Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
CUBIC CORPORATION PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/01/1974

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)
CUBIC CORPORATION

9233 BALBOA AVENUE
SAN DIEGO, CA 92123-1515

2b Employer Identification Number (EIN) 95-1678055

2c Plan Sponsor's telephone number 858-277-6780

2d Business code (see instructions) 335900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/04/2024	CHRISTY CARVER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/04/2024	CHRISTY CARVER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

CUBIC CORPORATION

9233 BALBOA AVENUE
SAN DIEGO, CA 92123-1515

3b Administrator's EIN: 95-1678055

3c Administrator's telephone number: 858-277-6780

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

5 Total number of participants at the beginning of the plan year	**5**	1948
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	252
a(2) Total number of active participants at the end of the plan year	**6a(2)**	214
b Retired or separated participants receiving benefits	**6b**	1113
c Other retired or separated participants entitled to future benefits	**6c**	436
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1763
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	160
f Total. Add lines **6d** and **6e**	**6f**	1923
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

A Name of plan
CUBIC CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CUBIC CORPORATION

D Employer Identification Number (EIN)
95-1678055

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

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	009533	1923	10/01/2022	09/30/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	1135688

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

▶ **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
CUBIC CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CUBIC CORPORATION

D Employer Identification Number (EIN)
95-1678055

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2022

2 Assets:

a Market value	2a	77681803
b Actuarial value	2b	85449983

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	1291	60455886	60455886
b For terminated vested participants	432	8738335	8738335
c For active participants	252	9426247	9451019
d Total	1975	78620468	78645240

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	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	562000
c Total (line 6a + line 6b)	6c	562000

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: 01/30/2024

MARIO BLANCHET — Type or print name of actuary

23-04867 — Most recent enrollment number

WILLIS TOWERS WATSON US LLC — Firm name

602-787-6303 — Telephone number (including area code)

1144 WEST WASHINGTON STREET
TEMPE, AZ 85281

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)	7711689	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)	7711689	0
10	Interest on line 9 using prior year's actual return of -20.39 %	-1572413	0
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 5.50 %		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)	6139276	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.84 %
15	Adjusted funding target attainment percentage	15	108.65 %
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	125.72 %
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
			Totals ► 18(b)	0	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	0

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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.75 %	5.18 %	5.92 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	63

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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? 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 6c)	**31a**	562000
b Excess assets, if applicable, but not greater than line 31a	**31b**	562000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

A Name of plan	**B** Three-digit plan number (PN) ▶
CUBIC CORPORATION PENSION PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CUBIC CORPORATION	95-1678055

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

MERCER INVESTMENTS LLC

99 HIGH STREET
BOSTON, MA 02110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	INVESTMENT MANAGER	228566	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51	INVESTMENT MANAGER	213311	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PRUDENTIAL INSURANCE CO.

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 12 13 17 18 24 26 50 51 52	CUSTODIAN	75987	Yes [X] No [ ]	Yes [X] No [ ]	-21407	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 17 50	ACTUARY/CONSULTANT	33766	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAYER HOFFMAN MCCAN P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 17 50	ACCOUNTING/AUDIT	26750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

US BANK

633 WEST 5TH STREET
24TH FLOOR
LOS ANGELES, CA 90071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	CUSTODIAN	17200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

A Name of plan
CUBIC CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CUBIC CORPORATION

D Employer Identification Number (EIN)
95-1678055

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM

b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-1211670-044	P	1135688

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE INTER CR FIXED INCOME

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
85-2621954-048	C	12942182

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US LG CAP PASSIVE EQ PORTFOL

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0566613-005	C	3189053

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US SM/MD CAP EQ PORTFOLIO

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0566611-003	C	815871

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER NON US CORE EQ PORTFOLIO

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0566617-009	C	2020254

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER EMERGING MKTS EQ PORTFOLIO

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6219484-017	C	1398428

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER GLOBAL LOW VOLATILITY EQ POR

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-7004395-018	C	1309269

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER OPP FIXED INCOME PORTFOLIO

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-7630030-020	C	1106889

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACT LNG CORP INV PORTFOLIO

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6178743-004	C	36170001

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ASSET NL SERIES - CLASS A

b Name of sponsor of entity listed in (a): SSGA TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-374	C	1094058

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER PASS LONG CR FIXED INC

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
51-0560117-010	C	3804640

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INT US GOVT/CREDIT BD INDX NL

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-184	C	8530247

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

A Name of plan
CUBIC CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CUBIC CORPORATION

D Employer Identification Number (EIN)
95-1678055

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	47	263
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	9217186	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	67324647	72380893
(10) Value of interest in pooled separate accounts	1c(10)	1129924	1135689
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10000	15686
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	77681804	73532531
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	77681804	73532531

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	30466	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		30466
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7308837	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7309520	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-683
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2401675
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2431458
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5985151	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5985151
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	77715	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	517865	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		595580
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6580731
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-4149273
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MAYER HOFFMAN MCCANN P.C. **(2)** EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

		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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 503954.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

A Name of plan
CUBIC CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CUBIC CORPORATION

D Employer Identification Number (EIN)
95-1678055

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 3

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 11.4 % Investment-Grade Debt: 83.8 % High-Yield Debt: 3.3 % Real Estate: 0.0 % Other: 1.5 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," 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_____

Cubic Corporation Pension Plan

Financial Statements and
Supplemental Schedules
September 30, 2023 and 2022

CUBIC CORPORATION PENSION PLAN

Financial Statements and Supplemental Schedules

September 30, 2023 and 2022

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MHM

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of the
Cubic Corporation Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the Financial Statements

We have performed the audits of the financial statements of Cubic Corporation Pension Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of September 30, 2023 and 2022, the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of September 30, 2023 and 2022 and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion for the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i – Schedule of Assets (Held at End of Year) and Schedule H, line 4j – Schedule of Reportable Transactions as of and for the year ended September 30, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial

statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Mayer Hoffman McCann P.C.

