

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) ☐ a one-participant plan ☐ a foreign plan
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 Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information			
1a Name of plan NCI INFORMATION SYSTEMS, INC. GOVERNMENT SERVICES PENSION PLAN	1b Three-digit plan number (PN) ►	003	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NCI INFORMATION SYSTEMS, INC. 11730 PLAZA AMERICA DRIVE RESTON, VA 20190		1c Effective date of plan 05/01/2001	
2b Employer Identification Number (EIN) 54-1522509			
2c Sponsor's telephone number 703-707-6679			
2d Business code (see instructions) 541511			
3a Plan administrator's name and address ☒ Same as Plan Sponsor.		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name		4b EIN	
		4c PN	
5a Total number of participants at the beginning of the plan year		5a	26
b Total number of participants at the end of the plan year		5b	26
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		5c	
d(1) Total number of active participants at the beginning of the plan year		5d(1)	0
d(2) Total number of active participants at the end of the plan year		5d(2)	0
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		5e	0
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Signature of plan administrator	10/12/2016 Date	JULIE ANNE WING Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	1424450	1472332
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1424450	1472332
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	121000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-997	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		120003
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	55641	
e Certain deemed and/or corrective distributions (see instructions)....	8e	0	
f Administrative service providers (salaries, fees, commissions).....	8f	16480	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		72121
i Net income (loss) (subtract line 8h from line 8c)	8i		47882
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 3D

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

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?.....	10c	X			5000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i				
j Did the plan trust incur unrelated business taxable income?	10j				

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)..... ☒ Yes ☐ No

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... **11a** 0

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... ☐ Yes ☒ No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? ☐ Yes ☐ No

15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ☐ Design-based safe harbor method ☐ ADP/ACP test

15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? ☐ Yes ☐ No

16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ☐ Ratio percentage test ☐ Average benefit test

16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

17a Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A

17b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes).

17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number ____.

17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.

18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? ☐ Yes ☐ No

19 Were in-service distributions made during the plan year? ☐ Yes ☐ No

If "Yes," enter amount **19**

20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<div>A Name of plan NCI INFORMATION SYSTEMS, INC. GOVERNMENT SERVICES PENSION PLAN</div>	<div>B Three-digit plan number (PN) 003</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NCI INFORMATION SYSTEMS, INC.</div>	<div>D Employer Identification Number (EIN) 54-1522509</div>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2015			
2	Assets:			
	a Market value	2a	1423562	
	b Actuarial value	2b	1423562	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	2	226808	226808
	b For terminated vested participants	25	1478845	1478845
	c For active participants	0	0	0
	d Total	27	1705653	1705653
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.51%	
6	Target normal cost	6	0	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div>SIGN HERE</div>	<div>Signature of actuary WILLIAM G. KARBON, MAAA, MSPA, CPC Type or print name of actuary CBIZ RETIREMENT PLAN SERVICES Firm name 1009 LENOX DRIVE, SUITE 105 LAWRENCEVILLE, NJ 08648-2315 Address of the firm</div>	<div>10/04/2016 Date 14-04568 Most recent enrollment number 609-895-5332 Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	282884	73912	
	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	73912	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	73912	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	110199	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	36287	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**Plan Name:** NCI Information Systems, Inc. Government Services Pension Plan**EIN/PN:** 54-1522509 / 003**Actuarial Cost Method**

Unit Credit

Actuarial Value of Assets

Market Value as reported by the Plan Trustee

Date of Calculations

January 1, 2015

Employees Included in the Calculations

Terminated employees who have a vested benefit as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or are entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included. There are no active employees as of the valuation date.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break-in-service. These employees may have participation requirements different from other new employees.

Although we believe these to be accurate and complete, we have not audited the data and financial information provided.

Pre-retirement for Retirement and Spousal Benefits:

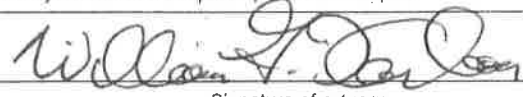
Investment Return - Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	1.22%	4.72%
	Rate 2:	4.11%	6.11%
	Rate 3:	5.20%	6.81%
Mortality:	2015 Combined Static Mortality		
Termination of Employment:	None		
Salary Scale:	None		
Retirement Age:	All employees are assumed to retire at normal retirement age or attained age if later.		

