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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [X] 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:
- [X] 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 [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d 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 who 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.	10/08/2019	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] 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.) [X] 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)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4158321. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1959850	1925998
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1959850	1925998
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	135000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-108079	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		26921
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	35023	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	25750	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		60773
i Net income (loss) (subtract line 8h from line 8c)	8i		-33852
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	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)	[X] 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? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	[ ] Yes [X] No
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 [X] 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 [X] 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)

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	1956227
b Actuarial value	**2b**	1956227

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	224748	224748
b For terminated vested participants	25	2007738	2007738
c For active participants	0	0	0
d Total	27	2232486	2232486

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**	5.90 %
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 — Date: 09/16/2019

BETH K. SCHEFFEY, MSPA — Type or print name of actuary

17-07850 — Most recent enrollment number

CBIZ BENEFITS AND INSURANCE SERVICE — Firm name

609-895-5335 — 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 [ ]

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	6909
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6901
9	Amount remaining (line 7 minus line 8)	0	8
10	Interest on line 9 using prior year's actual return of 12.37 %	0	1
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 6.11%		0
	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		0
	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	9

Part III Funding Percentages

14	Funding target attainment percentage	14	87.62%
15	Adjusted funding target attainment percentage	15	87.62%
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	83.07%
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
04/01/2019	135000	0			
			Totals ► 18(b)	135000	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	124310

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] 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:	2nd segment:	3rd segment:	
3.92%	5.52%	6.29%	☐ 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)

Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☒ 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	276268	62037
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**	62037

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	62037
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	124310

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	62273
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

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

NCI Information Systems, Inc.
Government Services Pension Plan
Actuarial Report for the Plan Year Beginning January 1, 2018

Summary of Principal Actuarial Assumptions

Actuarial Cost Method
Unit Credit

Actuarial Value of Assets
Market Value as reported by the Plan Trustee

Date of Calculations
January 1, 2018

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)

		For 404	For 430 and 436
Sample Rates:	Rate 1:	1.81%	3.92%
	Rate 2:	3.68%	5.52%
	Rate 3:	4.53%	6.29%

Mortality:	2018 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.

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

NCI Information Systems, Inc.
Government Services Pension Plan
Actuarial Report for the Plan Year Beginning January 1, 2018

Summary of Principal Actuarial Assumptions

Retirement Age: All participants 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)

		For 404	For 430 and 436
Sample Rates:	Rate 1:	1.81%	3.92%
	Rate 2:	3.68%	5.52%
	Rate 3:	4.53%	6.29%

Mortality: 2018 Combined Static Mortality

Plan Expenses: Expenses are not expected to be paid from the plan assets.

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.

Marital Status: Terminated vested participants are assumed to have no change in marital status from the time of their termination of employment. There are no 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: 5.90%

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	1,956,227
b Actuarial value	**2b**	1,956,227

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	224,748	224,748
b For terminated vested participants	25	2,007,738	2,007,738
c For active participants	0	0	0
d Total	27	2,232,486	2,232,486

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**	5.90%
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

Beth Scheffey
Signature of actuary

9-16-2019
Date

BETH K. SCHEFFEY, MSPA
Type or print name of actuary

1707850
Most recent enrollment number

CBIZ BENEFITS AND INSURANCE SERVICE
Firm name

609-895-5335
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 [ ]

SB Actuary Signature

Schedule SB (Form 5500) 2018 Page 2 -

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	6,909
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6,901
9	Amount remaining (line 7 minus line 8)	0	8
10	Interest on line 9 using prior year's actual return of 12.37%	0	1
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 6.11%		0
	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		0
	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	9

Part III Funding Percentages

14	Funding target attainment percentage	14	87.62%
15	Adjusted funding target attainment percentage	15	87.62%
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	83.07%
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
04/01/2019	135,000	0			
			Totals ► 18(b)	135,000	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	124,310

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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.92 %	5.52 %	6.29%	