San Diego, California
June 28, 2024

CUBIC CORPORATION PENSION PLAN

Statements of Net Assets Available for Benefits

September 30, 2023 and 2022

	2023	2022
Assets:		
Cash and equivalents	$ 15,686	$ 10,000
Investments, at fair value:		
Mercer collective trust funds	72,380,893	67,324,647
SSGA partnership/joint venture fund	-	9,217,186
Pooled separate accounts	1,135,689	1,129,924
Total investments at fair value	73,516,582	77,671,757
Receivables		
Accrued Income	263	47
Total assets	73,532,531	77,681,804
Net assets available for benefits	$ 73,532,531	$ 77,681,804

See the accompanying notes to these financial statements.

CUBIC CORPORATION PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

For the years ended September 30, 2023 and 2022

	2023	2022
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	$ 30,466	$ 5,710
Net appreciation/(depreciation) in fair value of investments	2,400,992	(20,607,779)
Total investment income/(losses)	2,431,458	(20,602,069)
Total additions	2,431,458	(20,602,069)
Deductions from net assets attributed to:		
Benefits paid to participants	5,985,151	6,567,726
Administrative expenses	595,580	575,659
Total deductions	6,580,731	7,143,385
Net (decrease)	(4,149,273)	(27,745,454)
Net assets available for benefits:		
Beginning of year	77,681,804	105,427,258
End of year	$ 73,532,531	$ 77,681,804

See the accompanying notes to these financial statements.

CUBIC CORPORATION PENSION PLAN

Statements of Accumulated Plan Benefits

September 30, 2023 and 2022

	2023	2022
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$ 62,921,706	$ 68,733,578
Other participants	20,309,633	27,878,330
	83,231,339	96,611,908
Non-vested benefits	30,239	55,360
Total accumulated plan benefits	$ 83,261,578	$ 96,667,268

See the accompanying notes to these financial statements.

CUBIC CORPORATION PENSION PLAN

Statements of Changes in Accumulated Plan Benefits

For the years ended September 30, 2023 and 2022

	2023	2022
Actuarial present value of accumulated plan benefits at beginning of year	$ 96,667,268	$ 91,492,490
Net increase (decrease) attributed to:		
Increase for interest due to decrease in the discount period	3,722,477	3,302,068
Assumption changes	(10,624,101)	8,149,782
Benefits paid	(6,504,066)	(6,277,072)
Net change	(13,405,690)	5,174,778
Actuarial present value of accumulated plan benefits at end of year	$ 83,261,578	$ 96,667,268

See the accompanying notes to these financial statements.

(1) Plan Description

The following description of the Cubic Corporation Pension Plan (the "Plan") provides only general information. Participants of the Plan should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a non-contributory defined benefit pension plan, which provides pension benefits covering eligible non-union employees of Cubic Corporation, Cubic Defense Applications, Inc., Cubic Worldwide Technical Services – Administrative Division only and Cubic Transportation Systems, Inc., (collectively, the "Company"). The Plan was established on February 1, 1974 and has been amended from time to time thereafter. The Plan is a successor to a number of other plans. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

In November 2006, the Board of Directors of the Company approved an amendment to freeze the Plan effective January 1, 2007. As a result of the Plan freeze, all eligible employees retain any benefits accumulated to the effective date but are no longer eligible to increase their benefits. Eligible employees will continue to earn vesting credit toward the Plan vesting requirements. For employees who would be eligible to retire under the early pension, disability pension or a surviving spouse's pension, years of service will continue to be taken into account after December 31, 2006.

(b) Pension Benefits and Vesting

A participant who has completed five years of service is fully vested and is entitled to receive benefits upon retirement based upon the length of employment and earnings as provided by the Plan. Benefits do not vest prior to completion of five years of service. Prior to the Plan freeze, participants earned monthly pension benefits equal to one-twelfth of three-fourths of 1% of the participant's earnings for each year of service as an employee.

The normal retirement benefit is payable in a monthly straight life annuity. Optional forms of retirement benefits may be elected in advance of retirement and include the following: single life annuities with certain guaranteed periods of up to five years, survivorship life annuities, and a level income option. The benefit payable on any optional annuity form is the actuarial equivalent of the benefit that would otherwise be payable on the normal retirement benefit. A cash benefit payment is allowed if the present value of the benefit is less than $1,000.

(1) Plan Description, Continued

(b) Pension Benefits and Vesting, continued

A participating employee may retire any time after the age of 55, if he or she has completed five years of service and receive a reduced early retirement benefit to commence on their early retirement date.

(c) Death and Disability Benefits

If an active employee dies on or after his or her normal retirement date and is vested, a death benefit is paid to the employee's beneficiary. The Plan also provides for disability benefits if the disability occurs on or after the participant has attained age 55 and has completed five years of service. The monthly disability payments equal 100% of the employee's earned benefit. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements are prepared under the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

(b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

The value of the pooled separate account is reflected at fair value based on the net asset value ("NAV") of units held at each respective year-end, as determined by Prudential Insurance Company of America, as a practical expedient to estimate fair value. The pooled separate account is comprised of short term securities which are valued initially at cost and thereafter adjusted for amortization of any discount or premium.

