

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 2016 This Form is Open to Public Inspection	
Part I Annual Report Identification Information					
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016					
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	
		1c Effective date of plan		05/01/2001	
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		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.		4b EIN			
a Sponsor's name		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 (only defined contribution plans 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.	10/04/2017	JULIE ANNE WING		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN HERE					
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		
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	1472332	1667165
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1472332	1667165
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	111413	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	125684	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		237097
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	25079	
e Certain deemed and/or corrective distributions (see instructions) ..	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	17185	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		42264
i Net income (loss) (subtract line 8h from line 8c)	8i		194833
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				

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 contributions 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? If "No," skip b.	☐ Yes ☐ No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test
	☐ "Current year" ADP test ☐ N/A
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.	
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.	
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	☐ Yes ☐ No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	☐ Yes ☐ No

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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 <u>NCI INFORMATION SYSTEMS, INC. GOVERNMENT SERVICES PENSION PLAN</u>	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 <u>NCI INFORMATION SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>54-1522509</u>
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>2016</u>	
2 Assets:	
a Market value	2a <u>1470444</u>
b Actuarial value	2b <u>1470444</u>
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.....	<u>2</u> <u>222433</u> <u>222433</u>
b For terminated vested participants.....	<u>25</u> <u>1614509</u> <u>1614509</u>
c For active participants.....	<u>0</u> <u>0</u> <u>0</u>
d Total.....	<u>27</u> <u>1836942</u> <u>1836942</u>
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 <u>6.31</u> %
6 Target normal cost.....	6 <u>0</u>

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.

SIGN HERE	
Signature of actuary	<u>06/28/2017</u>
<u>BETH K. SCHEFFEY, MSPA</u>	Date
Type or print name of actuary	<u>17-07850</u>
<u>CBIZ BENEFITS AND INSURANCE SERVICE</u>	Most recent enrollment number
Firm name	<u>609-895-5335</u>
<u>1009 LENOX DRIVE, SUITE 105</u> <u>LAWRENCEVILLE, NJ 08648-2315</u>	Telephone number (including area code)
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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

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)	0	793
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	793
10	Interest on line 9 using prior year's actual return of <u>-1.25</u> %	0	-10
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		36287
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>6.51</u> %		2362
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		38649
d	Portion of (c) to be added to prefunding balance		0
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	783

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.00%
15	Adjusted funding target attainment percentage	15	80.00%
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	83.41%
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
12/30/2016	111413	0			
Totals ►			18(b)	111413	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 103751
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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
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	367281	98045			
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 98045			
	Carryover balance	Prefunding balance	Total balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)		36 98045			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 103751			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	5706			
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, 2016

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:

Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	1.41%	4.43%
	Rate 2:	3.96%	5.91%
	Rate 3:	4.97%	6.65%
Mortality:	2016 Combined Static Mortality		
Termination of Employment:	None - There are no active employees covered under the plan.		
Salary Scale:	None - There are no active employees covered under the plan.		
Retirement Age:	All participants are assumed to retire at normal retirement age or attained age if later. Assuming earlier commencement would not significantly impact the liabilities since benefits are reduced for earlier commencement according to plan reduction factors that closely approximate the actuarial equivalent value of the benefit.		

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

Post-retirement for Retirement Benefits:

Segment Rates (0-month lookback)

For 404**For 430 and 436**

Sample Rates:

Rate 1:	1.41%	4.43%
Rate 2:	3.96%	5.91%
Rate 3:	4.97%	6.65%

Mortality:

2016 Combined Static Mortality

Plan Expenses:

Expenses are not expected to be paid from the plan assets.
This assumption is based on past practice of no administrative expenses and our best understanding of expected future practice.

Form of Benefit Payment:

100% of Participants are assumed to elect the Normal Form.
This plan only offers limited lump sums but offers multiple annuity options. Optional forms of annuity are calculated based on actuarial equivalence and more refined assumption would not produce materially different results.

Marital Status

Terminated vested participants are assumed to have no change in marital status from the time of their termination of employment.
There are not current active participants in the plan.

Spousal Age Difference:

The spouse is assumed to be the same age as the participant

Effective Rate of Interest:

6.31%

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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

► **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) ►	003
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>2016</u>			
2	Assets:			
	a Market value.....	2a		1,470,444
	b Actuarial value	2b		1,470,444
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	222,433	222,433
	b For terminated vested participants	25	1,614,509	1,614,509
	c For active participants	0	0	0
	d Total	27	1,836,942	1,836,942
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		6.31%
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.

