuation date for Alion common stock prior to August 19, 2015 Veritas acquisition (See Note 10 below.). The Plan was amended and restated effective as of

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August 19, 2015 to change the Plan's name and incorporate all previously adopted Plan amendments.

10. VERITAS ACQUISITION OF ALION SCIENCE AND TECHNOLOGY CORPORATION

On August 19, 2015, The Veritas Capital Fund V, L.P. (Veritas) and certain other investors invested a total of \$325 million to capitalize Alion Holdings LLC, the parent company of Alion Holding Corp. Alion Holdings LLC contributed the invested funds to Alion Holding Corp., its 100% owned subsidiary. Alion Holding Corp. in turn used these funds to acquire all issued and outstanding shares of Alion Science and Technology Corporation common stock from the ESOP Trust at \$1.19 per share for a total of approximately \$15.1 million. In addition to acquiring the Company's common stock, the aggregate transaction consideration of \$729.7 million was used to redeem outstanding warrants on an as-converted basis at the same price per share that the ESOP Trust received and to retire debt at a premium to both face and carrying value.

The Veritas acquisition of Alion Science and Technology Corporation was consummated via a merger, pursuant to which all of the acquired shares of Alion Science and Technology Corporation common stock were converted into shares of Dysart Merger Sub, Inc., which was then merged with and into Alion Science and Technology Corporation, with Alion Science and Technology Corporation as the surviving corporation and a 100% owned subsidiary of Alion Holding Corp.

11. SPONSOR LOAN TO ESOP TRUST

In March 2015, Alion lent the ESOP Trust approximately \$234 thousand which the ESOP Trustee used to repurchase 95,434 shares of Alion common stock at \$2.45 per share from Plan participants to fund statutory diversification of participant investments. The interest-free loan qualified for a prohibited transaction exemption under Department of Labor rules (PTE 80-26) and was to be repaid on September 30, 2015, the next scheduled trade date.

On August 19, 2015 in connection with the Veritas acquisition, the ESOP Trust sold all its shares at approximately \$1.19 per share. The ESOP Trust repaid approximately \$114 thousand in loan principal and Alion forgave the loan's remaining \$120 thousand balance.

12. SUBSEQUENT EVENT

On June 3, 2016, the Company contributed approximately \$8.2 million of Company-matching contributions for the Plan Year of October 1, 2014, to September 30, 2015. On June 3, 2016, the Company also contributed approximately \$2.3 million in profit sharing contributions for the period of October 1, 2014, to January 30, 2015. The Company suspended profit sharing contributions effective January 31, 2015. The Plan used \$600 thousand in forfeitures available as of June 3, 2016, to reduce the amount contributed for profit sharing contributions.

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FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NAME: ALION SCIENCE AND TECHNOLOGY CORPORATION SAVINGS AND RETIREMENT PLAN
EIN: 54-2061691; PLAN NUMBER: 001; PLAN YEAR: AS OF SEPTEMBER 30, 2015

(a)	(b)	(c)	(d)	(e)
Notes	Identity of issue/borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
(1)	Principal Money Market Separate Acct	Pooled Separate Account	(2)	13,685,415
(1)	Principal Bond and Mortgage Separate Acct	Pooled Separate Account	(2)	7,681,314
(1)	Principal Lifetime Strategic Income Separate Acct	Pooled Separate Account	(2)	2,012,553
(1)	Principal Lifetime 2010 Separate Acct	Pooled Separate Account	(2)	4,611,286
(1)	Principal Lifetime 2020 Separate Acct	Pooled Separate Account	(2)	21,285,384
(1)	Principal Lifetime 2030 Separate Acct	Pooled Separate Account	(2)	19,203,600
(1)	Principal Lifetime 2040 Separate Acct	Pooled Separate Account	(2)	10,958,145
(1)	Principal Lifetime 2050 Separate Acct	Pooled Separate Account	(2)	3,924,659
(1)	Principal Lifetime 2060 Separate Acct	Pooled Separate Account	(2)	315,252
(1)	Edge Asset Mgmt Capital Appreciation Sep Acct	Pooled Separate Account	(2)	10,052,271
(1)	Principal Large Cap S&P 500 Index Separate Acct	Pooled Separate Account	(2)	23,856,547
(1)	Principal Mid Cap Blend Separate Acct	Pooled Separate Account	(2)	18,234,223
(1)	Principal Real Estate Securities Separate Acct	Pooled Separate Account	(2)	3,756,702
(1)	Principal Diversified International Separate Acct	Pooled Separate Account	(2)	9,880,497
	Pooled Separate Accounts Investments		(2)	149,457,848
	Vanguard Prime Money Market Investor Fund	Mutual Fund	(2)	6,137,724
	Fidelity Capital & Income Fund	Mutual Fund	(2)	16,128,495
	PIMCO Total Return Institutional Fund	Mutual Fund	(2)	6,801,078
	BlackRock Basic Value I Fund	Mutual Fund	(2)	9,013,487
	American Funds Growth Fund of America R4 Fund	Mutual Fund	(2)	16,460,758
	Fidelity Contra Fund	Mutual Fund	(2)	23,039,249
	Goldman Sachs Large Cap Value A Fund	Mutual Fund	(2)	1,661,914
	Eagle Mid Cap Growth I Fund	Mutual Fund	(2)	10,401,186
	Goldman Sachs Mid Cap Value A Fund	Mutual Fund	(2)	5,257,542
	Oppenheimer Main Street Small Cap Y Fund	Mutual Fund	(2)	11,515,814
	Oakmark International I Fund	Mutual Fund	(2)	4,830,638
	Mutual Funds Investments		(2)	111,247,885
(1)	Various Participants	Participant Loans (574 loans maturing 2015-2027 at interest rates of 3.25%-8.25%)	(2)	3,162,556
	Total Investments			\$ 263,868,289

(1) Represents party-in-interest.

(2) Cost information omitted for participant-directed investments

See accompanying Report of Independent Auditor.

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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EIN: 54-2061691; PLAN NUMBER: 001; PLAN YEAR: AS OF SEPTEMBER 30, 2015

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See accompanying Report of Independent Auditor.