The value of the SSGA partnership/joint venture fund and the Mercer Collective Trust funds are valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

(2) Summary of Significant Accounting Policies, Continued

(c) Investment Valuation and Income Recognition, continued

Interest income is recognized when earned. Dividend income is recorded on the ex-dividend date. Realized gains and losses on investments are recognized upon the sale of the related investments and unrealized appreciation or depreciation is recognized at period end when carrying values of the related investments are adjusted to their estimated fair value. Purchases and sales of securities are reflected on a trade-date basis.

(d) Net Change in Fair Value of Investments

The Plan presents in the statements of changes in net assets available for benefits the net change in the fair value of its investments, which consists of the realized gains or losses and the net unrealized increase (decrease) on those investments.

(e) Fair Value Measurements

The following table summarizes investments measured at fair value based on NAV per share as of September 30, 2023, and 2022, respectively.

September 30, 2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
State Street Intermediate U.S. Government Bond Index Non-Lending Series Fund	$ 8,530,249	n/a	Daily	1 day
Mercer US Large Cap Core Passive Equity Porfolio	$ 3,189,053	n/a	Daily	1 day
Mercer US Small/Mid Cap Equity Portfolio	$ 815,871	n/a	Daily	1 day
Mercer Non-US Core Equity Portfolio	$ 2,020,254	n/a	Daily	1 day
Mercer Emerging Markets Equity Portfolio	$ 1,398,428	n/a	Daily	1 day
Mercer Global Low Volatility Equity Portfolio	$ 1,309,269	n/a	Daily	1 day
Mercer Opportunistic Fixed Income Portfolio	$ 1,106,889	n/a	Daily	1 day
Mercer Active Long Corporate Fixed Income Portfolio	$ 36,170,001	n/a	Daily	1 day
State Street Real Asset Non-Lending Series Fund	$ 1,094,058	n/a	Daily	1 day
Mercer Active Inter Cr Fixed Income	$ 12,942,182	n/a	Daily	2 days
Mercer Long Dur Pass Fixed Income	$ 3,804,640	n/a	Daily	1 day
Prudential Short Term Fund	$ 1,135,688	n/a	Daily	2 days

September 30, 2022	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
State Street Intermediate U.S. Government Bond Index Non-Lending Series Fund	$ 9,217,186	n/a	Daily	1 day
Mercer US Large Cap Core Passive Equity Porfolio	$ 3,179,129	n/a	Daily	1 day
Mercer US Small/Mid Cap Equity Portfolio	$ 807,756	n/a	Daily	1 day
Mercer Non-US Core Equity Portfolio	$ 2,049,827	n/a	Daily	1 day
Mercer Emerging Markets Equity Portfolio	$ 1,366,026	n/a	Daily	1 day
Mercer Global Low Volatility Equity Portfolio	$ 1,339,790	n/a	Daily	1 day
Mercer Opportunistic Fixed Income Portfolio	$ 1,204,347	n/a	Daily	1 day
Mercer Active Long Corporate Fixed Income Portfolio	$ 38,153,794	n/a	Daily	1 day
State Street Real Asset Non-Lending Series Fund	$ 1,130,908	n/a	Daily	1 day
Mercer Active Inter Cr Fixed Income	$ 13,844,887	n/a	Daily	2 days
Mercer Long Dur Pass Fixed Income	$ 4,248,183	n/a	Daily	1 day
Prudential Short Term Fund	$ 1,129,924	n/a	Daily	2 days

(2) Summary of Significant Accounting Policies, Continued

(f) Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change.

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(g) Concentration of Credit Risk

All of the Plan's investments are financial instruments which could potentially subject the Plan to concentrations of credit risk. Management believes that Prudential Insurance Company of America and U.S. Bank National Association (collectively the "Custodians" and "Trustees") maintain the Plan's investments with high credit quality institutions and attempt to limit the credit exposure to any particular investment.

(h) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are the estimated future periodic pension payments, including lump-sum distributions, under the Plan's provisions attributable to the services employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present participating employees or their beneficiaries. The accumulated plan benefits are based on the sum of their annuity accrued as of December 31, 1974 under the original plan plus three-fourths of 1% of earnings from the later of January 1, 1975 or the date of participation to the date of termination.

Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided by annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

An actuary from Willis Towers Watson estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money

(2) Summary of Significant Accounting Policies, Continued

(h) Actuarial Present Value of Accumulated Plan Benefits, continued

(through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the determination of accumulated plan benefits as of October 1, 2022 and 2021 were as follows:

- Mortality basis: October 1, 2022: Pre-2012 Combined Healthy Collar adjusted forward with scale MP-2021 and adjusted to reflect a long-term improvement rate of 1.00% through age 85, grading to 0% at age 95

  October 1, 2021: Pre-2012 Combined Healthy Collar adjusted forward with scale MP-2020 and adjusted to reflect a long-term improvement rate of 1.00% through age 85, grading to 0% at age 95

- Interest assumptions: 4.60% per annum compounded annually

- Employee turnover: Annual rate of employee termination from all causes within one year – a sliding scale decreasing from 7.00% at age 25 to 4.50% at age 50+

- Retirement: A sliding scale increasing from 5% at age 55 to 100% at age 70+

- Compensation increase: Not applicable since the Plan is frozen

- Administrative expenses: $562,000 is the average expense, excluding investment management fees, for the prior three plan years plus the estimated PBGC premium for the October 1, 2022 plan year

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

(2) Summary of Significant Accounting Policies, Continued

(i) Payment of Benefits

Prior to May 1, 1995, when an employee became eligible for Plan benefits, an annuity contract was purchased from Prudential Insurance Company of America ("Prudential"). Annuity contracts are related to participants currently receiving benefits, which were purchased prior to May 1, 1995, and the related liabilities are excluded from the statements of net assets available for benefits. All current and future liabilities were satisfied when annuities were purchased from Prudential.

