

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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
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.)
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 <u>NCI INFORMATION SYSTEMS, INC. GOVERNMENT SERVICES PENSION PLAN</u>	1b Three-digit plan number (PN) ► <u>003</u>
		1c Effective date of plan <u>05/01/2001</u>
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) <u>NCI INFORMATION SYSTEMS, INC.</u> <u>11730 PLAZA AMERICA DRIVE</u> <u>RESTON, VA 20190</u>	2b Employer Identification Number (EIN) <u>54-1522509</u> 2c Sponsor's telephone number <u>703-707-6679</u> 2d Business code (see instructions) <u>541511</u>
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 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 <u>26</u>
b	Total number of participants at the end of the plan year	5b <u>26</u>
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) <u>0</u>
d(2)	Total number of active participants at the end of the plan year	5d(2) <u>0</u>
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e <u>0</u>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, 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.	10/06/2021	JASPER BALDWIN
	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.) ☒ 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
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4303267. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2358355	2591827
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	2358355	2591827
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	88000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	183810	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		271810
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	38338	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		38338
i Net income (loss) (subtract line 8h from line 8c)	8i		233472
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		☒	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		☒	
c Was the plan covered by a fidelity bond?	10c	☒		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		☒	
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		☒	
f Has the plan failed to provide any benefit when due under the plan?	10f		☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		☒	
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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below.....	☒ Yes ☐ No
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.....	11a 0
b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation _____	

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.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	☐ Yes ☒ 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 ☒ 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)	

<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>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
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 01 Day 01 Year 2020			
2	Assets:			
a	Market value	2a	2356912	
b	Actuarial value	2b	2356912	
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	3	403194	403194
b	For terminated vested participants	24	2166581	2166581
c	For active participants	0	0	0
d	Total	27	2569775	2569775
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	5.54 %	
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	09/28/2021
MICHAEL J. WHITTLE, JR.	Date
Type or print name of actuary	20-08339
CBIZ RETIREMENT PLAN SERVICES	Most recent enrollment number
Firm name	267-800-1571
44 BALTIMORE STREET CUMBERLAND, MD 21502	Telephone number (including area code)
Address of the firm	

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	0
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	0
10 Interest on line 9 using prior year's actual return of <u>18.88</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)		51
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>5.71</u> %		3
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		54
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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	91.71 %
15 Adjusted funding target attainment percentage	15	91.71 %
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	80.03 %
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
09/13/2021	88000	0			
Totals ▶			18(b)	88000	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	78279

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:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ 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 212863 Installment 76418**b** Waiver amortization installment**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** 76418**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 76418**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 78279**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 1861**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****Actuarial Cost Method**

Unit Credit

Actuarial Value of Assets

Market Value as reported by the Plan Trustee

Date of Calculations

January 1, 2020

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:	2.77%	3.64%
	Rate 2:	3.83%	5.21%
	Rate 3:	4.28%	5.94%
Mortality:	IRS 2020 Combined Static Mortality		
Termination of Employment:	None		
Salary Scale:	None		

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

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

EIN/PN: 54-1522509/003

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)

Sample Rates:			<u>For 404</u>	<u>For 430 and 436</u>
	Rate 1:		2.77%	3.64%
	Rate 2:		3.83%	5.21%
	Rate 3:		4.28%	5.94%

Mortality: IRS 2020 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.

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: 5.54%

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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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) ►	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>2020</u>			
2 Assets:			
a Market value.....	2a	2,356,912	
b Actuarial value.....	2b	2,356,912	
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.....	3	403,194	403,194
b For terminated vested participants	24	2,166,581	2,166,581
c For active participants.....	0	0	0
d Total.....	27	2,569,775	2,569,775
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	5.54%	
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	Michael J. Whittle, Jr. <i>MSW</i> Signature of actuary MICHAEL J. WHITTLE, JR. Type or print name of actuary CBIZ RETIREMENT PLAN SERVICES Firm name 44 Baltimore Street CUMBERLAND MD 21502 Address of the firm	<i>09/28/2021</i> Date 2008339 Most recent enrollment number 267-800-1571 Telephone number (including area code)
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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 ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

 Schedule SB (Form 5500) 2020
 v. 200204

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	0
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	0
10 Interest on line 9 using prior year's actual return of <u>18.88</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)		51
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>5.71</u> %		3
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		54
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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	91.71%
15 Adjusted funding target attainment percentage	15	91.71%
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	80.03%
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
09/13/2021	88,000	0			
Totals ▶			18(b)	88,000	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	78,279

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: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ 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	212,863	76,418	
b Waiver amortization installment			
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	76,418	
	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	76,418	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	78,279	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,861	
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****Actuarial Cost Method**

Unit Credit

Actuarial Value of Assets

Market Value as reported by the Plan Trustee

Date of Calculations

January 1, 2020

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:	2.77%	3.64%
	Rate 2:	3.83%	5.21%
	Rate 3:	4.28%	5.94%
Mortality:	IRS 2020 Combined Static Mortality		
Termination of Employment:	None		
Salary Scale:	None		

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

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)**

Sample Rates:		<u>For 404</u>	<u>For 430 and 436</u>
	Rate 1:	2.77%	3.64%
	Rate 2:	3.83%	5.21%
	Rate 3:	4.28%	5.94%

Mortality: IRS 2020 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.

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: 5.54%

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 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****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:

<u>Years of Vesting Service</u>	<u>Vested Percent</u>
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

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 form 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	10,656	1/1/2014	1	10,656
Shortfall	30,463	1/1/2015	2	15,504
Shortfall	69,886	1/1/2016	3	24,133
Shortfall	33,271	1/1/2017	4	8,769
Shortfall	24,400	1/1/2018	5	5,235
Shortfall	225,963	1/1/2019	6	41,563
Shortfall	<u>(181,776)</u>	1/1/2020	7	<u>(29,442)</u>
Total	212,863			76,418

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

Deposit Date	Original Quarterly Amount	Subject to CARES Act?	CARES Act Due Date	CARES Act Contribution	Discount Rate **	Days Late	To VD	Present Value
9/13/2021	17,194	Yes	1/1/2021	17,870	5.54%	255	366	15,784
9/13/2021	17,194	Yes	1/1/2021	17,631	5.54%	255	366	15,574
9/13/2021	17,194	Yes	1/1/2021	17,393	5.54%	255	366	15,363
9/13/2021	17,194	No	1/15/2021	17,194	5.54%	241	380	15,215
9/13/2021		No	9/15/2021	17,912	5.54%	0	621	16,343
Total Deposited				88,000		Total Discounted		78,279

** Effective Rate plus 5% for period between due date and deposit date, adjusted for CARES ACT.

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

Deposit Date	Original Quarterly Amount	Subject to CARES Act?	CARES Act Due Date	CARES Act Contribution	Discount Rate **	Days Late	To VD	Present Value
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9/13/2021	17,194	No	1/15/2021	17,194	5.54%	241	380	15,215
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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**

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