Post-retirement for Retirement Benefits:

Investment Return - Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	1.22%	4.72%
	Rate 2:	4.11%	6.11%
	Rate 3:	5.20%	6.81%
Mortality:	2015 Combined Static Mortality		
Plan Expenses:	Based on estimated administrative expenses paid from plan assets.		
Form of Benefit Payment:	100% of Participants are assumed to elect the Normal Form.		
Effective Rate of Interest:	6.51%		

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan NCI INFORMATION SYSTEMS, INC. GOVERNMENT SERVICES PENSION PLAN		B Three-digit plan number (PN) <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NCI INFORMATION SYSTEMS, INC.		D Employer Identification Number (EIN) 54-1522509
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		
Part I Basic Information		
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>		
2 Assets:		
a Market value		2a 1,423,562
b Actuarial value		2b 1,423,562
3 Funding target/participant count breakdown		
a For retired participants and beneficiaries receiving payment		(1) Number of participants: 2 (2) Vested Funding Target: 226,808 (3) Total Funding Target: 226,808
b For terminated vested participants		(1) Number of participants: 25 (2) Vested Funding Target: 1,478,845 (3) Total Funding Target: 1,478,845
c For active participants		(1) Number of participants: 0 (2) Vested Funding Target: 0 (3) Total Funding Target: 0
d Total		(1) Number of participants: 27 (2) Vested Funding Target: 1,705,653 (3) Total Funding Target: 1,705,653
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions		4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b
5 Effective interest rate		5 6.51%
6 Target normal cost		6 0
Statement by Enrolled Actuary <small>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.</small>		
SIGN HERE 		<u>10-4-2016</u> Date
WILLIAM G. KARBON, MAAA, MSPA, CPC Type or print name of actuary		1404568 Most recent enrollment number
CBIZ RETIREMENT PLAN SERVICES Firm name		609-895-5332 Telephone number (including area code)
1009 LENOX DRIVE, SUITE 105 LAWRENCEVILLE NJ 08648-2315 Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500 or 5500-SF.		
Schedule SB (Form 5500) 2015 v. 150123		

SB Actuary Signature

Schedule SB (Form 5500) 2015

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Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	29,735	12,863
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	29,735	12,863
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>4.21%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		761
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.72%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		32
	c Total available at beginning of current plan year to add to prefunding balance		793
	d Portion of (c) to be added to prefunding balance		793
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	793

Part III Funding Percentages			
14	Funding target attainment percentage	14	83.41%
15	Adjusted funding target attainment percentage	15	83.41%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.58%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/01/2016	121,000	0			
Totals ▶			18(b)	121,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 110,199
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.72%2nd segment:
6.11%3rd segment:
6.81%☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.

Yes



No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.

Yes



No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.

Yes



No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

0

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

282,884

73,912

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)**34**

73,912

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36**

73,912

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

110,199

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

36,287

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected

2 plus 7 years



15 years

b Eligible plan year(s) for which the election in line 41a was made☐ 2008☐ 2009☐ 2010☐ 2011**42** Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

SB Actuary Signature

Schedule SB, line 19 - Discounted Employer Contributions

Plan Name: NCI Information Systems, Inc. Government Services Pension Plan
EIN/PN: 54-1522509 / 003

Deposit Date	Amount	Discount		Designation	Due Date	DaysLate	To VD	w/LI	w/EI
		Rate **							
4/1/2016	16,630	6.51%		1st Quarter	4/15/2015	352	104	14,705	15,370
4/1/2016	16,630	6.51%		2nd Quarter	7/15/2015	261	195	14,874	15,370
4/1/2016	16,630	6.51%		3rd Quarter	10/15/2015	169	287	15,047	15,370
4/1/2016	16,630	6.51%		4th Quarter	1/15/2016	77	379	15,222	15,370
4/1/2016	54,480	6.51%		2015 MRC	9/15/2016	0	456	50,352	50,352
Total								110,199	111,832
Less Credit Balance								-	-
Total Deposited								121,000	
Total Discounted Contributions								110,199	111,832
Q Pen interest									1,633

** Effective Rate plus 5% for period between due date and deposit date

SB Actuary Signature

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: NCI Information Systems, Inc. Government Services Pension Plan

EIN/PN: 54-1522509 / 003

Age	Retirement Rate	Weight	Age x Weight
65	100%	100.00%	65.00
Weighted Average Retirement Age			65.00
Rounded to Nearest Integer			65

SB Actuary Signature

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: NCI Information Systems, Inc. Government Services Pension Plan

EIN/PN: 54-1522509 / 003

Actuarial Cost Method

Unit Credit

Actuarial Value of Assets

Market Value as reported by the Plan Trustee

Date of Calculations

January 1, 2015

Employees Included in the Calculations

Terminated employees who have a vested benefit as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or are entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included. There are no active employees as of the valuation date.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break-in-service. These employees may have participation requirements different from other new employees.

Although we believe these to be accurate and complete, we have not audited the data and financial information provided.

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	1.22%	4.72%
	Rate 2:	4.11%	6.11%
	Rate 3:	5.20%	6.81%
Mortality:	2015 Combined Static Mortality		
Termination of Employment:	None		
Salary Scale:	None		
Retirement Age:	All employees are assumed to retire at normal retirement age or attained age if later.		

Post-retirement for Retirement Benefits:

Investment Return - Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	1.22%	4.72%
	Rate 2:	4.11%	6.11%
	Rate 3:	5.20%	6.81%
Mortality:	2015 Combined Static Mortality		
Plan Expenses:	Based on estimated administrative expenses paid from plan assets.		
Form of Benefit Payment:	100% of Participants are assumed to elect the Normal Form.		
Effective Rate of Interest:	6.51%		

SB Actuary Signature

Schedule SB, Part V - Statement of Plan Provisions

Plan Name: NCI Information Systems, Inc. Government Services Pension Plan

EIN/PN: 54-1522509 / 003

The following summary describes Principal Plan Provisions assumed in calculating the cost of your Pension Plan.