Since May 1, 1995, annuities have not been purchased when an employee has become eligible for Plan benefits. Plan benefit payments are now made on a monthly basis directly from the Plan assets and the Plan is liable for future payments to such retirees. The Plan remains liable for all future Plan benefit payments.

(j) Administrative Expenses

The Company provides certain administrative and accounting services to the Plan at no cost. Certain administrative expenses are paid directly by the Company and include legal fees and certain consulting fees. Other expenses which are paid to the Custodians, the Pension Benefit Guaranty Corporation ("PBGC"), the Trustees, the Plan's actuary, and the Plan's auditors are charged to the Plan. Investment management fees are deducted out of the Plan and are reflected as an administrative expense in the accompanying statements of changes in net assets available for benefits.

(3) Information Certified by the Custodians and Trustees (Unaudited)

The Plan's investments are held and managed by the Plan's Custodians, including executing transactions.

The Plan Administrator has received certification of the financial information and data from the Custodians and the Trustees in accordance with Section 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The data certified by the Custodians and the Trustees includes the following financial information reflected in the accompanying financial statements as of and for the years ended September 30:

(3) Information Certified by the Custodians and Trustees (Unaudited), Continued

	2023	2022
Investments, at NAV:		
Collective trust funds	$ 72,380,893	$ 67,324,647
Partnership/joint venture fund	-	9,217,186
Pooled separate accounts	1,135,689	1,129,924
Total investments	$ 73,516,582	$ 77,671,757

	2023	2022
Investment income/(loss):		
Interest and dividends	$ 30,466	$ 5,710
Net change in investments	2,400,992	(20,607,779)
Total investment income/(loss)	$ 2,431,458	$ (20,602,069)

(4) Funding and Investment Policies

The Company's funding policy is to contribute not less than the minimum required contribution under ERISA, and not more than the maximum deductible for tax purposes under Internal Revenue Service ("IRS") regulations. The Plan has met the ERISA minimum funding requirements for the plan year 2023 and 2022. Investment decisions are made with the goal of preserving the actuarial soundness of the Plan in order to meet benefit obligations. The asset allocation of the Plan is examined quarterly, and allocation adjustments are considered and implemented as may be appropriate given the Plan's long-term nature and objectives.

(5) Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service dated June 13, 2017, which states that the Plan qualifies under the applicable provisions of the Internal Revenue Code ("IRC") and that it is therefore exempt from federal income taxes. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes it is no longer subject to income tax examinations for years prior to 2020.

(6) Plan Termination and Amendment

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

(6) Plan Termination and Amendment, Continued

1. To provide benefits to the extent guaranteed by the PBGC (a U.S. government agency) for participants and beneficiaries who have been receiving pension payments at least three years prior to the date of termination.
2. To provide benefits to the extent guaranteed by the PBGC for participants and beneficiaries who would have been receiving pension payments for at least three years as of the date of termination if they had elected to retire.
3. To provide benefits to the extent guaranteed by the PBGC for participants and beneficiaries not included above who have benefits guaranteed under this Plan by the PBGC.
4. To provide benefits to the extent vested and not provided for above for all participants and beneficiaries who have met the vesting requirements.
5. To provide all other accrued benefits under the Plan that have not been provided for above.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2023 that ceiling is $6,750 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later).

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

(7) Party-In-Interest

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. The Plan's investment in the pooled separate account held and managed by The Prudential Insurance Company of America. The Plan's investments in the SSGA partnership/joint venture fund and the Mercer Collective Trust funds managed by Mercer Investments. The Prudential Insurance Company of America is a Custodian and U.S. Bank National Association is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

One member of the Plan's Benefits Committee ("Committee") is currently a participant in the Plan and the Benefits Committee serves as the Trustee and Plan Administrator of the Plan; therefore, these transactions also qualify as party-in-interest transactions.

(8) Form 5500

There were no differences between the accompanying financial statements as of September 30, 2023 and 2022 and the financial information reported on the Form 5500.

(9) Subsequent Events

The Company has evaluated subsequent events through June 28, 2024, which is the date the financial statements were issued.