SIGN HERE	 Signature of actuary	<u>6-21-2017</u> Date
BETH K. SCHEFFEY, MSPA Type or print name of actuary CBIZ BENEFITS AND INSURANCE SERVICE Firm name 1009 LENOX DRIVE, SUITE 105 LAWRENCEVILLE NJ 08648-2315 Address of the firm		1707850 Most recent enrollment number 609-895-5335 Telephone number (including area code)

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 ☐

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).....	0	793
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8).....	0	793
10	Interest on line 9 using prior year's actual return of <u>-1.25%</u>	0	-10
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		36,287
	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>6.51%</u>		2,362
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		38,649
	d Portion of (c) to be added to prefunding balance.....		0
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	783

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.00%
15	Adjusted funding target attainment percentage.....	15	80.00%
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	83.41%
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
12/30/2016	111,413	0			
Totals ▶			18(b)	111,413	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 103,751
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:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43 %</div> <div>2nd segment: 5.91 %</div> <div>3rd segment: 6.65 %</div> </div>	☐ 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	367,281	98,045
	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	98,045
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	98,045
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	103,751
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	5,706
	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, 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
12/30/2016	18,478	6.31%	1st Quarter	4/15/2016	259	105	16,831	17,387
12/30/2016	18,478	6.31%	2nd Quarter	7/15/2016	168	196	17,024	17,387
12/30/2016	18,478	6.31%	3rd Quarter	10/15/2016	76	288	17,222	17,387
12/30/2016	18,478	6.31%	4th Quarter	1/15/2017	0	364	17,387	17,387
12/30/2016	37,501	6.31%	2016 MRC	9/15/2017	0	364	35,287	35,287
Total							103,751	104,835
Less Credit Balance							-	-
Total Deposited	111,413	Total Discounted Contributions					103,751	104,835
							Q Pen interest	1,084

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

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

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, 2016

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:

Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	1.41%	4.43%
	Rate 2:	3.96%	5.91%
	Rate 3:	4.97%	6.65%
Mortality:	2016 Combined Static Mortality		
Termination of Employment:	None - There are no active employees covered under the plan.		
Salary Scale:	None - There are no active employees covered under the plan.		
Retirement Age:	All participants are assumed to retire at normal retirement age or attained age if later. Assuming earlier commencement would not significantly impact the liabilities since benefits are reduced for earlier commencement according to plan reduction factors that closely approximate the actuarial equivalent value of the benefit.		

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

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

EIN/PN: 54-1522509 / 003

Post-retirement for Retirement Benefits:

Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	1.41%	4.43%
	Rate 2:	3.96%	5.91%
	Rate 3:	4.97%	6.65%

Mortality:

2016 Combined Static Mortality

Plan Expenses:

Expenses are not expected to be paid from the plan assets.
This assumption is based on past practice of no administrative expenses and our best understanding of expected future practice.

Form of Benefit Payment:

100% of Participants are assumed to elect the Normal Form.
This plan only offers limited lump sums but offers multiple annuity options. Optional forms of annuity are calculated based on actuarial equivalence and more refined assumption would not produce materially different results.

Marital Status

Terminated vested participants are assumed to have no change in marital status from the time of their termination of employment.
There are not current active participants in the plan.

Spousal Age Difference:

The spouse is assumed to be the same age as the participant

Effective Rate of Interest:

6.31%

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

Only employees performing services as a second tier subcontractor and "business employees" 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.

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.

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	97,902	1/1/2011	2	50,012
Shortfall	(8,481)	1/1/2013	4	(2,260)
Shortfall	48,947	1/1/2014	5	10,656
Shortfall	82,851	1/1/2015	6	15,504
Shortfall	<u>146,062</u>	1/1/2016	7	<u>24,133</u>
Total	367,281			98,045

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

Deposit Date	Amount	Discount Rate **	Designation	Due Date	DaysLate	To VD	w/LI	w/EI
12/30/2016	18,478	6.31%	1st Quarter	4/15/2016	259	105	16,831	17,387
12/30/2016	18,478	6.31%	2nd Quarter	7/15/2016	168	196	17,024	17,387
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12/30/2016	37,501	6.31%	2016 MRC	9/15/2017	0	364	35,287	35,287
						Total	103,751	104,835
						Less Credit Balance	-	-
Total Deposited	111,413					Total Discounted Contributions	103,751	104,835
						Q Pen interest		1,084

** 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

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

Schedule SB, Part V - Statement of Plan Provisions

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Normal Retirement Date

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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,

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Mandatory Contributions

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Delayed Retirement

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Schedule SB, Part V - Statement of Plan Provisions

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Schedule SB, Part V - Statement of Plan Provisions

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