General Information

Original Effective Date	5/1/2001
Plan Year	January 1 through December 31
Employer ID No.	54-1522509
Plan Number	003

Eligibility

All employees of the Employer are eligible to participate in the Plan as of their date of employment.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours. Partial service is credited for completed months if an employee made employee contributions.

Normal Retirement Date

Normal Retirement Date is the first of month coinciding with or next following the later of age 65 or five years of participation.

Normal Retirement Benefit

The amount of annual benefit to Normal Retirement Date is the greater of A or B below:

A. 2.00% of career average monthly compensation per year of credited service

or,

B. \$31 per year of credited service

Benefit Accruals were frozen 12/31/2005 and resumed effective 7/1/2006.

Mandatory Contributions

1.5% of compensation on an annual basis. Contributions ceased 12/31/2005 and resumed effective 7/1/2006.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive, at actual retirement, the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

SB Actuary Signature

Schedule SB, Part V - Statement of Plan Provisions

Plan Name: NCI Information Systems, Inc. Government Services Pension Plan

EIN/PN: 54-1522509 / 003

Average Compensation

The average is based on annualized salary from date of participation and is measured over a participant's entire career. Compensation for each year shall not exceed the IRC Section 401(a)(17) limit.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using Average Compensation and Credited Service as of the accrual date.

Early Retirement Benefit

Upon the completion of ten years of Vesting Service and the attainment of age 60, a participant may elect to retire. He may receive an immediate benefit equal to the Normal Retirement Benefit reduced by 1/2 of one percent for each month the participant's early retirement date precedes the Participant's Normal Retirement Date.

Disability Retirement Benefit

None provided.

Death Benefit

In the event of a vested participant's death on or before normal retirement age, the beneficiary shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint & 50% Survivor Annuity, and died on the day after the earliest retirement age.

Severance Benefit

Upon termination of employment after five years of Vesting Service, a participant shall have a vested interest in his accrued benefit, which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Vesting Service</u>	<u>Vested Percent</u>
Fewer than five	0%
Five or more	100%

Normal Form of Payment

The Normal Form of Payment is a Life Annuity payable monthly for single participants, or a Joint & 55% Survivor Annuity payable monthly for married participants.

Schedule SB, Part V - Statement of Plan Provisions

Plan Name: NCI Information Systems, Inc. Government Services Pension Plan

EIN/PN: 54-1522509 / 003

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment.

The options available are as follows:

- (1) An equivalent benefit to be paid during the participant's lifetime with 55%, 75% or 100% of the equivalent benefit to be continued to his spouse for her lifetime after his death.
- (2) An equivalent life only benefit to be paid during the participant's lifetime.
- (3) A lump sum benefit for accrued benefits as of 1994. If the lump sum value of the participant's employer benefits after 1994 is less than 10,000, a lump sum of the entire benefit may be paid.

Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment based on the GATT Table and an 6.5% interest rate. Lump sum actuarial equivalence is based on the Applicable Mortality Table and the Applicable Interest Rate based on a one-month lookback and the stability period of one plan year.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan Document.

SB Actuary Signature

Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name: NCI Information Systems, Inc. Government Services Pension Plan

EIN/PN: 54-1522509 / 003

Type of Base	Present Value of remaining installments	Valuation Date Established	# of Years Remaining	Amortization Installment
Shortfall	143,375	1/1/2011	3	50,012
Shortfall	(10,326)	1/1/2013	5	(2,260)
Shortfall	56,610	1/1/2014	6	10,656
Shortfall	<u>93,225</u>	1/1/2015	7	<u>15,504</u>
Total	282,884			73,912

Note: The plan met the shortfall base exemption test for the 2012 plan year

Schedule SB, line 19 - Discounted Employer Contributions**Plan Name:** NCI Information Systems, Inc. Government Services Pension Plan**EIN/PN:** 54-1522509 / 003

		Discount						
Deposit Date	Amount	Rate **	Designation	Due Date	DaysLate	To VD	w/LI	w/EI
4/1/2016	16,630	6.51%	1st Quarter	4/15/2015	352	104	14,705	15,370
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Total							110,199	111,832
Less Credit Balance							-	-
Total Deposited	121,000	Total Discounted Contributions					110,199	111,832
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**** Effective Rate plus 5% for period between due date and deposit date**

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Plan Name: NCI Information Systems, Inc. Government Services Pension Plan
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Age	Retirement Rate	Weight	Age x Weight
65	100%	100.00%	65.00
Weighted Average Retirement Age			65.00
Rounded to Nearest Integer			65

Schedule SB, Part V - Statement of Plan Provisions

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EIN/PN: 54-1522509 / 003

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