SUPPLEMENTAL SCHEDULES

CUBIC CORPORATION PENSION PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

September 30, 2023

EIN #95-1678055
Plan #002

(a)	(b) Identity of issue, borrower, lessor, or similar party		(d) Cost	(e) Current value
*	State Street Intermediate U.S. Government Bond Index	Partnership/joint venture		
	Non-Lending Series Fund	Govt/Credit Bd Indx N196MSC70P0 Asset Minor Code 7	$ 8,980,957	$ 8,530,249
*	Mercer US Large Cap Core Passive Equity Porfolio	Collective investment fund		
		Cap Passive Eq Ct 9SPMTJFG2 Asset Minor Code 17	1,830,427	3,189,053
*	Mercer US Small/Mid Cap Equity Portfolio	Collective investment fund Sm/Md Cap Eq Port 9SPMTJFH0 Asset Minor Code 17	520,375	815,871
*	Mercer Non-US Core Equity Portfolio	Collective investment fund Core Eq Ct 9SPMTJFJ6 Asset Minor Code 17	1,454,622	2,020,254
*	Mercer Emerging Markets Equity Portfolio	Collective investment fund Emerging Mkts Eq Ct 9SPMTJFK3 Asset Minor Code 17	1,342,510	1,398,428
*	Mercer Global Low Volatility Equity Portfolio	Collective investment fund		
		Low Volatility Eq 9SPMTJFL1 Asset Minor Code 17	919,048	1,309,269
*	Mercer Opportunistic Fixed Income Portfolio	Collective investment fund		
		Fixed Income Ct 9SPMTJFM9 Asset Minor Code 17	1,050,847	1,106,889
*	Mercer Active Long Corporate Fixed Income Portfolio	Collective investment fund		
		Lng Corp Inv Port 9SPMTJFN7 Asset Minor Code 17	42,533,162	36,170,001
*	State Street Real Asset Non-Lending Series Fund	Collective investment fund		
		Asset Non Lending Cl A 9SPMTJFQ0 Asset Minor Code 17	781,053	1,094,058
*	Mercer Active Inter Cr Fixed Income	Collective investment fund Inter Cr Fixed Income 9SPMTK0L4 Asset Minor Code 17	13,830,972	12,942,182
*	Mercer Long Dur Pass Fixed Income	Collective investment fund Dur Pass Fixed Inc 9SPMTK919 Asset Minor Code 17	4,756,228	3,804,640
*	U.S. Bank National Association	Money Market US Bank Money Market (Mmda) lt&c	15,686	15,686
*	The Prudential Insurance Company of America	Pooled Separate Account		
		Short Term Fund	1,135,688	1,135,688
			$ 79,151,575	$ 73,532,268

* Party-in-interest

CUBIC CORPORATION PENSION PLAN

Schedule H, line 4j – Schedule of Reportable Transactions

For the year ended September 30, 2023

EIN #95-1678055
Plan #002

	(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(i) Net gain or (loss)
Category (iii) - Series of transactions in excess of 5% of beginning plan assets:						
*	The Prudential Insurance Company of America	Money Market Short Term	$ 7,104,128	$ 7,098,440	$ 7,098,440	$ -
			$ 7,104,128	$ 7,098,440	$ 7,098,440	$ -

* Party-in-interest

There were no category (i), (ii), or (iv) transactions during the plan year

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of October 1, 2022

	Attained Years of Credited Service[3]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	2	0	0	0	0	0	2
40-44	0	0	0	0	14	5	0	0	0	0	19
45-49	0	0	0	0	8	11	4	0	0	0	23
50-54	0	0	0	0	21	11	10	3	0	0	45
55-59	0	0	0	0	15	11	8	14	7	1	56
60-64	0	0	0	0	7	11	12	14	8	13	65
65-69	0	0	0	0	4	2	7	5	4	10	32
70 & over	0	0	0	0	0	0	4	2	0	4	10
Total	0	0	0	0	71	51	45	38	19	28	252

[3] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Cubic Corporation Pension Plan
EIN / PN: 95-1678055 / 002
Plan Sponsor: Cubic Coporation
Valuation Date: October 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

• Applicable month	August
• Interest rate basis	Segment rate from the second month preceding valuation date

Interest rates	**Reflecting ARPA Stabilization**	**Not reflecting ARPA Stabilization**
• First segment rate	4.75%	1.27%
• Second segment rate	5.18%	2.99%
• Third segment rate	5.92%	3.51%
• Effective interest rate	5.33%	3.04%

Annual rates of increase

• Compensation[1]	N/A
• Statutory limits on compensation	N/A

Administrative expenses [2] $562,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

[1] A plan freeze was adopted effective January 1, 2007.
[2] Average of the administrative expenses, excluding the investment management fees and the PBGC premiums, for the prior three plan years, plus the actual PBGC premium for the plan year beginning October 1, 2022.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

Healthy:

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under IRC §1.430(h)(3)-1 using scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under IRC §1.430(h)(3)-1 using Scale MP-2020).

Disabled:

Same as the healthy mortality tables shown above.

Termination

The rates at which participants are assumed to terminate employment from active status by age are shown below:

Percentage leaving during the year	
Age	Rates
25-29	7.00%
30-39	6.00%
40-49	5.00%
50+	4.50%

SCHEDULE SB ATTACHMENTS

Disability

1987 Standard Disability Table

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
55-59	0.96%	0.85%
60-64	1.47%	1.09%
65-69	1.86%	1.27%
70+	2.06%	1.37%

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire from active status by age are shown below.

Percentage retiring during the year	
Age	Rates
55-57	5%
58-60	7.5%
61-63	10%
64-65	20%
66-69	30%
70+	100%

Assumed retirement age for employee with vested deferred benefits

Age 65 or age on valuation date, if greater.