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☒ 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	276,268	62,037
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**	62,037

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	62,037
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	124,310
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	62,273
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

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
4/1/2019	13,958	5.90%	1st Quarter	4/15/2018	351	104	12,431	12,995
4/1/2019	13,958	5.90%	2nd Quarter	7/15/2018	260	195	12,575	12,995
4/1/2019	13,958	5.90%	3rd Quarter	10/15/2018	168	287	12,722	12,995
4/1/2019	13,958	5.90%	4th Quarter	1/15/2019	76	379	12,872	12,995
4/1/2019	79,168	5.90%	2018 MRC	9/15/2019	0	455	73,710	73,710
						Total	124,310	125,690
						Less Credit Balance	-	-
Total Deposited	135,000			Total Discounted Contributions			124,310	125,690
							Q Pen interest	1,380

** 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

NCI Information Systems, Inc.
Government Services Pension Plan
Actuarial Report for the Plan Year Beginning January 1, 2018

Summary of Principal Actuarial Assumptions

Actuarial Cost Method
Unit Credit

Actuarial Value of Assets
Market Value as reported by the Plan Trustee

Date of Calculations
January 1, 2018

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)

		For 404	For 430 and 436
Sample Rates:	Rate 1:	1.81%	3.92%
	Rate 2:	3.68%	5.52%
	Rate 3:	4.53%	6.29%

Mortality:	2018 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.

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

NCI Information Systems, Inc.
Government Services Pension Plan
Actuarial Report for the Plan Year Beginning January 1, 2018

Summary of Principal Actuarial Assumptions

Retirement Age: All participants 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)

		For 404	For 430 and 436
Sample Rates:	Rate 1:	1.81%	3.92%
	Rate 2:	3.68%	5.52%
	Rate 3:	4.53%	6.29%

Mortality: 2018 Combined Static Mortality

Plan Expenses: Expenses are not expected to be paid from the plan assets.

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.

Marital Status: Terminated vested participants are assumed to have no change in marital status from the time of their termination of employment. There are no 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: 5.90%

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

NCI Information Systems, Inc.
Government Services Pension Plan
Actuarial Report for the Plan Year Beginning January 1, 2018

Summary of Principal Plan Provisions

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

General Information

Original Effective Date	5/1/2011
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 the 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.

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

NCI Information Systems, Inc.
Government Services Pension Plan
Actuarial Report for the Plan Year Beginning January 1, 2018

Summary of Principal Plan Provisions

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.

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 Benefit Accrual 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:

Years of Vesting Service	Vested Percent
Fewer than five	0%
Five or more	100%

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

NCI Information Systems, Inc.
Government Services Pension Plan
Actuarial Report for the Plan Year Beginning January 1, 2018

Summary of Principal Plan Provisions

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.

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 6.50% 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	(4,435)	1/1/2013	2	(2,260)
Shortfall	30,777	1/1/2014	3	10,656
Shortfall	58,594	1/1/2015	4	15,504
Shortfall	111,899	1/1/2016	5	24,133
Shortfall	47,363	1/1/2017	6	8,769
Shortfall	32,070	1/1/2018	7	5,235
Total	276,268			62,037

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
4/1/2019	13,958	5.90%	1st Quarter	4/15/2018	351	104	12,431	12,995
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						Total	124,310	125,690
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Total Deposited	135,000					Total Discounted Contributions	124,310	125,690
							Q Pen interest	1,380

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

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

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

NCI Information Systems, Inc.
Government Services Pension Plan
Actuarial Report for the Plan Year Beginning January 1, 2018

Summary of Principal Plan Provisions

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

General Information

Original Effective Date	5/1/2011
Plan Year	January 1 through December 31
Employer ID No.	54-1522509
Plan Number	003

Eligibility
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Service
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Normal Retirement Date
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Average Compensation
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Shortfall	47,363	1/1/2017	6	8,769
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Total	276,268			62,037