Benefit commencement date:

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit — Age 65 or age on valuation date, if greater.
- Disability benefit — Upon disablement
- Retirement benefit — Upon termination of employment

Form of payment

Life annuity if single, and 75% Joint & Survivor annuity if married

SCHEDULE SB ATTACHMENTS

Percent married	85% of males; 85% of females. These assumptions are used to value pre-retirement surviving spouse benefits and in determining the 75% Joint & Survivor annuity option expected to be elected at commencement.
Spouse age	Wife three years younger than husband
Covered pay	Covered pay is not applicable because the plan was frozen effective January 1, 2007.
Plan-related expenses included in the target normal cost	The plan-related expenses included in the target normal cost are the average of the actual administrative expenses, excluding investment management fees, for the prior three plan years, plus the actual PBGC premium for the current plan year, rounded to the nearest $1,000. The assumed plan-related expenses included in the 2022 and 2021 target normal costs are $562,000, and 408,000, respectively.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements, the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets [for determining minimum required contributions]	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits with a present value up to $1,000 in a single lump sum payment. Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 10/01/2022. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with Cubic Corporation, the following assumptions were made for missing or apparently inconsistent data elements:

- Retirees provided as deceased with dates of death prior to 10/1/2022 are assumed to no longer be in payment.
- For deceased retirees with joint and survivor forms but without beneficiary reported, their spouses are assumed to have pre-deceased them and have no further benefits owed.
- Records provided under the status "Expiration of Benefits" are assumed to have no further benefits owed.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions

Interest rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Administrative expenses

The plan-related expenses are the average of the actual administrative expenses, excluding the investment management fee and the PBGC premiums, for the preceding 3 years, plus the actual PBGC premium for the current plan year, rounded to the nearest $1,000.

SCHEDULE SB ATTACHMENTS

Rate of increase in assumed return for asset smoothing	The assumed return of 3.40% is the expected return on assets assumption chosen by the client for the 2022 plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2015, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. Assumed termination rates differ by age because of observed differences in termination rates by age.
Disability	Disability rates are from a table assumed to be reasonable for the plan's population based on an experience study conducted in 2015, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. Assumed disability rates differ by gender because of expected differences in disability rates by gender.
Retirement	Retirement rates were based on an experience study conducted in 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. Assumed retirement rates differ by age because of observed differences in retirement rates by age.

SCHEDULE SB ATTACHMENTS

Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation	• The segment interest rates used to calculate the funding target was updated to the current valuation date as required by IRC §430. • The mortality table used to calculate the funding target was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430. • The assumed plan-related expenses added to the target normal cost were changed from $408,000 for the prior valuation to $562,000 for the current funding valuation to account for higher expected expenses to be paid from the trust. • The assumed retirement age for participants with vested deferred benefits was changed from age 59 to age 65 to better reflect recent experiences.
Change in method since prior valuation	None

CUBIC CORPORATION PENSION PLAN

Schedule H, line 4j – Schedule of Reportable Transactions

For the year ended September 30, 2023

EIN #95-1678055
Plan #002

	(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(i) Net gain or (loss)
Category (iii) - Series of transactions in excess of 5% of beginning plan assets:						
*	The Prudential Insurance Company of America	Money Market Short Term	$ 7,104,128	$ 7,098,440	$ 7,098,440	$ -
			$ 7,104,128	$ 7,098,440	$ 7,098,440	$ -

* Party-in-interest

There were no category (i), (ii), or (iv) transactions during the plan year

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

▶ **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
Cubic Corporation Pension Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Cubic Corporation

D Employer Identification Number (EIN)
95-1678055

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2022

2 Assets:

a Market value	2a	77,681,803
b Actuarial value	2b	85,449,983

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	1,291	60,455,886	60,455,886
b For terminated vested participants	432	8,738,335	8,738,335
c For active participants	252	9,426,247	9,451,019
d Total	1,975	78,620,468	78,645,240

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	5.33%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	562,000
c Total (line 6a + line 6b)	6c	562,000

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

Mario Blanchet — Signature of actuary

Jan 30, 2024 — Date

Mario Blanchet — Type or print name of actuary

2304867 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

602-787-6303 — Telephone number (including area code)

1144 West Washington Street
Tempe AZ 85281
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)	7,711,689	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)	7,711,689	0
10	Interest on line 9 using prior year's actual return of -20.39 %	-1,572,413	0
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 5.50 %		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)	6,139,276	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.84 %
15	Adjusted funding target attainment percentage	15	108.65 %
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	125.72 %
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
			Totals ► 18(b)	0	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	0

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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.75 %	5.18 %	5.92 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	63

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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? 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 6c)	**31a**	562,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	562,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments
as of October 1, 2022

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	111,479	185,936	6,262,043	6,559,458
2023	279,226	387,330	6,017,890	6,684,446
2024	383,696	442,798	5,731,577	6,558,071
2025	472,341	508,989	5,495,238	6,476,568
2026	549,145	546,797	5,305,695	6,401,637
2027	613,003	581,300	5,107,770	6,302,073
2028	666,141	615,193	4,895,383	6,176,717
2029	708,808	639,443	4,686,566	6,034,817
2030	738,503	664,253	4,483,788	5,886,544
2031	760,817	678,920	4,275,925	5,715,662
2032	777,605	686,791	4,063,717	5,528,113
2033	787,879	692,085	3,847,410	5,327,374
2034	792,596	690,262	3,627,646	5,110,504
2035	793,400	680,221	3,405,509	4,879,130
2036	790,413	673,669	3,182,180	4,646,262
2037	784,225	673,976	2,958,930	4,417,131
2038	774,862	667,787	2,737,122	4,179,771
2039	762,265	653,420	2,518,187	3,933,872
2040	746,747	639,247	2,303,597	3,689,591
2041	728,161	622,508	2,094,820	3,445,489
2042	706,765	602,075	1,893,258	3,202,098
2043	682,908	580,528	1,700,165	2,963,601
2044	656,528	557,654	1,516,625	2,730,807
2045	627,705	533,005	1,343,545	2,504,255
2046	596,971	505,966	1,181,641	2,284,578
2047	564,461	478,278	1,031,440	2,074,179
2048	530,430	449,773	893,299	1,873,502
2049	495,241	419,937	767,396	1,682,574
2050	459,238	389,826	653,730	1,502,794
2051	422,854	359,746	552,143	1,334,743

Plan Name: Cubic Corporation Pension Plan
EIN / PN: 95-1678055 / 002
Plan Sponsor: Cubic Coporation
Valuation Date: October 1, 2022

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2052	386,558	329,943	462,327	1,178,828
2053	350,764	300,679	383,820	1,035,263
2054	315,913	272,218	316,017	904,148
2055	282,409	244,815	258,178	785,402
2056	250,586	218,700	209,460	678,746
2057	220,720	194,071	168,949	583,740
2058	193,013	171,081	135,693	499,787
2059	167,587	149,837	108,735	426,159
2060	144,502	130,397	87,145	362,044
2061	123,748	112,772	70,038	306,558
2062	105,266	96,928	56,601	258,795
2063	88,952	82,798	46,113	217,863
2064	74,675	70,293	37,948	182,916
2065	62,281	59,303	31,582	153,166
2066	51,603	49,710	26,588	127,901
2067	42,471	41,390	22,630	106,491
2068	34,715	34,220	19,450	88,385
2069	28,173	28,082	16,852	73,107
2070	22,691	22,860	14,695	60,246
2071	18,129	18,449	12,875	49,453

Plan Name: Cubic Corporation Pension Plan
EIN / PN: 95-1678055 / 002
Plan Sponsor: Cubic Coporation
Valuation Date: October 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Cubic Coporation
EIN/PN	95-1678055 / 002
Plan Name	Cubic Corporation Pension Plan
Valuation Date	October 1, 2022
Enrolled Actuary	Mario Blanchet
Enrollment Number	23-04867

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of October 1, 2022

See Appendix A for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed

Age	Retirement Rate	1.00 - Retirement Rate	Probability of Remaining Active	Percentage Retiring at Age	Age Times Percentage Retiring
55	5.00%	95.00%	95.00%	5.00%	2.75
56	5.00%	95.00%	90.25%	4.75%	2.66
57	5.00%	95.00%	85.74%	4.51%	2.57
58	7.50%	92.50%	79.31%	6.43%	3.73
59	7.50%	92.50%	73.36%	5.95%	3.51
60	7.50%	92.50%	67.86%	5.50%	3.30
61	10.00%	90.00%	61.07%	6.79%	4.14
62	10.00%	90.00%	54.96%	6.11%	3.79
63	10.00%	90.00%	49.47%	5.50%	3.46
64	20.00%	80.00%	39.57%	9.89%	6.33
65	20.00%	80.00%	31.66%	7.91%	5.14
66	30.00%	70.00%	22.16%	9.50%	6.27
67	30.00%	70.00%	15.51%	6.65%	4.45
68	30.00%	70.00%	10.86%	4.65%	3.16
69	30.00%	70.00%	7.60%	3.26%	2.25
70	100.00%	0.00%	0.00%	7.60%	5.32
				100.00%	
				Average Retirement Age:	63

Plan Name: Cubic Corporation Pension Plan
EIN / PN: 95-1678055 / 002
Plan Sponsor: Cubic Coporation
Valuation Date: October 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was restated effective October 1, 2015, with the most recent amendment effective November 15, 2022.

Covered Employees	Employees of the Company, except for employees of CWTS who are not employed at Division A, non-resident aliens with no U.S. earned income, employees under a collective bargaining agreement, unless the collective bargaining agreement provides for plan coverage, leased employees, or employees of a group, division, or other classification designated by the board as ineligible to participate in the plan.
Participation Date	First of month coinciding with or following the later of the completion of one year of service or the date the employee reaches age 21. Effective December 31, 2006, the plan was closed to new entrants. A plan freeze was adopted effective January 1, 2007. No additional active employees will become participants in the plan.

Definitions

Plan Year	October 1 to September 30
Year of service	A 12-month period beginning on an employee's employment date or an anniversary thereof during which he has completed at least 1,000 hours of service, except if he incurred a permanent break in service.
Earnings	Basic compensation prior to December 31, 2006 while a participant including overtime and bonuses for the plan year.
Normal retirement data (NRD)	First of month coinciding with or next following the attainment of age 65.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit	One-twelfth of the sum of (1) and (2) below payable as a life annuity from NRD: Annuity accrued as of December 31, 1974 under the original plan; 3/4% of earnings from the later of January 1, 1975 or date of participation to the earlier of December 31, 2006 or date of termination.
Monthly preretirement spouse benefit	50% of the monthly pension benefit which would have been paid to the participant: from the first of the month following his death if eligible for early retirement at death, assuming he had retired and commenced payments on the first of the month in which he died under the 50% joint and survivor option with his spouse as the survivor from the earliest retirement age if not eligible for early retirement at death, assuming he had terminated on the day he died, survived to the earliest retirement age, retired and commenced payments under the 50% joint and survivor option with his spouse as the survivor, and died the day after retirement.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Retirement before NRD and on or after both attaining age 55 and completing five years of service.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of early retirement date, unreduced if the sum of age and service is at least 85. Otherwise the monthly pension benefit will be reduced by factors equal to age plus service over 85.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Disability	Monthly pension benefit determined as of the disablement, payable immediately without reduction for early commencement.
Termination with deferred vested benefit	Monthly pension benefit determined as of termination date, reduced for commencement of payments preceding the participant's NRD in accordance with the provisions for early retirement.
Death with preretirement spouse benefits	Monthly preretirement spouse benefit is payable.

Other Plan Provisions

Forms of payment	Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are actuarially reduced and paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms consist of a 75% joint and survivor annuity, a 100% joint and survivor annuity for benefit accrued as of 09/30/1987, a ten-year certain and life annuity, a level income option; and for married participants, a life annuity. All annuity options are converted from the normal form of benefit using the 1983 Unisex Group Annuity Mortality Table and an 8.00% interest rate.

SCHEDULE SB ATTACHMENTS

In addition, the following lump sum options are offered:

Small pensions: Benefits with a lump sum value of $1,000 or less, or a monthly Normal Retirement benefit of $125 or less are payable as a lump sum. The lump sum is determined using the applicable mortality table under Section 417(e)(3) and the applicable interest rate under Section 417(e)(3) for the fifth calendar month preceding the first day of the plan year.

ATS Grandfathered benefits: For former participants in the Automatic Toll Systems, Inc. Pension Plan, a lump sum benefit is offered for benefits accrued as of 09/30/1988.

The lump sum value is the greater of (a), or (b) below:

(a) lump sum determined using an interest rate of 7.00% and mortality rates as issued under the UP-84 Mortality Table,

(b) lump sum determined using the applicable mortality table under Section 417(e)(3) and the applicable interest rate under Section 417(e)(3) for the fifth calendar month preceding the first day of the plan year.

Aikido Grandfathered benefits: For former participants in the Aikido computer Systems, Ltd. Pension Plan, a lump sum benefit is offered for benefits accrued as of 09/30/1991. The lump sum value is the greater of (a), or (b) below:

(a) lump sum determined using an interest rate of 6.00% and mortality rates as issued under the UP-84 Mortality Table,

(b) lump sum determined using the applicable mortality table under Section 417(e)(3) and the applicable interest rate under Section 417(e)(3) for the fifth calendar month preceding the first day of the plan year.

Maximum on benefits and pay

All benefits and pay for any plan year may not exceed the maximum limitations effective at the beginning of the plan year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases the dollar limits are assumed for determining pension cost but not for determining contributions.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

CUBIC CORPORATION PENSION PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

September 30, 2023

EIN #95-1678055
Plan #002

(a)	(b) Identity of issue, borrower, lessor, or similar party		(d) Cost	(e) Current value
*	State Street Intermediate U.S. Government Bond Index	Partnership/joint venture		
	Non-Lending Series Fund	Govt/Credit Bd Indx N196MSC70P0 Asset Minor Code 7	$ 8,980,957	$ 8,530,249
*	Mercer US Large Cap Core Passive Equity Porfolio	Collective investment fund		
		Cap Passive Eq Ct 9SPMTJFG2 Asset Minor Code 17	1,830,427	3,189,053
*	Mercer US Small/Mid Cap Equity Portfolio	Collective investment fund Sm/Md Cap Eq Port 9SPMTJFH0 Asset Minor Code 17	520,375	815,871
*	Mercer Non-US Core Equity Portfolio	Collective investment fund Core Eq Ct 9SPMTJFJ6 Asset Minor Code 17	1,454,622	2,020,254
*	Mercer Emerging Markets Equity Portfolio	Collective investment fund Emerging Mkts Eq Ct 9SPMTJFK3 Asset Minor Code 17	1,342,510	1,398,428
*	Mercer Global Low Volatility Equity Portfolio	Collective investment fund		
		Low Volatility Eq 9SPMTJFL1 Asset Minor Code 17	919,048	1,309,269
*	Mercer Opportunistic Fixed Income Portfolio	Collective investment fund		
		Fixed Income Ct 9SPMTJFM9 Asset Minor Code 17	1,050,847	1,106,889
*	Mercer Active Long Corporate Fixed Income Portfolio	Collective investment fund		
		Lng Corp Inv Port 9SPMTJFN7 Asset Minor Code 17	42,533,162	36,170,001
*	State Street Real Asset Non-Lending Series Fund	Collective investment fund		
		Asset Non Lending Cl A 9SPMTJFQ0 Asset Minor Code 17	781,053	1,094,058
*	Mercer Active Inter Cr Fixed Income	Collective investment fund Inter Cr Fixed Income 9SPMTK0L4 Asset Minor Code 17	13,830,972	12,942,182
*	Mercer Long Dur Pass Fixed Income	Collective investment fund Dur Pass Fixed Inc 9SPMTK919 Asset Minor Code 17	4,756,228	3,804,640
*	U.S. Bank National Association	Money Market US Bank Money Market (Mmda) lt&c	15,686	15,686
*	The Prudential Insurance Company of America	Pooled Separate Account		
		Short Term Fund	1,135,688	1,135,688
			$ 79,151,575	$ 73,532,268

* Party-in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from $408,000 for the prior valuation to $562,000 for the current valuation.

The assumed retirement age for participants with vested deferred benefits was changed from age 59 to age 65 to better reflect recent experiences.

Plan Name:	Cubic Corporation Pension Plan
EIN / PN:	95-1678055 / 002
Plan Sponsor:	Cubic Coporation
Valuation Date:	October 1, 2022